TITLE: Long-Term Steroid Therapy in Patients with Inflammatory Bowel Disease: Clinical Effectiveness and Guidelines

DATE: 05 March 2015

RESEARCH QUESTIONS

1. What are the clinical benefits and harms of long-term steroid therapy in patients with inflammatory bowel disease?

2. What are the evidence-based guidelines for long-term steroid therapy in patients with inflammatory bowel disease?

KEY FINDINGS

One systematic review and two randomized controlled trials were identified regarding the clinical effectiveness of long-term steroid therapy in patients with inflammatory bowel disease.

METHODS

A limited literature search was conducted on key resources including PubMed, The Cochrane Library (2015, Issue 2), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. Methodological filters were applied to limit retrieval to health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, and guidelines. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2010 and February 25, 2015. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.
SELECTION CRITERIA

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

<table>
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<th>Table 1: Selection Criteria</th>
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<tr>
<td><strong>Population</strong></td>
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<td><strong>Intervention</strong></td>
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| **Comparator** | Short-term steroid therapy  
Immunosuppressive therapy  
Biologics |
| **Outcomes** | Clinical benefits and harms  
Guidelines |
| **Study Designs** | Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, evidence-based guidelines |

RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

One systematic review and two randomized controlled trials were identified regarding the clinical effectiveness of long-term steroid therapy in patients with inflammatory bowel disease. No relevant health technology assessments or evidence-based guidelines were identified.

Additional references of potential interest are provided in the appendix.

OVERALL SUMMARY OF FINDINGS

One systematic review\(^1\) and two randomized controlled trials\(^2,3\) were identified regarding the clinical effectiveness of long-term steroid therapy in patients with inflammatory bowel disease.

A systematic review\(^1\) reported that patients with microscopic colitis had histologic improvement with both short- and long-term budesonide treatment, but there was a high rate of symptom relapse upon discontinuation.

A randomized controlled trial\(^2\) evaluated the efficacy and safety of long-term beclomethasone dipropionate treatment for patients with Crohn's ileitis who had received two weeks of initial treatment with prednisone. This study compared relapse and adverse event rates in patients treated with beclomethasone dipropionate for 24 weeks or continued prednisone for a further two weeks followed by placebo for 22 weeks. The relapse rate was higher in patients randomized to continue with short-term prednisone and placebo than in those on long-term beclomethasone dipropionate, and there were low rates of endocrine-related adverse events in both groups.

Another randomized controlled trial\(^3\) assessed the efficacy and tolerability of long-term, low-dose budesonide therapy for maintenance of clinical remission in patients with collagenous
colitis. After an initial eight week open-label induction phase in which patients received budesonide, patients in clinical remission were randomized to low-dose budesonide or placebo in for 12 months with six months of treatment-free follow-up. Clinical remission was maintained for at least one year for more patients in the budesonide group than in the placebo group. Budesonide treatment for one year was also associated with maintained health-related quality of life and low, non-serious adverse event rates.
REFERENCES SUMMARIZED

Health Technology Assessments
No literature identified.

Systematic Reviews and Meta-analyses


Randomized Controlled Trials


Guidelines and Recommendations
No literature identified.

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APPENDIX – FURTHER INFORMATION:

Guidelines and Recommendations – Unclear Methodology

See: 4. Drug Classes – Corticosteroids

Review Articles

