

## Could your patient's chronic watery diarrhoea be Microscopic Colitis?

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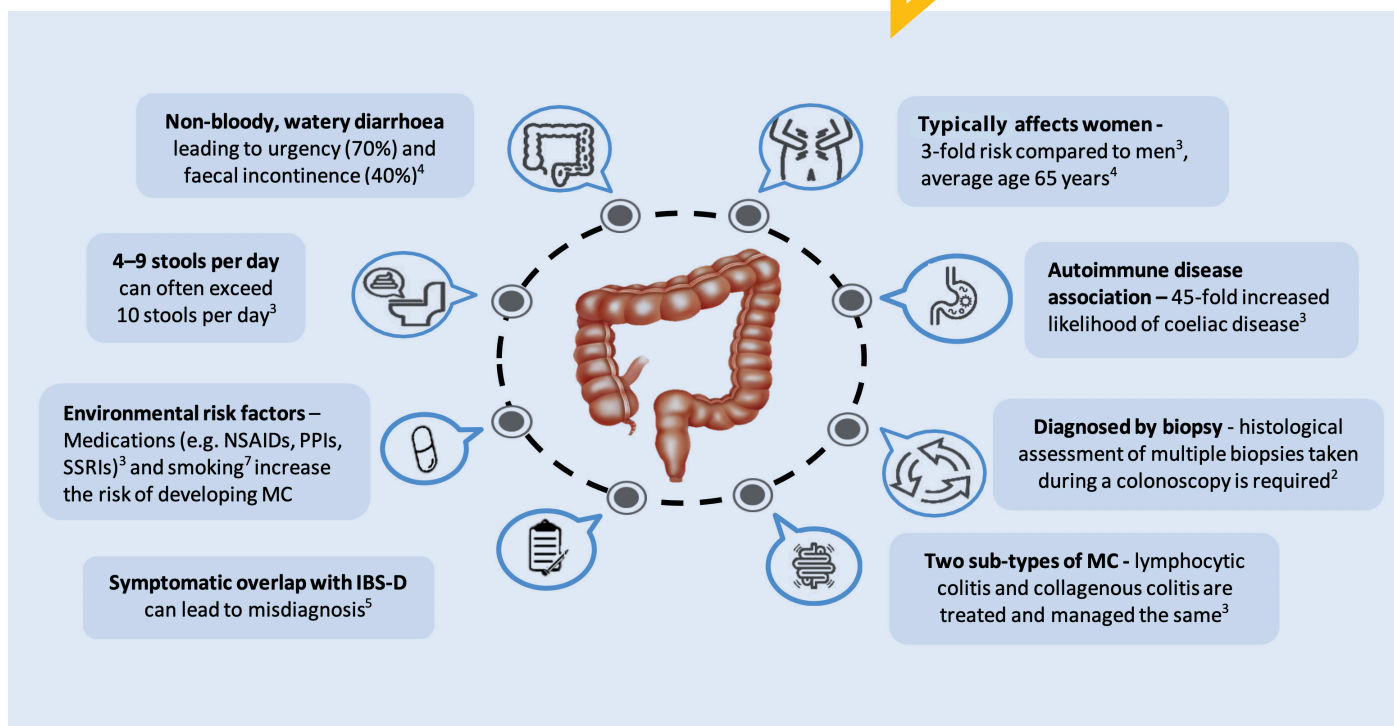
### What is Microscopic Colitis?

Microscopic Colitis (MC) is an inflammatory bowel disease (IBD) that makes the colon less efficient at absorbing water, predominantly causing chronic, frequent, watery non-bloody diarrhoea<sup>1</sup>. MC is easily treatable<sup>2</sup>. The onset of symptoms can be gradual or sudden<sup>3</sup>, with patients often flaring over a long period of time<sup>4</sup>. With increased testing, the incidence of MC is rising<sup>6</sup>. It is now thought to have a similar incidence to ulcerative colitis and Crohn's disease with between 50 and 200 patients per 100,000 having a diagnosis of MC<sup>5</sup>.

The graphic below describes some of the key characteristics of MC.

#### SYMPTOMATIC OVERLAP WITH IBS

The symptoms of MC have some overlap with diarrhoea prominent Irritable Bowel Syndrome (IBS-D) and can lead to misdiagnosis, with 1 in 10 IBS-D patients being found to have MC<sup>5</sup>. Table 1 highlights the key differentiating factors between MC and IBS.



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1. Information sheet: Microscopic colitis. Crohn's and Colitis UK. 2. Münch A, et al. Undiagnosed microscopic colitis: a hidden cause of chronic diarrhoea and a frequently missed treatment opportunity. *Frontline Gastroenterology* 2019; 0:1–7. 3. Townsend T, et al. Microscopic colitis: diagnosis and management *Frontline Gastroenterology* 2018;0:1–6. 4. Münch A and Langner C, Microscopic Colitis: Clinical and Pathologic Perspectives. *Clinical Gastroenterology and Hepatology*. 2015. 13:228–236 5. Arasaradnam RP, et al., Guidelines for the investigation of chronic diarrhoea in adults: BSG, 3rd edition. *Gut*. 2018 Aug;67(8):1380-1399. 6. Lewis NR, Archer T and Kaye P. PWE-061 Epidemiology of microscopic colitis in Nottingham: a contemporary cohort study. *Gut* 2017 66: A156. 7. Burke KE. Smoking is Associated with an Increased Risk of Microscopic Colitis: Results From Two Large Prospective Cohort Studies of US Women. *Journal of Crohn's and Colitis*, 2018, 559–567 8. Münch A, et al. Microscopic colitis: current status, present and future challenges: statements of the European Microscopic Colitis Group. *J Crohns Colitis*. 2012. 6:932–45. 9. Rutgeerts P et al. A comparison of budesonide with prednisolone for active Crohn's disease. *N Eng J Med*, 1994. 331; 842-845

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**Table 1.**

A comparison of the key differentiating factors between microscopic colitis and irritable bowel syndrome<sup>2</sup>.

	MICROSCOPIC COLITIS	IRRITABLE BOWEL SYNDROME
First occurrence of disease (age in years)	Usually older than 50 years old	Usually younger than 50
Stool consistency	Watery/soft	Soft/variable/hard
Abdominal pain/discomfort	Variable	Obligatory
Nocturnal diarrhoea	Possible	Very unlikely
Feeling of incomplete bowel evacuation	No	Common
Feeling of fullness/bloating	Rare	Common
Weight loss	Common	Rare
Faecal incontinence	Common	Rare
Accompanying autoimmune disease	Common	Rare

### How is MC treated?

Compared to other IBDs, MC is a highly treatable condition<sup>2</sup>. The main goal of treatment is to achieve clinical remission and improve quality of life.

The first step of treatment is to eliminate (where possible) any known risk factors, such as smoking and medications such as NSAIDs, some PPIs and SSRIs<sup>2,3</sup>. Other lifestyle factors which may aggravate MC/symptoms should be assessed including caffeine, artificial sugars, and other intolerances<sup>2</sup>, with advice around hydration and balanced nutrition important<sup>1</sup>. Anti-diarrhoeals such as loperamide may also help manage symptoms<sup>1</sup>.

If this approach does not improve symptoms, then a locally acting budesonide (corticosteroid) is currently recommended as the first line treatment and is often initially given for a short period of time to stop the symptoms<sup>8</sup>. Some patients may require repeat courses or maintenance treatment if symptoms persist<sup>8</sup>. Whilst the risk of side effects is lower than conventional steroids (around 50% risk reduction) patients should still be counselled appropriately<sup>9</sup>. There is currently little evidence supporting other treatments for MC<sup>8</sup>.



#### MORE INFORMATION ON MC

If you or your patients would like more information please see the references used throughout this article including the CCUK microscopic colitis information sheet<sup>1</sup>.

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**1.** Information sheet: Microscopic colitis. Crohn's and Colitis UK. **2.** Münch A, et al. Undiagnosed microscopic colitis: a hidden cause of chronic diarrhoea and a frequently missed treatment opportunity. *Frontline Gastroenterology* 2019; 0:1–7. **3.** Townsend T, et al. Microscopic colitis: diagnosis and management *Frontline Gastroenterology* 2018;0:1–6. **4.** Münch A and Langner C, Microscopic Colitis: Clinical and Pathologic Perspectives. *Clinical Gastroenterology and Hepatology*. 2015. 13:228–236 **5.** Arasaradnam RP, et al., Guidelines for the investigation of chronic diarrhoea in adults: BSG, 3rd edition. *Gut*. 2018 Aug;67(8):1380-1399. **6.** Lewis NR, Archer T and Kaye P. PWE-061 Epidemiology of microscopic colitis in Nottingham: a contemporary cohort study. *Gut* 2017 66: A156. **7.** Burke KE. Smoking is Associated with an Increased Risk of Microscopic Colitis: Results From Two Large Prospective Cohort Studies of US Women. *Journal of Crohn's and Colitis*, 2018, 559–567 **8.** Münch A, et al. Microscopic colitis: current status, present and future challenges: statements of the European Microscopic Colitis Group. *J Crohns Colitis*. 2012. 6:932–45. **9.** Rutgeerts P et al. A comparison of budesonide with prednisolone for active Crohn's disease. *N Eng J Med*, 1994. 331; 842-845

**Abbreviations:** MC = microscopic colitis, IBD = Inflammatory Bowel Disease, IBS-D = diarrhoea prominent Irritable Bowel Syndrome, NSAIDs = non-steroidal anti-inflammatories, PPIs = proton pump inhibitors, SSRIs = selective serotonin reuptake inhibitors, CCUK = Crohn's and Colitis UK.