

Anticipatory care of children and adolescents with inflammatory bowel disease

a primer for primary care providers

Carman, Nicholas, Mack, David R., Benchimol, Eric I

Current Opinion in Pediatrics: [October 2019 - Volume 31 - Issue 5 - p 654–660](#)

doi: 10.1097/MOP.0000000000000795

GASTROENTEROLOGY AND NUTRITION: Edited by Bradley Barth

Purpose of review: About 10–20% of patients with newly diagnosed inflammatory bowel disease (IBD) are under 18 years of age, with incidence increasing in young children. Children with IBD have unique healthcare needs, which require coordination between primary care providers and pediatric gastroenterologists to provide appropriate care. This review highlights some key elements of anticipatory care in pediatric IBD, including vaccination, risk of serious infection and malignancy, psychosocial and educational needs, and cannabis use.

Recent findings: Therapies for IBD that include anti-tumor necrosis factor medications, especially when combined with corticosteroids are associated with higher risks of serious infections. Vaccination remains the best way to prevent infections. Live vaccinations should be avoided during immunosuppression, but the schedule should be otherwise completed, including vaccination for influenza, pneumococcus and meningococcus, and human papillomavirus. Malignancy risk is increased in IBD patients, both because of disease factors and resulting from immunomodulatory medications. Children with IBD are at risk for mental health disorders and negative educational outcomes, so identification of at-risk children and early intervention are important.

Summary: High-quality care in pediatric IBD requires coordination between pediatric gastroenterologists and primary care providers, with careful attention paid to the specific needs of children with IBD.