# Inflammatory bowel disease

1. **Inflammatory bowel disease (IBD):**
   - a) Has reduced in incidence over recent decades
   - b) Is another name for coeliac disease
   - c) Is more prevalent in Asia than in Europe and North America
   - d) Is thought to be caused by inappropriate activation of the gastrointestinal immune system
   - e) Is common among children aged under 10 years

2. **Regarding Crohn’s disease (CD):**
   - a) Men have a higher risk of developing it than women
   - b) It is restricted to the colon and rectum
   - c) Symptoms include vomiting, diarrhoea, weight loss and abdominal pain
   - d) Inflammation can involve the full thickness of the bowel wall and lead to the formation of fistulas
   - e) Active smokers have a reduced risk of developing the disease

3. **IBD extraintestinal symptoms include:**
   - a) Fever
   - b) Arthropathy
   - c) Hirsutism
   - d) Eye effects
   - e) Photosensitivity

4. **Concerning ulcerative colitis (UC):**
   - a) Patients often develop perianal abscesses
   - b) Presence of blood and mucus in the stools is one of the main presenting features
   - c) Patients can develop a biliary disorder known as primary sclerosing cholangitis
   - d) More than 70% of patients will require surgery in their lifetime
   - e) Patients require careful colonoscopic surveillance to detect colorectal cancer

5. **Regarding rectal preparations:**
   - a) Foams spread further than enemas
   - b) Enemas are more effective than suppositories for proctitis
   - c) Generally, foams are more acceptable to patients than enemas
   - d) Enemas can be effective for patients with inflammation of the descending colon
   - e) Suppositories act in the sigmoid colon

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**6. Adverse effects of sulphasalazine include:**
   - a) Oligospermia
   - b) Sensitivity of the skin to sunlight
   - c) Progressive multifocal leukoencephalopathy
   - d) Interstitial nephritis
   - e) Nausea

**7. Regarding the treatment of UC:**
   - a) Oral budesonide is better than mesalazine for the treatment of active disease
   - b) There is no evidence to support the use of methotrexate
   - c) Non-steroidal anti-inflammatory drugs can improve symptoms
   - d) Combinations of rectal and oral aminosalicylates are not recommended
   - e) The National Institute for Health and Clinical Excellence does not recommend the use of infliximab for severe UC

**8. Concerning IBD treatment:**
   - a) Certolizumab pegol has recently been granted European marketing authorisation for the treatment of CD
   - b) CD can be cured with surgery
   - c) There is no evidence to support the use of ciclosporin for the treatment of CD
   - d) There is insufficient evidence to support the use of mesalazine for maintenance treatment of CD, according to a Cochrane review
   - e) Methotrexate can induce and maintain remission in CD, but its efficacy reduces over time

**9. Adjuvant therapies for IBD include:**
   - a) Vaccinations
   - b) Probiotics
   - c) Non-steroidal anti-inflammatory drugs
   - d) Antibiotics
   - e) Beta-blockers

**10. Regarding biologics:**
   - a) Rapid infusion of infliximab is now recommended from the first dose
   - b) NICE supports the use of infliximab for fistulating CD
   - c) Patients should be screened for tuberculosis before starting biologic treatment
   - d) Natalizumab is licensed in the UK for the treatment of CD
   - e) Adalimumab provokes less antibody formation than infliximab and is therefore associated with fewer hypersensitivity reactions