



Starting with targeted anti-inflammatory therapy

P a t i e n t i n f o r m a t i o n

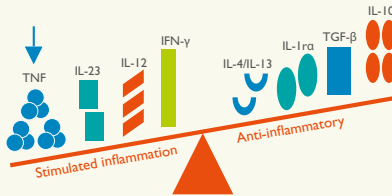
Your physician has proposed treatment with a targeted anti-inflammatory drug. This leaflet will give you an overview of the various anti-inflammatory therapies.

ANTI-TNF

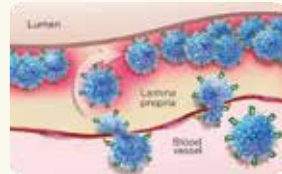
ANTI-ADHESION

OPERATING MECHANISM

These are proteins or antibodies that block the excess production of TNF. This way they can reduce the inflammation process that is one of the causes of the disease.



These are proteins or antibodies that prevent white blood cells from traveling out of the blood vessels into the surrounding tissue, and this selectively in the gut area.



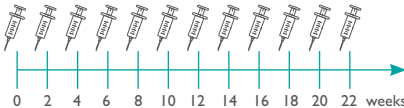
ONSET OF ACTION AND ADMINISTRATION

Days to weeks



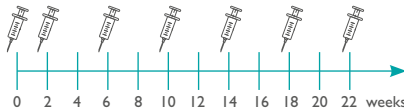
INFLIXIMAB (Flixabi[®], Inflectra[®], Remicade[®], Remsima[®] and Zessly[®]) If necessary combined with Imuran[®], Purinethol[®], Ledertrexate[®] or Metoject[®].

4x 2x



ADALIMUMAB (Amgevita[®], Hulio[®], Humira[®], Hyrimoz[®], Idacio[®], Imraldi[®])

2x



GOLIMUMAB (Simponi[®])*

Weeks to three months



VEDOLIZUMAB (Entyvio[®])

POTENTIAL SIDE EFFECTS

Allergic reactions (including infusion reactions), arthralgia, dry skin, more prone to infections (cold, bronchitis, sinusitis ...)

Possible more gastrointestinal infections, but other than that practically no side effects as a result of bowel selectivity.

REQUIRED PRELIMINARY EXAMINATIONS IN ORDER TO EXCLUDE TUBERCULOSIS:

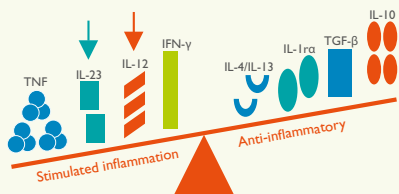
- X X-ray of the lungs
- X Mantoux test or QuantiFERON test

ANTI-IL12/23

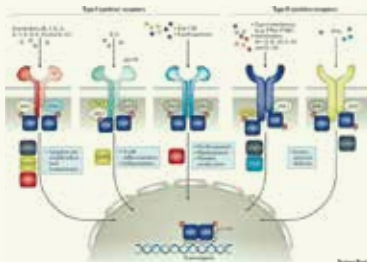
ANTI-JAKs

OPERATING MECHANISM

These are proteins or antibodies that block the excess production of interleukin 12 and interleukin 23. This way, they reduce the inflammation process which is one of the causes of the disease.

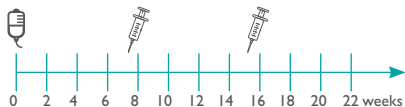


This oral therapy is blocking one or more JAK proteins. By blocking these JAKs the production of several pro-inflammatory proteins (interleukins) will be reduced.



ONSET OF ACTION AND ADMINISTRATION

Weeks



USTEKINUMAB (Stelara®)

Remark

Contrary to other medication, a dose increase of Stelara® is only possible in a study context and this under strict conditions.

Days to weeks

Induction dose

2 x 1 tablet of 10 mg, during 8 weeks

Maintenance dose

2 x 1 tablet of 5 mg

TOFACITINIB (Xeljanz®)*

POTENTIAL SIDE EFFECTS

Infections of the upper airways (limited available data)

Infections (mainly viral), increased cholesterol, increased CKs, thrombosis in patients with a cardiovascular risk profile.

* only for ulcerative colitis

only for Crohn's disease

If you have any other questions, or if you wish to discuss certain aspects of your treatment, please contact the IBD nurses on tel. 016 34 06 21 or e-mail to IBDnurse@uzleuven.be



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You can also find this brochure at www.uzleuven.be/en/brochure/701127.

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