



Mono vs. combo therapy in IBD

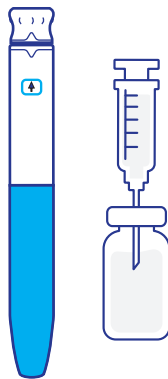
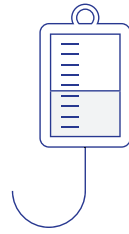
Many patients take an anti-TNF agent (adalimumab, infliximab, golimumab) as part of their IBD treatment regimen. Anti-TNF agents are very effective for most patients, and it is uncommon for them not to work.

One of the disappointments of this therapy is that, in some patients, it STOPS working. The most common reason for this occurring is due to patients developing anti-bodies to the anti-TNF. When this occurs we say that they have become 'sensitized' to the anti-TNF therapy.

Once sensitized to a particular anti-TNF agent, a patient will be 'resistant' to that therapy—probably forever. Maximizing how long an anti-TNF agent works in a patient is often referred to as improving its 'durability'. "Mono-Combo therapy" refers specifically to patients who are either taking an anti-TNF agent on its own or combining an anti-TNF with an immunomodulator medicine. Mono vs. combo therapy has become an important topic, as it MAY be a factor that improves an anti-TNF agent's 'durability'.

What is mono therapy?

Mono-therapy means you just take an anti-TNF agent and NO immunomodulator medicine. One of the ways that doctors believe they can decrease the chance of 'sensitization' is to ensure that the anti-TNF therapy is given REGULARLY and that there is always at least a small amount of anti-TNF left in the blood immediately before the next dose of anti-TNF. It is believed that this helps your body TOLERATE the anti-TNF and reduces the chance of the body making anti-bodies to the anti-TNF agent.



What is combo therapy?

Combo-therapy means that you take the anti-TNF agent AND an immunomodulator medicine (such as Azathioprine, 6 mercaptopurine, Methotrexate). The addition of an immunomodulator to your anti-TNF therapy is thought to offer a 'safety blanket' against becoming sensitized to the anti-TNF. It can do this in a few different ways:

- 1. Immunomodulators fight IBD inflammation slightly different to the anti-TNF agents. Adding them to your anti-TNF therapy might help reduce the amount of inflammation in your body. With less inflammation present, the anti-TNF agent might not be used up so quickly, and may reduce the chance that it will run-out before the next dose is given.**
- 2. Immunomodulators can reduce how well the body makes anti-bodies. When added to your anti-TNF therapy, IF the levels of anti-TNF become very low prior to a dose, the immunomodulator could reduce the chance that the body will make anti-bodies to the anti-TNF agent when it is next given.**

How to decide

Deciding on 'mono' vs. 'combo' therapy is patient specific and requires careful consultation with your gastroenterologist (GI). It depends on features of your disease, treatment history, availability of monitoring tests and your choice of anti-TNF agent. This 'balance' may change over time; many will start with combo and switch to -mono after many months or years.

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