

Management of Mild Inflammatory Bowel Diseases

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Mild IBD Outline

- How common is mild IBD?
- What do existing guidelines say about management of mild IBD?
- A practical (my) approach for management of mild IBD

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Mild IBD What is Mild IBD?

- Defined variably, depending on the time horizon

Mild – longitudinally – over the course of disease



Mild: At a point in time



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Mild IBD

Epidemiology of Mild IBD

Population-based cohort from the Danish national registers between 1997-2020 (NorDIBD cohort)

Inclusion:

- Mild IBD defined as no progression related events (IMM or Biologic use, hospitalization, or surgery within 1 year after diagnosis)
- Oral 5-ASA, oral budesonide, topical steroids, or one time course of systemic corticosteroids were permitted

Outcome:

- Disease Progression

Results:

- 4,607 incident IBD → 2,292 (Moderate-to-Severe)
→ 2,315 mild IBD 1 year after diagnosis
(63.2% of UC, 24.5% of CD)

Jacobsen HA, Clin Gastro Hep 2024 Dec 13 S1542-3565(24)01071-1.

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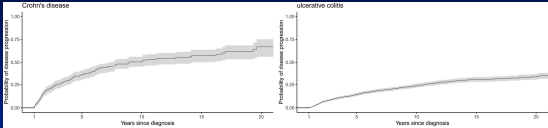
Mild IBD

Epidemiology of Mild IBD

Population-based cohort from the Danish national registers between 1997-2020 (NorDIBD cohort)

Colorectal disease

Ulcerative colitis



Years since IBD diagnosis with sustained mild IBD	Probabilities of progression to moderate-severe disease, % (95% CI)			
	Mild UC		Mild CD	
	5-year	10-year	5-year	10-year
1	17 (15–19)	26 (23–28)	39 (33–44)	53 (46–59)
2	14 (12–16)	23 (21–25)	31 (24–36)	44 (37–51)
5	11 (9.3–13)	19 (16–21)	23 (16–30)	34 (24–43)
10	8.8 (6.6–11)	12 (9.2–15)	14 (4.8–22)	33 (14–49)

Jacobsen HA, Clin Gastro Hep 2024 Dec 13 S1542-3565(24)01071-1.

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Mild IBD

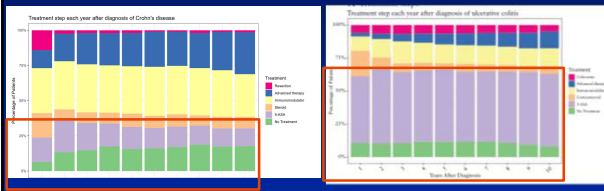
Epidemiology of Mild IBD

Long-term follow-up of a European population-based inception cohort from 22 centers (Epi-IBD)

- 547 patients with CD
- 873 patients with UC

Treatment step each year after diagnosis of Crohn's disease

Treatment step each year after diagnosis of ulcerative colitis



Wissner MD, Clin Gastroenterol Hepatol 2025 Nov 3 S1542-3565(25)00631-6.
Wissner MD, J Crohns Colitis 2025 Jun 4 1301-p4008

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Mild IBD

Predicting Progression

- Prospective Evaluation of 201 newly diagnosed CD patients in Germany (PROGNOS study) between 2014-21
- Outcome: need for steroids, IMM or biologic therapy, IBD-related hospitalization or surgery

PreMiCC score: Age at diagnosis, CRP, Endoscopic score, Perianal Dx, Complications

Kruis W. Inflamm Bowel Dis. 2025 Mar 3;31(3):677-685.

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Mild IBD

Predicting Progression

- Multicenter retrospective cohort of 177 surgery-naïve patients with CD who had endoscopy while not on IS
 - Disease progression occurred in 23% and 35% of patients at years two and five,

Total SES-CD score		
SES-CD 0-3		
SES-CD 4-6	1.21	0.50-2.91
SES-CD 7-9	1.94	0.70-5.39
SES-CD ≥ 7	2.49	1.10-5.63

Endoscopic activity is a predictor of progression

Peraza J. Aliment Pharmacol Ther. 2025 Mar;61(6):1011-1018

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Mild IBD

Mild CD has distinct biology

- Serum metabolomics and immune-phenotyping performed
- Distinct Biology of Mild CD: Reduced neutrophilic inflammation and altered sphingolipid metabolism

Bougeard A. Gastroenterology. 2025;168:1264-1287

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Management of mild UC Guideline Definition of Mild UC

- Existing Definitions of Disease Severity: UC

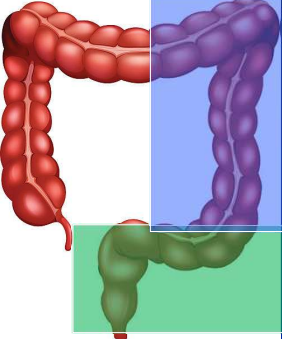
	Remission	Mild	Moderate-severe	Fulminant
Stools (R/day)	Formed stools	<4	>6	>10
Blood in stools	None	Intermittent	Frequent	Continuous
Urgency	None	Mild, occasional	Often	Continuous
Hemoglobin	Normal	Normal	< 75% of normal	Transfusion required
ESR	<30	<30	>30	>30
CRP (mg/L)	Normal	Elevated	Elevated	Elevated
Fecal calprotectin (µg/g)	<150-200	>150-200	>150-200	>150-200
Endoscopy (MUC3)	0-1	1	2-3	3
Endoscopy (MUC5)	0-1	2-4	5-8	7-8
Intraluminal ultrasound	Colonic BWT <3 mm Rectal BWT <4 mm mLength > 0		Colonic BWT >3 mm Rectal BWT >4 mm mLength >0	

Mild Ulcerative Colitis definitions tend to more homogeneous - 33/39 studies (85%) used a combination of clinical and endoscopic activity.

Caton B. United European Gastroenterol J. 2022 Oct 16(8):854-867
Rudin DT. Am J Gastroenterol. 2025 Jun 3;120(6):1187-1224

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Management of Mild UC (ACG 2025) Induction of remission



Recommend rectal 5-ASA enemas (dose > 1g / day) over rectal steroids
OR: 1.65 (1.1-2.5)

Combination oral and topical therapy > oral
RR of induction failure: 0.65 (0.45 – 0.93)

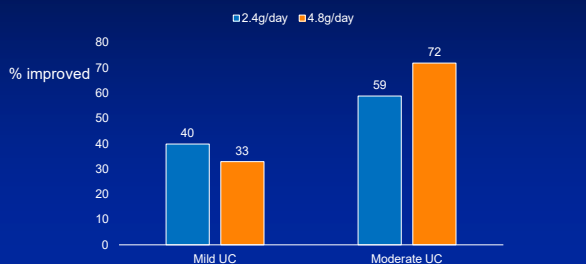
Recommend rectal 5-ASA therapy (1g/day)
Remission: 39.7% vs. 19.8% (placebo)

Ford AC. Am J Gastroenterol 2011; 106: 601-16
Ford AC. Am J Gastroenterol 2012; 107: 947-58

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Management of Mild UC (ACG 2025) Induction of remission

- Extensive UC: Oral 5-ASA at a dose of at least 2g/day
 - Mildly active UC: 2.4g/day = 4.8 g/day
 - Moderately active disease: 4.8g/day may be more effective



Hanauer SB. Am J Gastroenterol. 2005 Nov; 100(11):2478-85

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Management of Mild UC (ACG 2025) Induction of remission

- Alternative treatment strategies lack a robust evidence base and may not be sufficient as monotherapy
 - VSL#3 (Visbiome®)
 - Daily dose of 3.6×10^{12} CFU/day reduced risk of relapse
 - E. coli nissle 1917* was comparable to 5-ASA therapy in inactive UC
 - Fish oil
 - Curcumin
 - CurQD (Curcumin-Qing Dai combination)
 - Fecal transplantation
 - Heterogeneity in included studies
 - Was more effective than placebo in most trials but limited data on endoscopic healing and durability
 - Recognize need for donor-recipient matching

Tursi A. Am J Gastroenterol 2010; 105:2218-27
 Petersen AM. J Crohns Colitis 2014; 8: 1498-505
 Moayyedi P. Gastroenterol 2015; 149: 102-9
 Rosen HJ. Gastroenterol 2015; 149: 1104-5
 Paramsothy S. Lancet 2017; 389: 1218-28

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Management of mild CD Guideline Definitions for mild CD

- Existing Definitions of Crohn's Disease Severity are confusing and incomplete

Group	Definitions
ACG ¹	Mild to Moderate CDAI 150-225 Moderate to Severe CDAI 225-450 Severe/Flaring CDAI <150
AGA ²	Mild to Moderate CDAI 150-225 Moderate to Severe CDAI 225-450 Severe CDAI <150
ESCC ³	Mild to Moderate CDAI 150-225 Moderate to Severe CDAI 225-450 Severe CDAI <150

Largely focused on mild symptoms

When endo/biomarkers were used, definition was non-specific

Hanisch J. Gastroenterology. 2022 Jun;162(7):1800-1814.e1.

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Management of Mild CD 5-aminosalicylates - CD

- Inconsistent data in Crohn's disease:
 - NCCDS (4-6g/day of SSZ)
 - Randomized 604 patients with Crohn's disease to placebo, sulfasalazine, prednisone or azathioprine
 - Sulfasalazine was superior to placebo for patients with colon only Crohn's disease ($p=0.006$)
 - Mixed results in subsequent clinical trials
 - ECCDS showed no benefit to 3g/day
 - Meta-analysis of 22 eligible RCTs:
 - SSZ > placebo for induction of remission (RR 0.83, 95% CI 0.69 – 1.00)
 - No evidence for a benefit in maintenance of remission (perhaps weak effect for mesalamine)

Summers RW. Gastroenterology. 1979 Oct;77(4 Pt 2):847-69.
 Ford AC. Am J Gastroenterol. 2011 Apr;106(4):617-28.

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Management of Mild CD

Budesonide in mild CD

- Meta-analysis of 25 RCTs in Crohn's disease :
 - Budesonide at 9mg/day was more effective than placebo for induction of remission (OR 2.93, 95% CI 1.52 – 5.39)
 - Modest benefit of budesonide 6mg/day for maintaining remission (3-6 months)

Mesalazine ≥ 2.0 g/d		Mesalazine < 2.0 g/d		Budesonide 9 mg/d		Budesonide 6 mg/d		Budesonide 3 mg/d		Placebo	
0.83 (0.41–1.58)	0.59 (0.22–1.56)	0.71 (0.24–2.22)	0.65 (0.37–1.12)	1.10 (0.49–2.49)	1.45 (0.82–2.61)	1.17 (0.69–1.96)	1.86 (1.05–3.25)	1.17 (0.69–1.96)	1.17 (0.69–1.96)	1.17 (0.69–1.96)	1.17 (0.69–1.96)
0.65 (0.37–1.12)	0.78 (0.38–1.71)	1.10 (0.49–2.49)	1.45 (0.82–2.61)	1.17 (0.69–1.96)	1.86 (1.05–3.25)	1.17 (0.69–1.96)	1.17 (0.69–1.96)	1.17 (0.69–1.96)	1.17 (0.69–1.96)	1.17 (0.69–1.96)	1.17 (0.69–1.96)
0.94 (0.51–1.71)	1.14 (0.53–2.56)	1.60 (0.58–4.38)	1.86 (1.05–3.25)	1.17 (0.69–1.96)	1.17 (0.69–1.96)	1.17 (0.69–1.96)	1.17 (0.69–1.96)	1.17 (0.69–1.96)	1.17 (0.69–1.96)	1.17 (0.69–1.96)	1.17 (0.69–1.96)
1.10 (0.79–1.51)	1.33 (0.75–2.45)	1.86 (0.72–4.77)	1.86 (1.05–3.25)	1.17 (0.69–1.96)	1.17 (0.69–1.96)	1.17 (0.69–1.96)	1.17 (0.69–1.96)	1.17 (0.69–1.96)	1.17 (0.69–1.96)	1.17 (0.69–1.96)	1.17 (0.69–1.96)

Moja L. Aliment Pharmacol Ther. 2015 Jun;41(11):1055-65

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Management of Mild CD

Guidelines Recs for Mild CD

- BSG 2025:
 - Budesonide is suggested for induction of remission with mild ileocecal CD
 - 5-ASA is NOT suggested for induction and maintenance of remission in CD

Mild-to-moderate CD Recommendations

4. We recommend against the use of oral mesalazine for induction or maintenance in patients with mildly to moderately active CD (strong recommendation, moderate level of evidence).

5. We recommend controlled-release budesonide at a dose of 9 mg daily for induction of symptomatic remission in patients with mildly to moderately active ileocecal CD (strong recommendation, moderate level of evidence).

6. We recommend against the use of oral budesonide for maintenance of remission in patients with mildly to moderately active ileocecal CD (strong recommendation, low level of evidence).

42. For adult patients with mild CD and low risk of progression, diet-based strategies along with careful monitoring for inadequate symptom relief, worsening inflammation, or disease progression may be considered.

Risk stratification

Mild or incidentally diagnosed

Clinical features

Short TI segment, no or minimal symptoms

Treatment options

Can monitor closely off therapy

Key concept

39. No maintenance treatment is a treatment option for some patients with asymptomatic (silent), mild CD; however, routine monitoring is recommended to identify disease progression.

Moran GW. Gut. 2025 Jun 23;74(Suppl 2):i1-i101.
Shaw S. Clin Gastroenterol Hepatol. 2024 Mar;22(3):489-493.
Agarwal M. Gastroenterology. 2021;191:47-65.
Chen J. Curr Opin Gastroenterology. 2023 Jun 5;129(6):1225-1234.
Lichtenstein GR. Am J Gastroenterol. 2023 Jun 5;128(6):1225-1234.

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Mild IBD

A Practical (my) Approach

- Who do I call mild CD?
- Mild gastrointestinal symptoms
 - Mild diarrhea 3-5, no nocturnal stools
 - Occasional abdominal pain, cramps
 - No weight loss, no prominent EIMs
- No high-risk features on history
 - Perianal disease
 - Strictures
 - Penetrating disease
 - No prior surgery or advanced therapy
- Approach may differ in long-standing vs. newly diagnosed disease

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Mild IBD
A Practical (my) Approach

- Who do I call mild CD?
 - Normal labs (no severe anemia (Hb < 8g/dl), nl Albumin)
 - Colonoscopy: Few aphthae, only ileum or small patches in the colon. No large or deep ulcers (SES-CD < 7).
 - Obtain CTE or MRE.
 - Imaging showing NO
 - Long-segment disease (> 30cm)
 - Multifocal involvement
 - Strictures
 - Penetrating complications
 - Upper GI or proximal small bowel disease

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Mild IBD
A Practical (my) Approach

- Discuss Options with the patient

EVIDENCE-BASED
 - Budesonide (for induction alone)
 - Thiopurines or Methotrexate
 - Advanced Therapies (approved for moderate to severe disease)

LESS EVIDENCE-BASED
 - Mesalamine (no robust evidence to support; most guidelines do not recommend it, I sometimes use it)
 - Diet for induction of remission
 - No treatment with close monitoring

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Mild IBD
A Practical (my) Approach

- Close monitoring is essential:
 - Office visits at least once a year
 - Labs at least once a year (including FCP if initially elevated)
 - Repeat colonoscopy (+/- imaging) in ~1-2 years
 - Low threshold for therapy escalation

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Mild IBD Conclusions

- Mild disease course is not uncommon in both CD and UC
 - One-quarter of CD; over half of UC
- Broad consistency in management guidelines and robust active investigation in mild UC
- Significant variability in defining mild CD, with few treatment trials (mostly diet), and lack of consensus for management
- Need for clear guidance for clinical trials (of treatments AND management strategies) and clinical practice

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