

Increased Self Medication with Steroids in Inflammatory Bowel Disease Patients During Covid-19 Pandemic: Time to Optimize Specialized Telemonitoring Services

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Received date: October 4, 2021; **Accepted date:** October 18, 2021; **Published date:** October 25, 2021

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Introduction

Inflammatory bowel disease (IBD) is a longstanding debilitating disease, which occurs due to complex interactions between genetic, environmental and inflammatory processes affecting the gut and other extra gastrointestinal systems. IBD includes Ulcerative Colitis (UC) and Crohn's Disease (CD), accompanied by frequent relapse and remissions. Facing the covid-19 pandemic has changed the current practice in IBD in terms of patient care and follow-up. Although, there is no current evidence that the SARS-CoV-2 virus exacerbates underlying IBD. In a recent meta-analysis of 24 studies, the risk of SARS-CoV-2 infection in IBD is found to be equivalent to that of the general population. However, when compared to CD, UC has a higher risk of negative adverse outcomes, especially on steroids. Discontinuing current medications for IBD such as 5-ASA, corticosteroids, immunomodulatory and biologic therapies due to various reasons may trigger disease flare, disability and dilemma to restart therapy. Steroids are effective non-selective anti-inflammatory, immunomodulatory, vasoconstrictive and anti-proliferative drugs. It is associated with several side effects even at modest dosages. Many studies have shown that a 5-year probability of receiving steroids is up to 75% in IBD patients. European Crohn's and Colitis Organization (ECCO) guidelines recommend combining corticosteroids with 5-ASA preparations as first-line therapy in mild to moderate UC flares and moderate to severe ileocecal colonic CD. The risk of severe infections, gastrointestinal bleed, osteoporosis, cushing syndrome, poor glycemic control, psychosis, sleep disturbances, hypertension and

delayed SARS-CoV-2 virus clearance is amongst adverse steroid effects.

Self-medication is a major issue given the current pandemic situation, particularly in underdeveloped countries and having poor health infrastructure. Self-medication is defined by the World Health Organization (WHO) as "The selection and utilization of medications to treat self-recognized symptoms or ailments without consulting a physician" (9). Especially in IBD, the use of non-prescription drugs is common, notably corticosteroids, which are used by up to 15% of

history of steroid use during the disease course	74.3% (29/39)
Patients receiving steroids before the current admission	46.1% (18/39)
Frequency of self-medication	17.9% (7/39)
Steroid prescription by non-gastroenterologists	28.2% (11/39)

Specialized Telemedicine Services

Telemedicine services are a popular approach that has shown promising results in IBD care, especially in times of the covid-19