

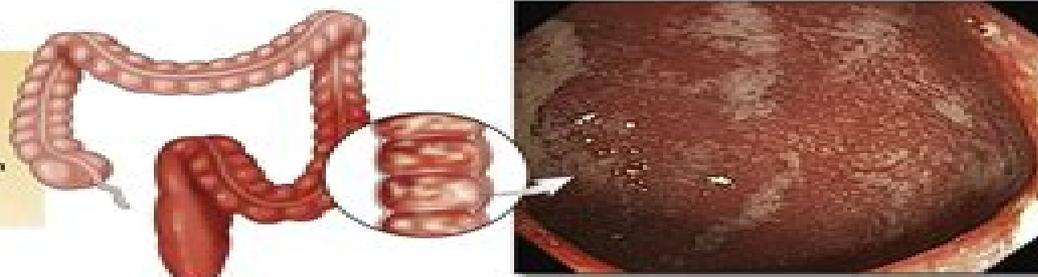
Mild-to-Moderate Ulcerative Colitis Guideline

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Mild-to-Moderate Ulcerative Colitis, Defined:

- Fewer than 4–6 bowel movements per day
- Mild-moderate rectal bleeding
- Absence of constitutional symptoms
- Low overall inflammatory burden
- Absence of features suggestive of high inflammatory activity



Extensive

Recommendation:
Once daily standard dose mesalamine (2–3g/d) or diazo-bonded 5-ASA (balsalazide) ± mesalamine enemas or suppository



Incomplete response*

Increase dose and add topical therapy

Persistent incomplete response*

Prednisone or budesonide MMX*

- Recommend standard- (2–3g/d) or high-dose mesalamine (>3g/d) over low-dose mesalamine (<2g/d)
- Ok to continue sulfasalazine in patients who are in remission on sulfasalazine

— Induction
- - - - - Remission

Proctosigmoiditis

Recommendation:
• Mesalamine enema
• Oral 5-ASA if higher value on convenience of oral medication administration



Incomplete response*

- If using rectal mesalamine, add oral 5-ASA
- If using oral 5-ASA, add rectal mesalamine

Persistent incomplete response*

Add rectal corticosteroid

Persistent incomplete response*

Prednisone or budesonide MMX*

Proctitis

Recommendation:
• Mesalamine suppository
• Oral 5-ASA if higher value on convenience of oral medication administration



Incomplete response*

- If using rectal mesalamine, add oral 5-ASA
- If using oral 5-ASA, add rectal mesalamine

Persistent incomplete response*

Add rectal corticosteroid

Persistent incomplete response*

Prednisone or budesonide MMX*

Assess response to mesalamines in approximately 4 weeks. If patients enter clinical remission with oral or rectal 5-ASA therapy, continue same therapy. Attempt discontinuation of oral or rectal corticosteroids, if previously used.

*If progression to moderate-severe disease activity, corticosteroid-dependence, or at high risk of colectomy despite therapy, consider escalating to treatment for moderate-severe disease with immunomodulators and/biologic agents.

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