https://doi.org/10.22516/25007440.1337

Supplement

Editor's words

David B. Páramo-Hernández.[1]

OPEN ACCESS

Citation:
Páramo-Hernández D. Editor's words. Revista. colomb. Gastroenterol. 2025;40(Suppl 1):1-2. https://doi.org/10.22516/25007440.1337

[1] Gastroenterologist and clinical epidemiologist. GutMédica, Digestive Health Institute. Editor, *Revista Colombiana de Gastroenterología.* Bogotá, Colombia.

***Correspondence:** David B. Páramo Hernández. paramo.david@gmail.com

Received: 18/09/2024
Accepted: 23/12/2024

In 2015, the Colombian Association of Gastroenterology and the Universidad Nacional de Colombia developed the *Evidence-Based Guideline for the Management of Ulcerative Colitis in Adult Patients*[(1)], followed by an update in 2020[(2)]. Now, once again, the multidisciplinary team has updated the guide to specifically include new therapeutic options. Ulcerative colitis (UC) has shown a rising trend. In Colombia, the incidence of UC in 2017 was 6.30 per 100,000 inhabitants per year, and the prevalence was 58.14 per 100,000 inhabitants per year. Inflammatory bowel disease (IBD) represents the most common such condition in the country. Its impact on patients' quality of life is considerable, and timely diagnosis and appropriate management are essential to improve clinical outcomes and overall well-being.

This update should note that the existing recommendations from the 2015 and 2020 guidelines remain in effect. However, it was deemed necessary to update the section on new treatments for UC in adult patients, adapting the recommendations to the Colombian context in this new version. The new guideline is based on a comprehensive review of the most recent scientific literature, including clinical trials, meta-analyses, and observational studies. This approach allows for evidence-based recommendations that align with current best practices in UC management. Key highlights of the guideline include pharmacological treatment strategies, given the approval of novel biologics for UC with various routes of administration and novel oral small molecules. Moreover, new concepts have emerged regarding treatment goals, such as mucosal and histological healing. By consensus, the development group determined that this guideline should include questions regarding the efficacy and safety of novel molecules, as well as the switch to subcutaneous vedolizumab and infliximab for the treatment of patients with moderate-to-severe UC.

The guideline offers a detailed evaluation of the available therapeutic agents, including criteria for their selection and use. Furthermore, considerations regarding safety and side effects are discussed, enabling clinicians to make informed and personalized decisions for their patients. These recommendations emphasize a personalized approach, which considers patient preferences, disease severity, and prior treatment response. The use of biomarkers for monitoring and the strategic use of biologics and immunomodulators are key components of contemporary UC management.

The update concludes with the incorporation of management algorithms for moderate-to-severe UC in the outpatient setting and acute-to-severe UC in the inpatient setting.

© 2025 Asociación Colombiana de Gastroenterología

REFERENCES

1. Juliao Baños F, Grillo A CF, Galiano de Sánchez MT, García Duperly R, Bonilla GDA, Guerrero PDM, et al. Guía de práctica clínica para el diagnóstico y tratamiento de la colitis ulcerativa en población adulta. Rev Colomb Gastroenterol. 2015;30(Supl 1):75-88.
2. Juliao Baños F, Torres Amaya M, Otero Regino W, Vallejo MT, Galiano MT, Feliciano J, et al. Guía para el manejo de colitis ulcerativa en población adulta (actualización). Rev Colomb Gastroenterol. 2020;35(Supl 2):2-62.