Infliximab in the treatment of Crohn’s disease

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Crohn’s disease is a source of long term morbidity for many patients. With no curative therapy available, patients with this chronic inflammatory condition deal with pain, persistent diarrhea, fatigue, bleeding and all of the other sequelae of a serious chronic disease. For patients with severe fistulizing disease due to transmural inflammation at various sites, the disability is even worse because there is no effective medical therapy.

Glucocorticoids, the mainstay of therapy for Crohn’s disease, are only effective in the short term for reducing symptoms; the repeated or long term use of glucocorticoids can lead to harmful and even permanent side effects. Other medical therapies are of some benefit for both inducing and maintaining remission for many patients, but also present substantial risks of side effects. None of the therapies available have been effective in the treatment of fistulizing disease.

Against this background, the development of a new therapeutic agent for Crohn’s disease is welcome. Infliximab is a chimeric human-mouse monoclonal antibody directed against one of the most important proinflammatory cytokines, tumour necrosis factor-alpha (TNF-α). In several trials, infliximab has shown significant benefit in inducing long term remission in patients with Crohn’s disease, most notably those with fistulas (1-3).

At a recent scientific meeting entitled Update on Liver and Inflammatory Bowel Disease (ULIBD 2000), a full day was spent discussing the role of infliximab in the treatment of Crohn’s disease. Researchers and clinicians presented information on the basic science, clinical trials and side effects of this new agent to the assembled Canadian gastroenterologists. This special supplement to The Canadian Journal of Gastroenterology comprises papers based on the key presentations from that meeting.

On behalf of the sponsors and the authors, I hope that you find the information in this supplement helpful as you care for patients with Crohn’s disease.

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REFERENCES