



NICE recommends

[faecal calprotectin
testing]

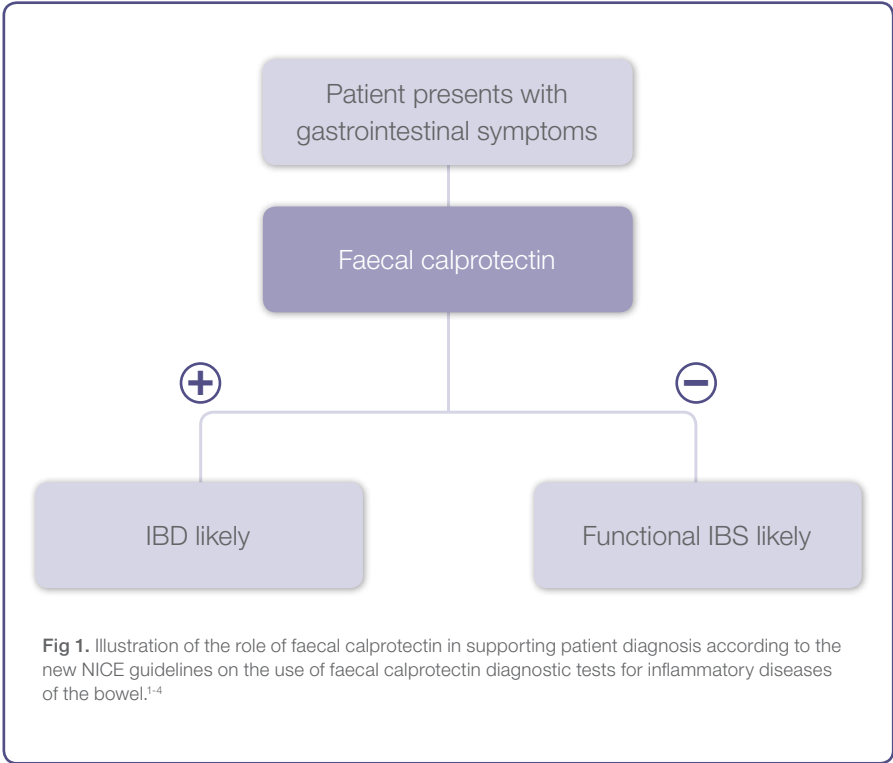
as an option to facilitate the differential
diagnosis of IBD and IBS*

*IBD: inflammatory bowel disease;
IBS: irritable bowel syndrome

IBD OR IBS?

NICE recommends testing for faecal calprotectin

The new NICE Guidelines on the use of faecal calprotectin diagnostic tests for inflammatory diseases of the bowel (issued October 2013) advocate the use of faecal calprotectin as a first-line test in patients presenting with gastrointestinal symptoms indicative of IBD or IBS.¹⁻⁴



Faecal calprotectin is recommended by NICE as a first-line test in patients presenting with gastrointestinal symptoms indicative of IBD or IBS¹⁻⁴

Testing for faecal calprotectin can:

- ✓ Provide early diagnostic guidance⁵
- ✓ Identify IBD earlier, reducing the risk of complications from non-diagnosis⁶
- ✓ Ensure patients receive the correct treatment sooner⁶
- ✓ Avoid unnecessary invasive investigations⁶
- ✓ Reduce the number of unnecessary referrals⁶
- ✓ Save time⁶

Reduce costs by approximately
£200,000 per 100,000 population
by using faecal calprotectin testing
to determine the need for endoscopy^{*7}

*Based on Harvey Walsh NHS HES cost estimates

Faecal calprotectin testing clearly differentiates between IBD and IBS

Faecal calprotectin testing may help to reduce delays in diagnosing IBD, minimising the risk of complications from a non-diagnosis or endoscopy and ensuring patients receive the correct treatment sooner.⁶

- 1 GPs feel that faecal calprotectin testing provides additional reassurance for themselves and patients⁶
- 2 Faecal calprotectin testing allows a significant number of patients to leave the pathway at an earlier point, providing care closer to home and avoiding hospital attendance⁶

Faecal calprotectin is stable at room temperature for almost a week⁵

A specific marker of gastrointestinal inflammation⁵

‘Calprotectin is a calcium- and zinc-binding protein found in high levels in neutrophils. It is released when the gastrointestinal tract is inflamed.’

A holistic approach to diagnosing and managing IBD ⁸			
Diagnosis ⁸	Severity ^{8,9,11}	Treatment response ^{8,11}	Remission ^{8-10, 12-14}
Faecal calprotectin levels are elevated in patients with active IBD	Faecal calprotectin levels correlate with disease activity	Faecal calprotectin levels correlate with treatment response	Lower faecal calprotectin levels are associated with a low risk of relapse

Faecal calprotectin testing is straightforward

Faecal calprotectin testing in just a few simple steps:

1. Ask patient to provide standard stool sample*
2. Ensure the sample container is correctly labelled and matches the test request form
3. From time of production, ensure the sample reaches the lab within 4 days**
4. The sample will be processed and results returned to you
5. A positive result (≥ 50 $\mu\text{g/g}$) supports a diagnosis of IBD (a disease characterised by inflammation)⁶

*The sample should be random, i.e. any time of the day and no dietary restrictions

**Ensure the sample is not kept in temperatures exceeding 30°C

References

1. National Institute for Health and Care Excellence. Faecal calprotectin diagnostic tests for inflammatory disease of the bowel (DG11). 2013. London: National Institute for Health and Care Excellence. **2.** National Institute for Health and Care Excellence. NICE pathways – Crohn's disease. Available from <http://pathways.nice.org.uk/pathways/crohns-disease>; last accessed October 2013. **3.** National Institute for Health and Care Excellence. NICE pathways – Ulcerative colitis. Available from <http://pathways.nice.org.uk/pathways/ulcerative-colitis>; last accessed October 2013. **4.** National Institute for Health and Care Excellence. NICE pathways – Irritable bowel syndrome in adults. Available from <http://pathways.nice.org.uk/pathways/irritable-bowel-syndrome-in-adults>; last accessed October 2013. **5.** O'Malley, J. *The Digest* 2013; 1. **6.** NICE: Faecal calprotectin testing for differentiating amongst inflammatory and non-inflammatory bowel diseases: a systematic review and economic evaluation. Available from <http://www.nice.org.uk/nicemedia/live/13789/64011/64011.pdf>; last accessed August 2013. **7.** Harvey Walsh. Analysis of NHS Hospital Episode Statistics. 2012/2013. **8.** Burri E and Beglinger C. *Swiss Med Wkly* 2012; 142: w13557. **9.** Schoepfer AM, et al. *Am J Gastroenterology* 2013; 108: 1744-1753. **10.** Ruemmele FM, et al. *J Crohns Colitis* 2014; 8(10): 1179-1207. **11.** Sipponen T, et al. *Inflamm Bowel Dis* 2008; 14: 40-6. **12.** Tibble JA, et al. *Gastroenterology* 2000; 119: 15-22. **13.** Gisbert JP, et al. *Inflamm Bowel Dis* 2009; 15: 1190-8. **14.** De Vos M, et al. *Inflamm Bowel Dis* 2013; 19: 2111-7.