



2024 ECCO Guidelines for the Management of Crohn's Disease

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INTRODUCTION

The European Crohn's and Colitis Organisation (ECCO) updates its guidelines every four years, and in 2024 the latest guidelines for the treatment of Crohn's disease were published (1, 2). The management of Crohn's disease encompasses both medical and surgical aspects, so the gastroenterological and surgical guidelines are published simultaneously. The development of the guidelines is based on systematic literature reviews with meta-analyses and the formulation of recommendations according to the GRADE (Grading of Recommendations Assessment, Development and Evaluation) framework. However, it is difficult to address all clinical questions that arise in practice within these recommendations, especially those for which randomized controlled trials do not (yet) exist. The following is a presentation of the key highlights and innovations in the guidelines.

HIGHLIGHTS FROM THE 2024 EUROPEAN GUIDELINES FOR CROHN'S DISEASE

Abandonment of the Term “Conventional Therapy”

Medications used to treat Crohn's disease before the development of biologics and small molecules

were often referred to as “conventional therapy” to distinguish them from “biologic therapy” and later “targeted therapy,” which includes monoclonal antibodies as well as small molecules such as Janus kinase inhibitors or sphingosine receptor modulators. These include 5-aminosalicylates (which have no role in the treatment of Crohn's disease), corticosteroids, thiopurines, and methotrexate. Despite being well-established, the term can be misleading as it implies that other drugs are “unconventional.” Previous recommendations and clinical trial protocols embedded the requirement to either prove the ineffectiveness of “conventional” therapy or confirm its intolerance before prescribing alternative treatments. These distinctions are no longer present in the new guidelines, although the rules for prescribing various agents will still depend on local administrative conditions.

Weak Recommendation for the Use of Systemic Corticosteroids in Induction Therapy

Despite their effectiveness in inducing clinical remission, the side effects of systemic corticosteroids are significant, calling their use into question—especially now that there are comparably fast-acting and safer molecules for inducing clinical remission (3). Their recommendation is now rated as only “weak,” and the guidelines advise their use

only when no alternatives are available. It has long been established that corticosteroids should not be used for maintenance therapy.

New Agents: Risankizumab and Upadacitinib

Two new agents have been approved for use: risankizumab, an interleukin-23 inhibitor (4, 5), and upadacitinib, a Janus kinase inhibitor (6). Risankizumab appears to be more effective than the related agent ustekinumab in patients who have already been exposed to tumour necrosis factor-alpha inhibitors (7). Upadacitinib is the first Janus kinase inhibitor and the first advanced oral agent that is effective for Crohn's disease.

Simultaneous Treatment with Two Biologics or a Biologic and a Small Molecule

This approach is mainly appropriate in patients with comorbid immune-mediated diseases or uncontrolled extraintestinal manifestations of Crohn's disease. It is also conditionally acceptable in refractory Crohn's disease, provided that the possibility of surgical intervention has been evaluated. At present, there is no evidence to support the use of this approach in treatment-naïve patients, regardless of the disease phenotype's aggressiveness.

CONCLUSION

The current guidelines for the treatment of Crohn's disease bring many innovations, but challenges remain regarding the optimal positioning of new drugs within therapeutic algorithms.

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