

COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response

NICE guideline

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Your responsibility

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

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Overview

The purpose of this guideline is to maximise the safety of children and adults who have gastrointestinal or liver conditions treated with drugs affecting the immune response during the COVID-19 pandemic. It also aims to protect staff from infection and enable services to make the best use of NHS resources.

This guideline is for:

- health and care practitioners
- health and care staff involved in planning and delivering services
- commissioners.

The recommendations bring together:

- existing national and international guidance and policies
- advice from specialists working in the NHS from across the UK. These include people with expertise and experience of treating patients for the specific health conditions covered by the guidance during the current COVID-19 pandemic.

NICE has developed these recommendations in direct response to the rapidly evolving situation and so could not follow the standard process for guidance development. The guideline has been developed using the [interim process and methods for developing rapid guidelines on COVID-19](#). The recommendations are based on evidence and expert opinion and have been verified as far as possible. We will review and update the recommendations as the knowledge base and expert experience develops.



1 Communicating with patients and minimising risk

- 1.1 Communicate with patients, their families and carers, and support their mental wellbeing to help alleviate any anxiety and fear they may have about COVID-19. Signpost to charities (such as [Crohn's & Colitis UK](#), the [British Liver Trust](#), the [Crohn's in Childhood Research Association](#), and the [Children's Liver Disease Foundation](#)), support groups (including NHS Volunteer Responders) and [UK government guidance on the mental health and wellbeing aspects of COVID-19](#).
- 1.2 Provide patients, their families and carers with information that meets their communication needs (see [NHS England's Accessible Information Standard](#)).
- 1.3 Some patients will have received a letter telling them they are at high risk of severe illness from COVID-19. Tell them, or their parents or carers:
- to follow the advice on shielding in [UK government guidance on shielding and protecting people defined on medical grounds as extremely vulnerable to COVID-19](#)
 - that their level of risk may change, as a result of advice from their primary care team, specialists or changes in government guidance.
- 1.4 Telephone, email or text patients booked for a gastroenterology or hepatology appointment, or their parents or carers. Tell them:
- not to stop or change their medication without discussing with their gastroenterology or hepatology team first
 - that they can continue taking aminosalicylates, and that these drugs do not affect the immune response
 - to write down a list of the medicines they take and any conditions they have, to give to healthcare staff if they need to seek treatment for COVID-19
 - that if they have been advised to self-isolate they should follow the [UK government stay at home advice for households with possible coronavirus infection](#).
- 1.5 Minimise face-to-face contact by:

- using telephone, video or email consultations whenever possible
- cutting non-essential face-to-face appointments
- contacting patients via text message, telephone or email
- using electronic prescriptions rather than paper
- using different methods to deliver prescriptions and medicines, for example, pharmacy deliveries, postal services, NHS Volunteer Responders or introducing drive-through pick-up points for medicines
- extending intervals between drug monitoring (see [recommendation 2.8 in the section on treatment considerations](#)) and using local services for blood tests if possible.

1.6 If patients need to attend face-to-face appointments, ask them to help reduce the risk of contracting or spreading COVID-19 by:

- coming to the appointment alone
- having only 1 parent or carer accompany a child or adult who cannot come alone
- avoiding public transport if possible.

1.7 Tell patients who still need to attend services to follow relevant parts of [UK government guidance on social distancing for everyone in the UK](#), and [UK government advice on shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19](#).

1.8 Tell patients, and their families and carers, that they should contact the [NHS 111 online coronavirus service](#) if they think they have COVID-19. In an emergency they should call 999 if they are seriously ill. They should also contact their gastroenterology or hepatology team to get advice about any drugs they are taking that affect the immune response.

2 Patients not known to have COVID-19

2.1 Minimise time in the waiting area by:

- careful scheduling
- encouraging patients not to arrive early
- texting patients when you are ready to see them, so that they can wait outside, for example, in their car
- providing a 'clean route' through the hospital to the department
- delivering treatment promptly
- ensuring prescriptions are dispensed rapidly.

2.2 Be aware that worsening gastrointestinal symptoms and deteriorating liver function test results could be associated with COVID-19.

2.3 Be aware that patients taking drugs that affect the immune response may have atypical presentations of COVID-19. For example, patients taking corticosteroids may not develop a fever.

2.4 Be aware that patients with decompensated liver disease may be at higher risk of severe COVID-19 when taking drugs affecting the immune response.

Treatment considerations

2.5 Balance the risks of drugs that affect the immune response with the risks of active disease. Use relevant specialist guidance to help with this:

- the [British Society of Gastroenterology risk stratification grid](#), for adults with inflammatory bowel disease
- the [British Society of Paediatric Gastroenterology, Hepatology and Nutrition modified risk stratification grid](#), for children and young people with inflammatory bowel disease

- [advice on hepatology patient risk groups from the British Society of Gastroenterology and the British Association for the Study of the Liver](#), for adults with liver conditions.

2.6 When deciding whether to start a new treatment with a drug that affects the immune response, discuss the risks and benefits with the patient or their parents or carers, and take into account the following in the context of COVID-19:

- Is it essential to start this drug immediately?
- If treatment is needed, is there an alternative with a better risk profile?
- Is the required monitoring and review feasible?
- Can monitoring be done remotely or at a frequency that minimises the risk to the patient's safety and wellbeing?
- Is there a route of administration that could make hospital attendance or admission less likely?

2.7 For patients who are already taking drugs that affect the immune response, continue with existing courses of treatment to minimise the risk of a flare-up. Think about whether any changes are needed to minimise face-to-face contact during the COVID-19 pandemic, including:

- dosage
- route of administration
- mode of delivery.

2.8 For patients who are stable on treatment, assess whether it is safe to do less frequent blood tests for drug monitoring. Take into account the patient's age and any comorbidities.

3 Patients known or suspected to have COVID-19

- 3.1 If patients with symptoms of COVID-19 need to attend the gastroenterology or hepatology department, follow appropriate [UK government guidance on infection prevention and control for COVID-19](#). This includes recommendations on using personal protective equipment (PPE), patient transfers, and options for outpatient settings.
- 3.2 If COVID-19 is later diagnosed in a patient not isolated from admission or presentation, follow [UK government guidance for health professionals](#).

Treatment considerations

- 3.3 In patients with symptoms of COVID-19:
- do not suddenly stop oral or rectal corticosteroids
 - contact the gastroenterology or hepatology team for urgent advice before changing or stopping any drugs that affect the immune response.
- 3.4 When deciding whether to stop treatment, discuss the risks and benefits with the patient or their parents or carers, and take into account:
- whether COVID-19 is confirmed
 - the severity of the COVID-19
 - the risks and benefits of stopping or continuing treatment
 - the severity of the gastrointestinal or liver condition
 - the effect of stopping treatment on other conditions
 - other risk factors such as age and comorbidities (for example respiratory or cardiovascular conditions).

4 Modifications to usual care

- 4.1 Think about how to modify usual care to reduce patient exposure to COVID-19 and make best use of resources (workforce, facilities, equipment).
- 4.2 If it becomes impossible to provide usual services, prioritise core services. These include:
- services for urgent inpatient and outpatient review (both new and follow-up)
 - essential face-to-face reviews to manage disease flares and complications of therapy
 - advice lines
 - essential infusion services
 - blood tests for drug monitoring that cannot safely be delayed.
- 4.3 Defer all non-essential monitoring, surveillance and interventional procedures. For emergency or essential procedures, limit the number of staff present.
- 4.4 Only use endoscopy or liver biopsy when needed to make urgent management decisions.
- 4.5 Provide advice and guidance to GPs, to avoid unnecessary emergency department attendances and admissions.
- 4.6 Think about pooling resources with other specialities and NHS trusts to provide services such as drug monitoring and telephone and email advice.

Supplying medicines

- 4.7 Put plans in place to manage potential disruptions to the supply of medicines during the COVID-19 pandemic.
- 4.8 Do not prescribe larger than usual quantities of medicines, because this puts the supply chain at risk.

5 Healthcare workers

- 5.1 All healthcare workers involved in receiving, assessing and caring for patients who have known or suspected COVID-19 should follow [UK government guidance on infection prevention and control for COVID-19](#). This contains information on using personal protective equipment (PPE), including visual and quick guides for putting on and taking off PPE.
- 5.2 If a member of staff needs to self-isolate, ensure that they can continue to help by:
- enabling telephone or video consultations and virtual attendance at multidisciplinary team meetings
 - identifying patients who are suitable for remote monitoring and follow-up, and those who are vulnerable and need support
 - carrying out tasks that can be done remotely, such as entering data.
- 5.3 Support staff to keep in touch as much as possible, to support their mental wellbeing.
- 5.4 Provide all staff with visible leadership and supportive messaging to maintain morale.
- 5.5 Take account of the information on the [NHS Employers website](#) about good partnership working and issues to consider when developing local plans to combat COVID-19.

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