

CMScript

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Ulcerative Colitis

Ulcerative colitis (UC) is a long-term condition that causes inflammation in the digestive system. It is one of the two main types of inflammatory bowel disease (IBD), with the other being Crohn's disease. UC affects only the innermost lining of the large intestine (colon) and occurs equally in both men and women.

While the disease can develop at any age, it most commonly affects individuals between the ages of 15 to 30 and 50 to 70. In 2023, there were an estimated 5 million cases of ulcerative colitis worldwide. In South Africa, the number of people affected has increased in recent years, impacting all ethnic groups.



Risk factors and Causes of Ulcerative Colitis

Several factors can increase the risk of developing UC, including the following:

- **Genetics:** A family history of UC
- **Race or ethnicity:** The risk of UC is higher in Caucasians but can occur in any race.
- **Immune system issues:** When the immune system tries to fight off invading germs (viruses, bacteria), an abnormal immune response may occur, causing the immune system to attack the healthy cells in the digestive tract as well.
- **Environmental factors:** A Highly refined diet, spicy or high-fibre dishes, pollution, stress, and exposure to certain infections may contribute to the risk.

Types of Ulcerative Colitis

- **Ulcerative Proctitis:** Bowel inflammation that is limited to the rectum and tends to be a milder form of UC.
- **Proctosigmoiditis:** Affects the rectum and the sigmoid colon, the lower segment of colon located right above the rectum. Moderate pain on the lower left side of the abdomen may occur in active disease.
- **Left-sided Colitis:** Inflammation begins at the rectum and extends as far as a bend in the colon near the spleen called the splenic flexure.
- **Pan-ulcerative (total) Colitis:** Affects the entire colon. Potentially serious complications include massive bleeding and acute dilation of the colon, which may lead to an opening in the bowel wall.

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Symptoms

Symptoms of UC can develop gradually over time and may include:

- Diarrhoea (often with blood or pus)
- Abdominal pain and cramping
- Frequent bowel movements
- Sudden urge for bowel movements
- Loss of appetite
- Unintended weight loss
- Weakness and fatigue
- Fever in severe cases
- Joint pain and swollen joints
- Skin lumps or ulcers, swollen fat under the skin
- Eye irritation
- In children, failure to grow or develop properly.

Prevention

While UC cannot be prevented entirely, lifestyle changes like eating a healthy diet, exercising, managing stress, and avoiding smoking can help reduce flare-ups.

Diagnosis

A healthcare provider will assess symptoms and may perform the following tests to rule out UC:

- **Blood tests:** Several blood tests are performed to check for infections, inflammation, and anaemia (which may mean that there is bleeding in the colon).
- **Stool samples:** Signs of bleeding, infection and inflammation can show in the stool.
- **Imaging tests:** Doctors may use several tests to check for inflammation and complications, including an abdominal X-ray, a CT scan, and an MRI scan.
- **Barium enema X-ray:** In this test, a liquid called barium, which looks white on X-rays, is used to fill the colon. This helps the doctor see detailed images of the colon, including any sores (ulcers) or other problems.
- **Colonoscopy:** A thin, flexible tube with a tiny camera is inserted through the rectum to see inside the colon and take tissue samples for testing at the laboratory.

Treatment

The primary goal of medical treatment is to reduce the inflammation that triggers signs and symptoms. It is also to improve long-term prognosis by limiting complications. Although there is no cure for UC, effective treatment may lead to symptom relief and long-term remission.

Treatment options include:

- **Medications:** There are medicines to reduce inflammation, medication to suppress the immune system, and biologic treatments to reduce inflammation. Medications can be used alone or in combination. These include:
 - **Anti-inflammatory agents:** Aminosalicylates (5-ASA) are used to treat mild to moderate inflammation in Crohn's Disease.
 - **Immunosuppressive agents:** Some patients take corticosteroids to control inflammation. These drugs non-specifically suppress the immune system and are used to treat moderate to severe Crohn's Disease. They treat the acute stages of the disease by dramatically reducing fever and diarrhoea, relieving abdominal pain and tenderness, and improving appetite and general sense of well-being.
 - Immunomodulators like azathioprine
 - Biologics
- **Other medications:** Antidiarrhea medications, pain relievers, iron supplements, vitamin B-12, calcium and vitamin D supplements
- **Dietary changes:** Consultation with a dietician might be needed for dietary adjustments and medical nutrition.
- **Lifestyle adjustments:** Reducing stress and getting enough rest can improve overall health.
- **Surgery:** In severe cases, a colectomy (removing the colon) may be necessary.

Complications

If untreated, UC may cause life-threatening complications such as:

- Perforation (tear) of the colon
- Severe bleeding
- Severe dehydration
- Anaemia (loss of red blood cells)
- Osteoporosis (weak, brittle bones that are more likely to break)
- Inflammation of the skin, joints, and eyes
- Toxic megacolon (Inflammation spreads to the colon's deeper tissues, causing it to stop working)
- Increased risk of blood clots in the veins and arteries
- Increased risk of heart conditions, including coronary artery disease, heart failure, and atrial fibrillation
- Inflammation that reaches the liver can cause a condition called primary sclerosing cholangitis. This condition leads to scarring in the liver, which can stop it from working correctly.
- Delayed growth and development in children
- An increased risk of colon cancer

What is covered under PMB level of care?

Ulcerative Colitis is a Prescribed Minimum Benefit (PMB) condition under Diagnosis and Treatment Pair (DTP) code 292F. This DTP refers to “*Regional enteritis; idiopathic proctocolitis—acute exacerbations and complications only.*” It means that the condition is a PMB if it worsens with sudden onset and complications. The treatment component specified for this DTP code is “*Medical and surgical management.*”

UC is also a PMB condition under the Chronic Disease List (CDL) of the PMBs. Treatment specifically for this CDL condition in the treatment algorithm includes:

- **5-aminosalicylic acid (5-ASA):** A group of medicines to reduce inflammation.
- **Corticosteroids:** Medicines that reduce inflammation and suppress the immune system.
- **Immunosuppressants:** Medications to suppress the immune system, such as Azathioprine.
- **Surgery:** Where clinically indicated.

The PMB regulations mention that the diagnosis, treatment, and care costs of PMB conditions must be funded irrespective of the member’s plan benefits when a designated service provider is used. Therefore, if needed, doctor visits, blood tests and diagnostic procedures, medication, hospitalisation for flare-ups, and surgery must be funded in line with PMB regulations.

Dietician consultations and medical nutrition on referral by the doctor must also be paid as PMB level of care. On the other hand, the medical schemes are allowed to have managed care protocols and formularies (list of medicines) to pay for PMB conditions based on scientific evidence, cost-effectiveness, and affordability.

It is important for the treating doctor to submit a PMB application form to the medical scheme to request funding for consultations, tests, medications, and procedures required to manage the member’s condition. This information will help the medical scheme make an informed funding decision and assist the member in having the claims paid from the PMBs. An additional motivation may be required for items not specified as PMB level of care, which may include biologic treatment.

References

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