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Mesalamine for the Treatment of Crohn Disease

Key Messages

High-dose mesalamine appears to be more likely to induce remission in people with mild to moderate active Crohn disease when compared with placebo. However, there was no difference between low-dose mesalamine and placebo for inducing remission.

Unspecified corticosteroids appear to be more likely to induce remission in people with mild to moderate active Crohn disease when compared with mesalamine.

It is unclear if budesonide (a corticosteroid) is more likely to induce remission in people with mild to moderate active Crohn disease when compared with mesalamine.

CADTH found a network meta-analysis and a randomized controlled trial that compared budesonide to mesalamine. The network meta-analysis found high-dose budesonide to be more effective than low-dose mesalamine at inducing remission. However, no differences were seen between budesonide and mesalamine at comparable doses (high or low), or when high-dose mesalamine was compared with low-dose budesonide. The randomized controlled trial found no difference between budesonide and mesalamine at inducing remission.

No studies were found that compared the effectiveness of mesalamine to immunosuppressants for the treatment of active Crohn disease.

No studies were found on the effectiveness of mesalamine for the treatment of severe active Crohn disease.

Context

Inflammatory bowel disease is a term that includes 2 conditions – Crohn disease and ulcerative colitis. Crohn disease is a condition that causes reoccurring inflammation in the digestive tract. Common symptoms of Crohn disease include diarrhea, abdominal pain, rectal bleeding, fever, weight loss, and fatigue. It can be debilitating and can increase risk of death from life-threatening digestive complications.

Crohn disease is a lifelong condition where patients can experience periods of active disease and periods of inactive disease, known as remission. One of the main goals of treatment for patients with active Crohn disease is to induce remission.

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Technology

Mesalamine, also known as 5-aminosalicylic acid, is an aminosalicylate. It is a confirmed treatment for ulcerative colitis, but there is uncertainty around its effectiveness in Crohn disease.

Issue

Current treatment options for active Crohn disease include aminosalicylates, corticosteroids, immunosuppressants, and biologics. In Canada, many drug programs require patients with Crohn disease to try an aminosalicylate (such as mesalamine), a corticosteroid, and an immunosuppressant before they are eligible to access coverage for a biologic. A review of the clinical effectiveness of mesalamine for the treatment of active Crohn diseases will help guide decisions on the use of mesalamine as a primary treatment option.

Methods

A limited literature search was conducted of key resources, and titles and abstracts of the retrieved publications were reviewed. Full-text publications were evaluated for final article selection according to predetermined selection criteria (population, intervention, comparator, outcomes, and study designs).

Results

The literature search identified 195 articles. Of these, 15 were deemed potentially relevant, and 3 met the criteria for inclusion in this review – 1 systematic review, 1 systematic review with a network meta-analysis, and 1 randomized controlled trial.



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