



**SMCCV**

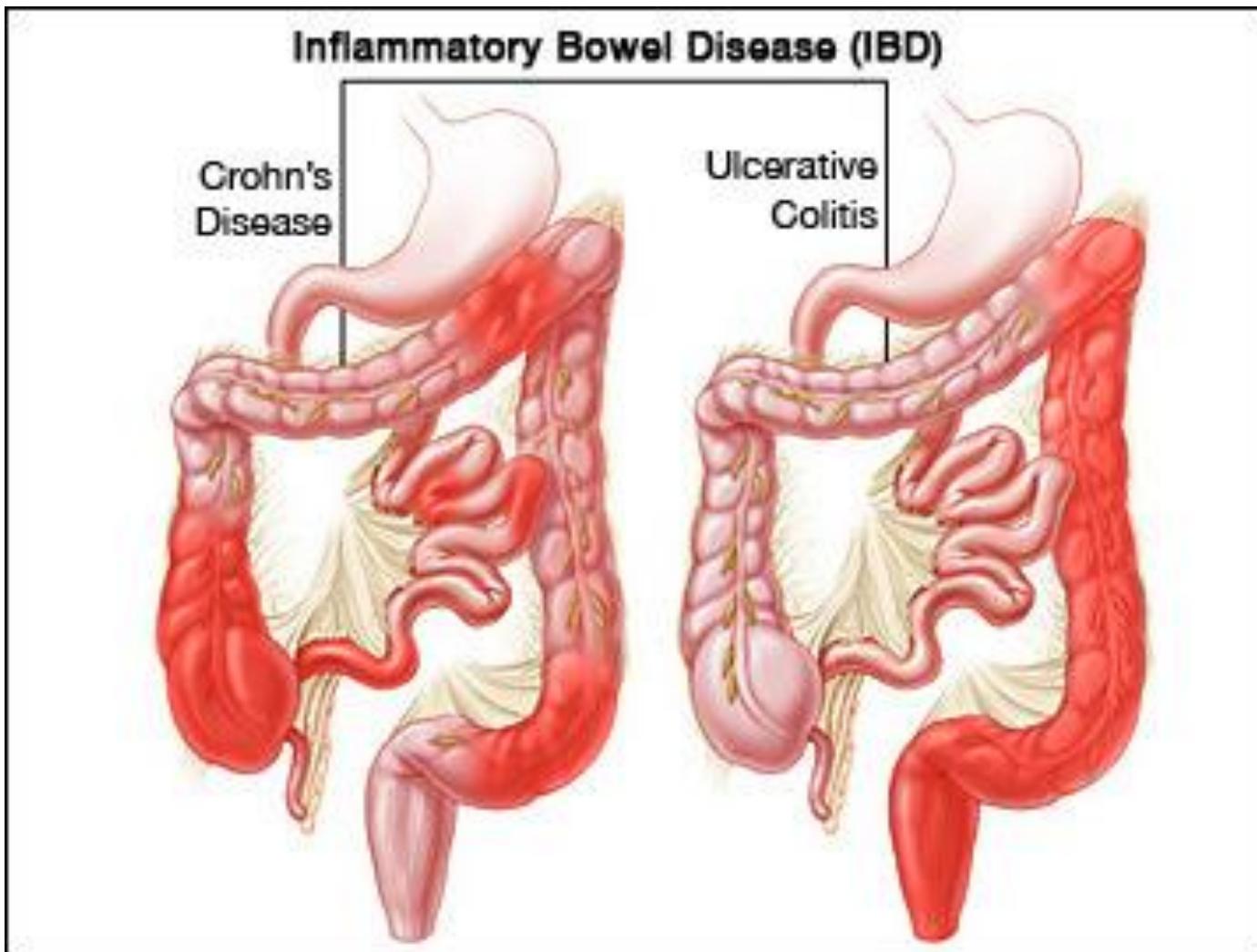
Schweizerische Morbus Crohn / Colitis ulcerosa Vereinigung



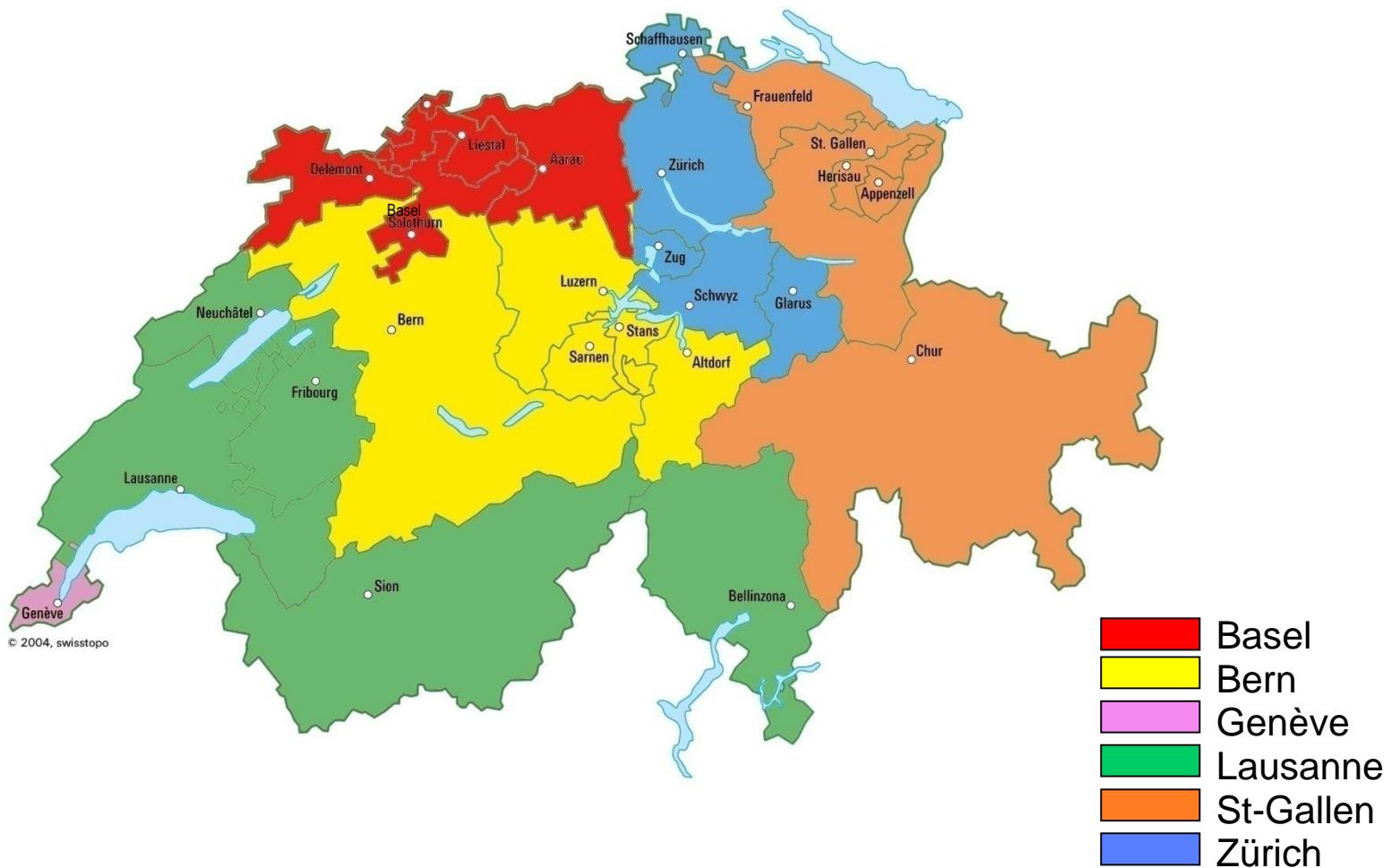
# Impact de l'environnement pour les MICI

Prof. Dr. Alain Schoepfer,  
Médecin Chef, GLG, CHUV

# MICI: maladies inflammatoires chroniques intestinales



# SWISSIBD cohort study



# **SWISSIBD**cohort study

**Fréquence:**

**M. de Crohn: 1/1000**

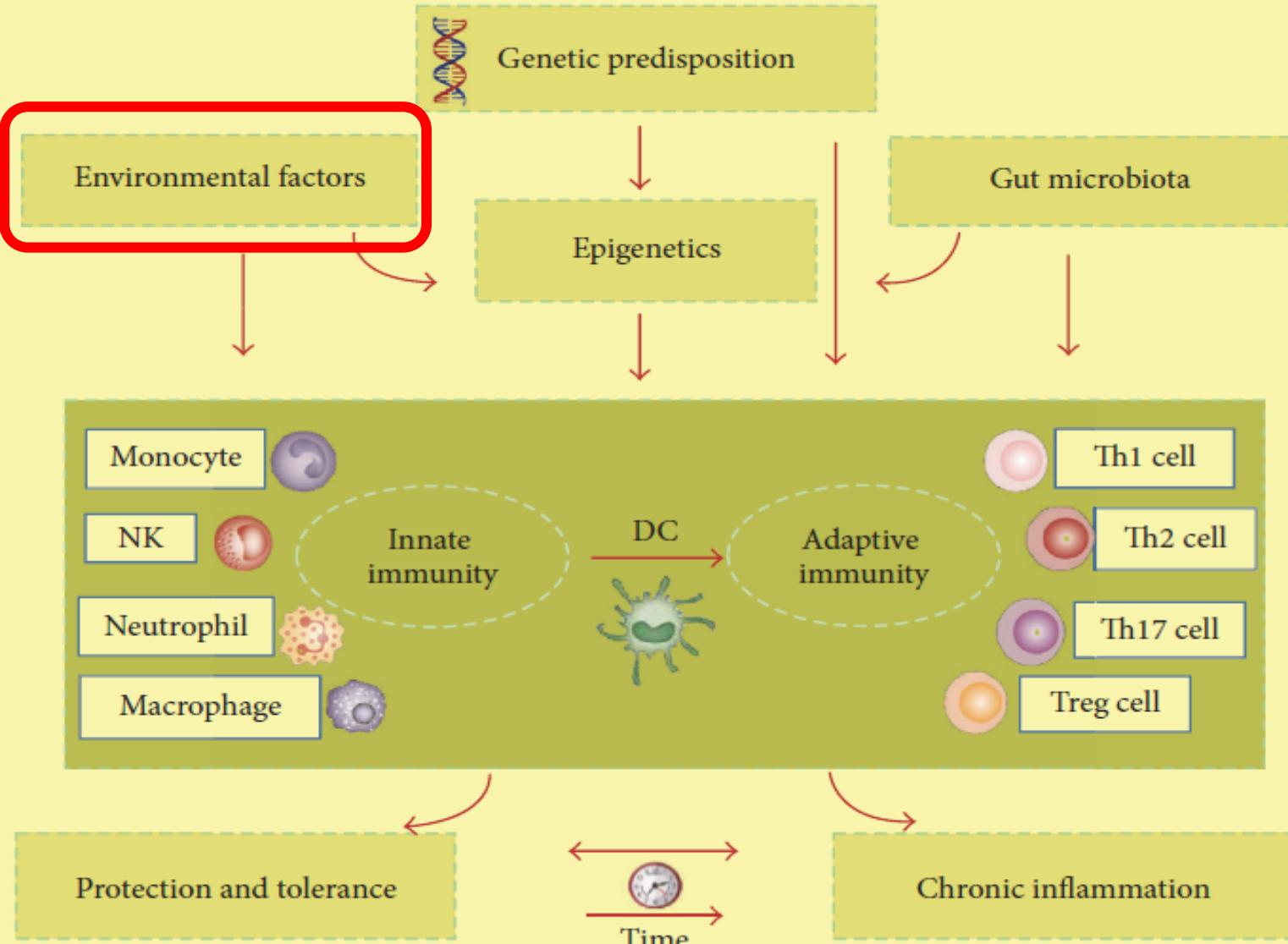
**Colite ulcéreuse: 1/1000**

**MICL: 1/500**

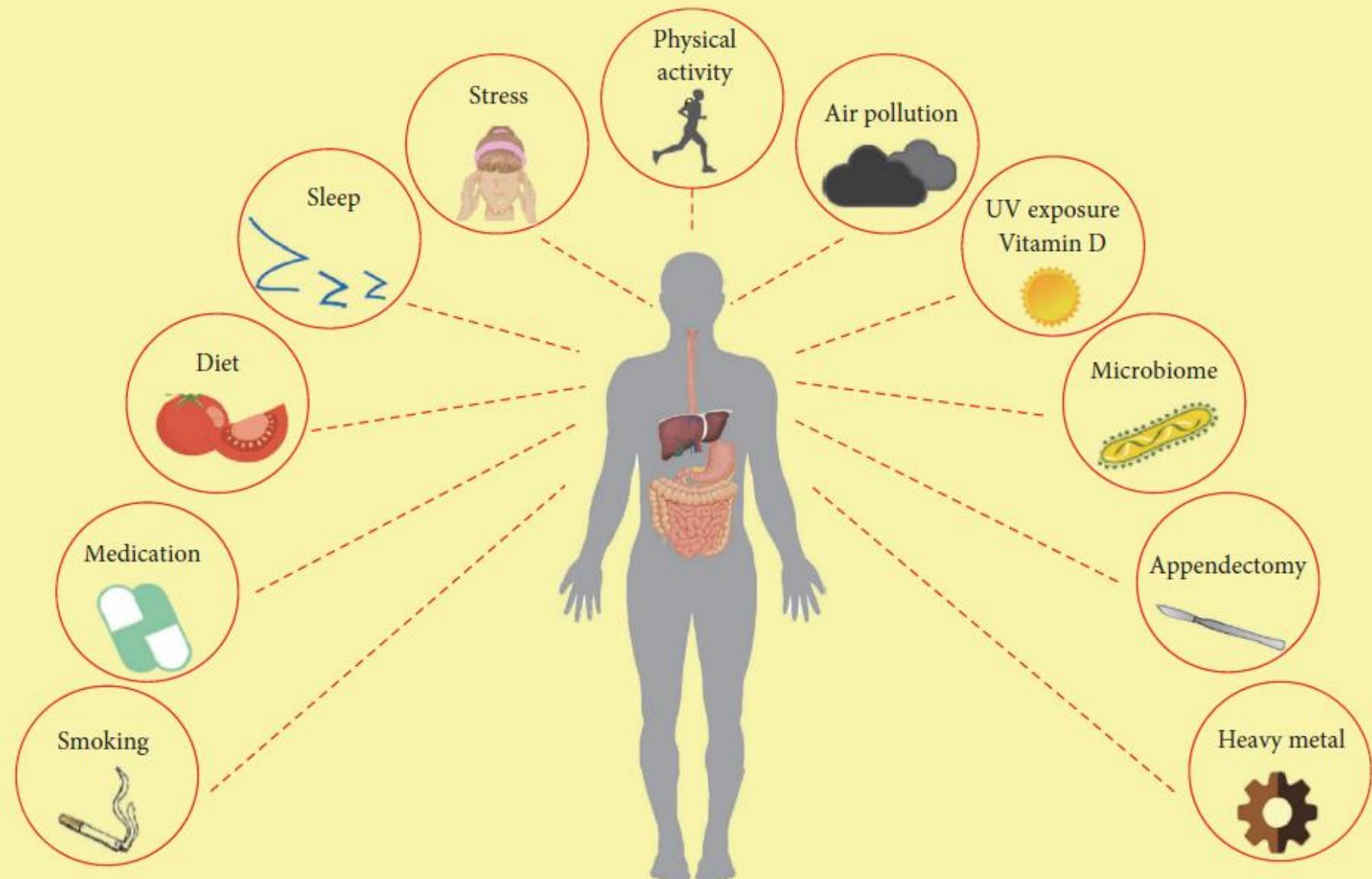
**Au niveau Suisse: 16'000 patients**



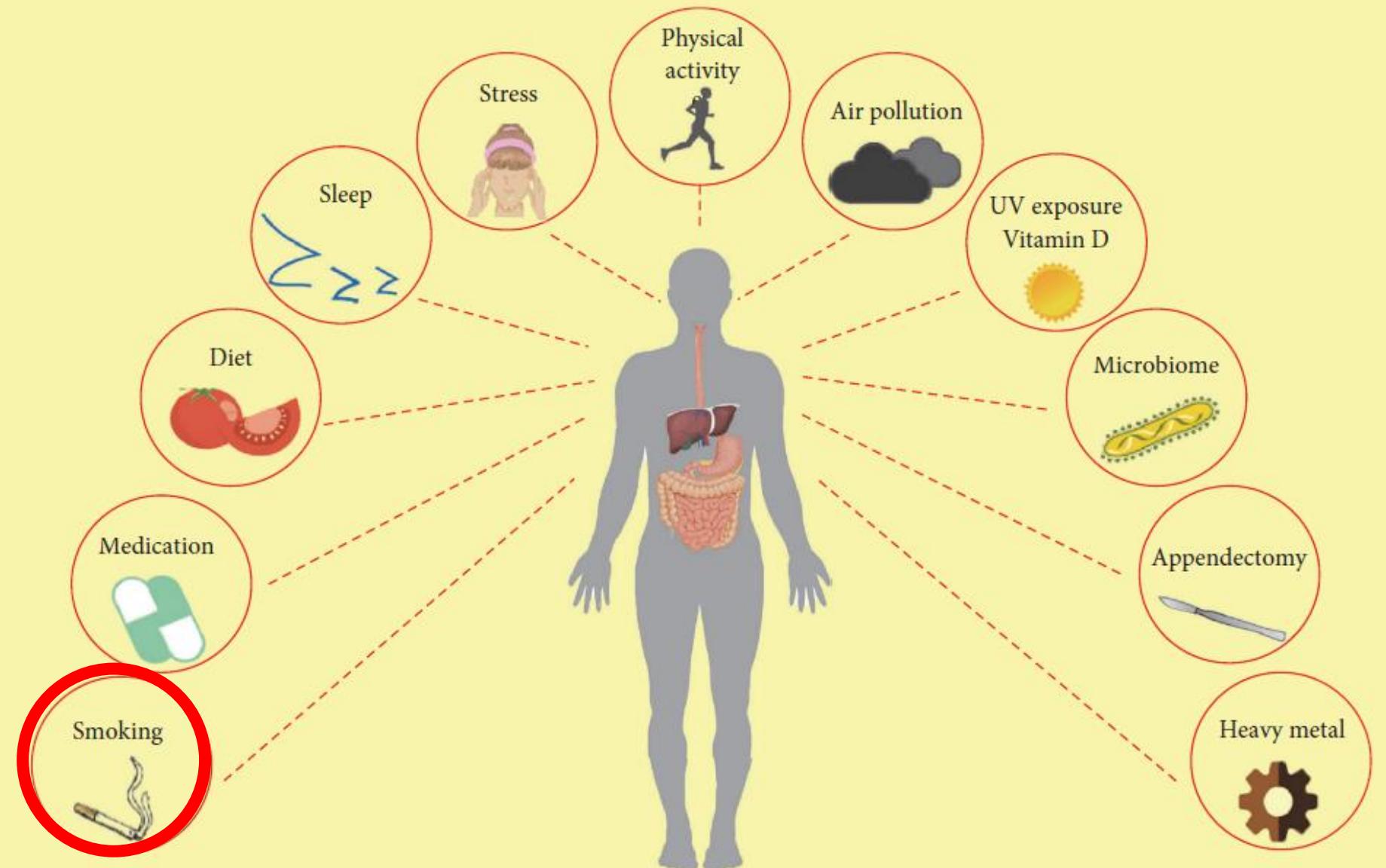
■	Bern
■	Genève
■	Lausanne
■	St-Gallen
■	Zürich



# Environmental risk factors



# Environmental risk factors





**Maladie de Crohn**



**Colite ulcéreuse**



## RCUH

## M. Crohn

*cigarettes\* arrêt ‡*

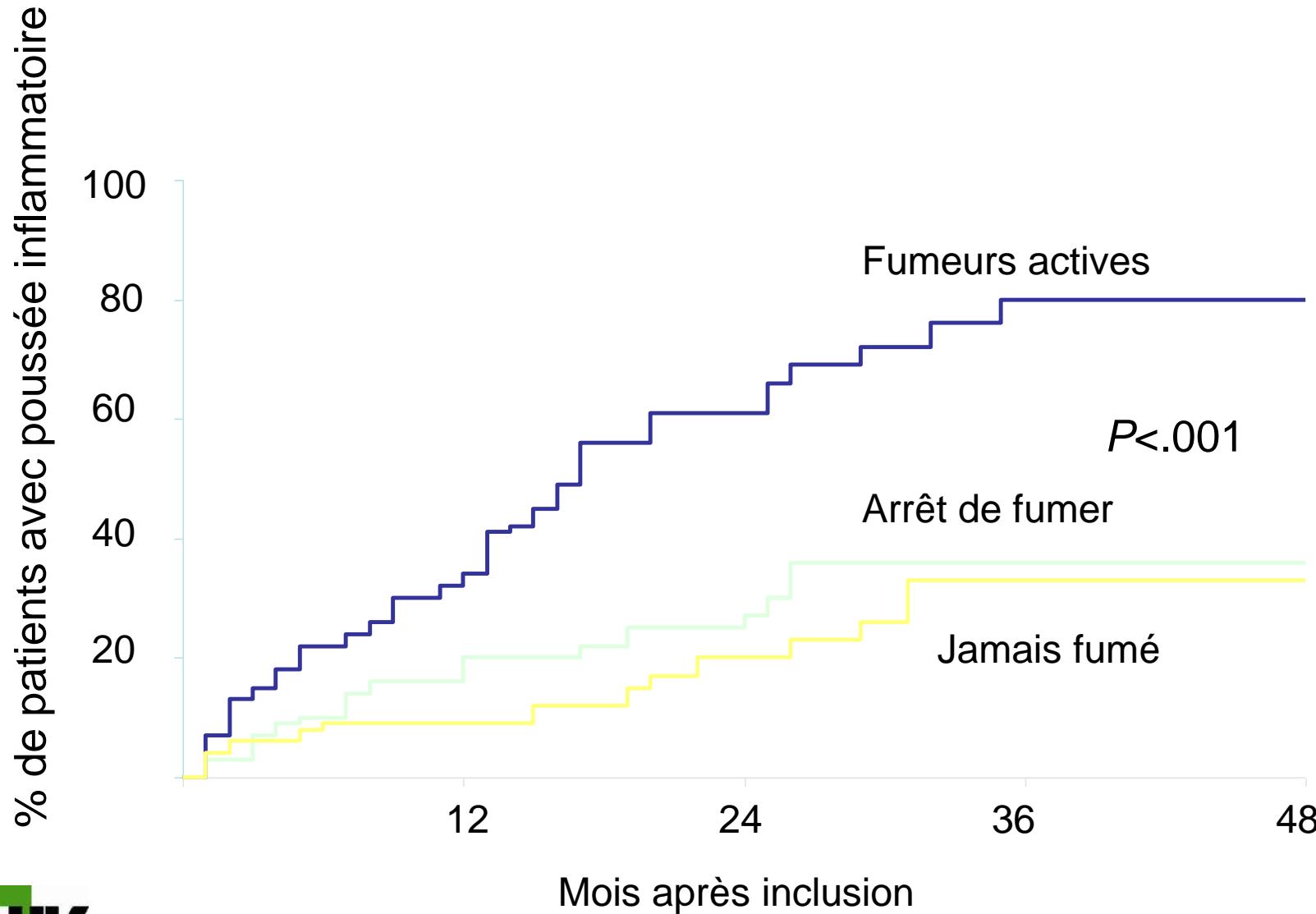
*cigarettes\* arrêt ‡*

Développement	↓	↑	↑	±
Poussées	↓	↑	↑	↓
Chirurgie	↓	-	↑	↓

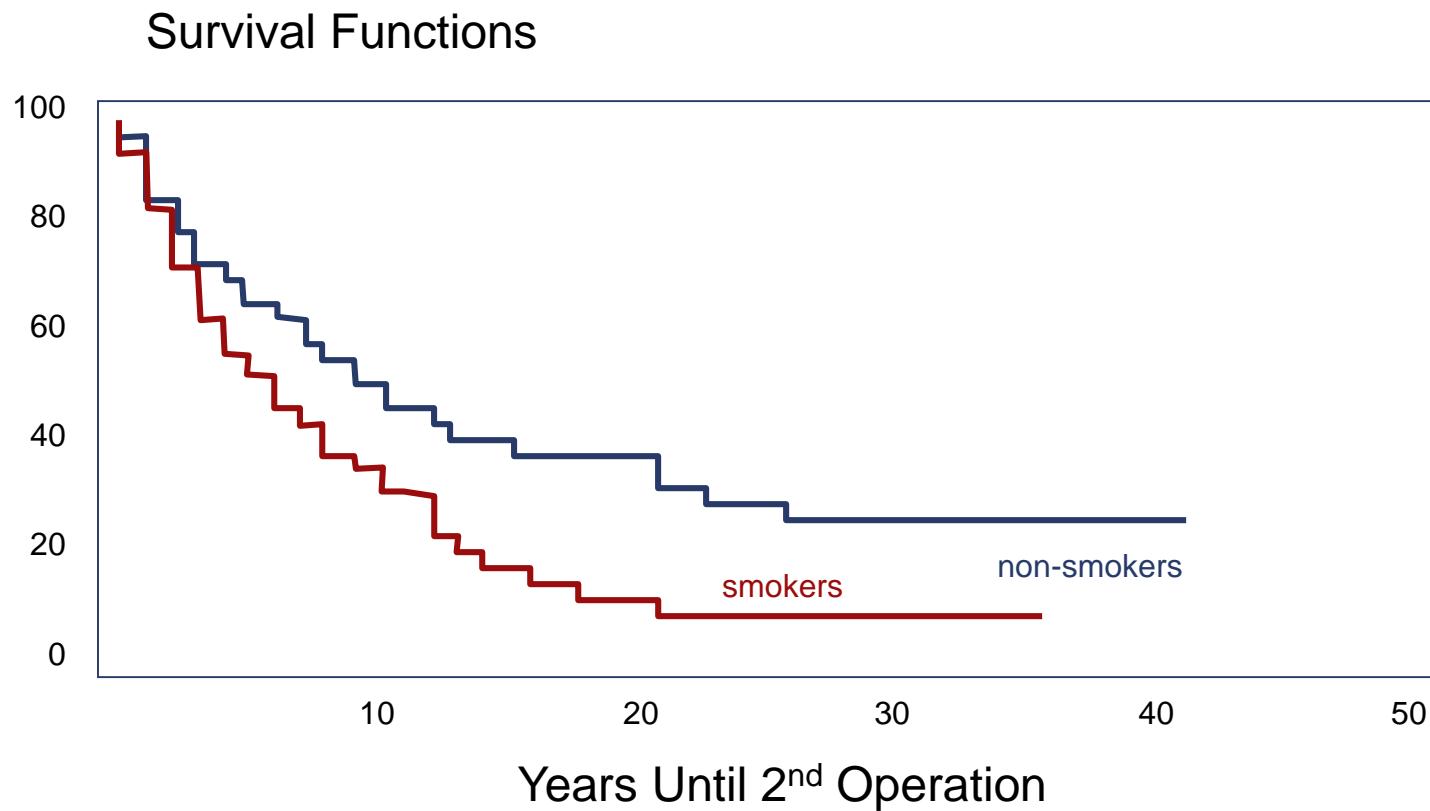
\* Current smoking compared to non-smoking.

‡ Smoking cessation compared to continuing smoking.

# Effet des cigarettes sur l'évolution de la M. Crohn



# Fumer et risque pour 2ème opération dans la M. Crohn



Smokers vs Non-smokers	<u>Log Rank</u> 5.76	<u>Degrees of Freedom</u> 1	<u>P</u> .0164
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## Cigarette «classique»



## Cigarette électrique



### Mécanisme d'action

- Combustion
- goudron,
- beaucoup de substances cancérogènes

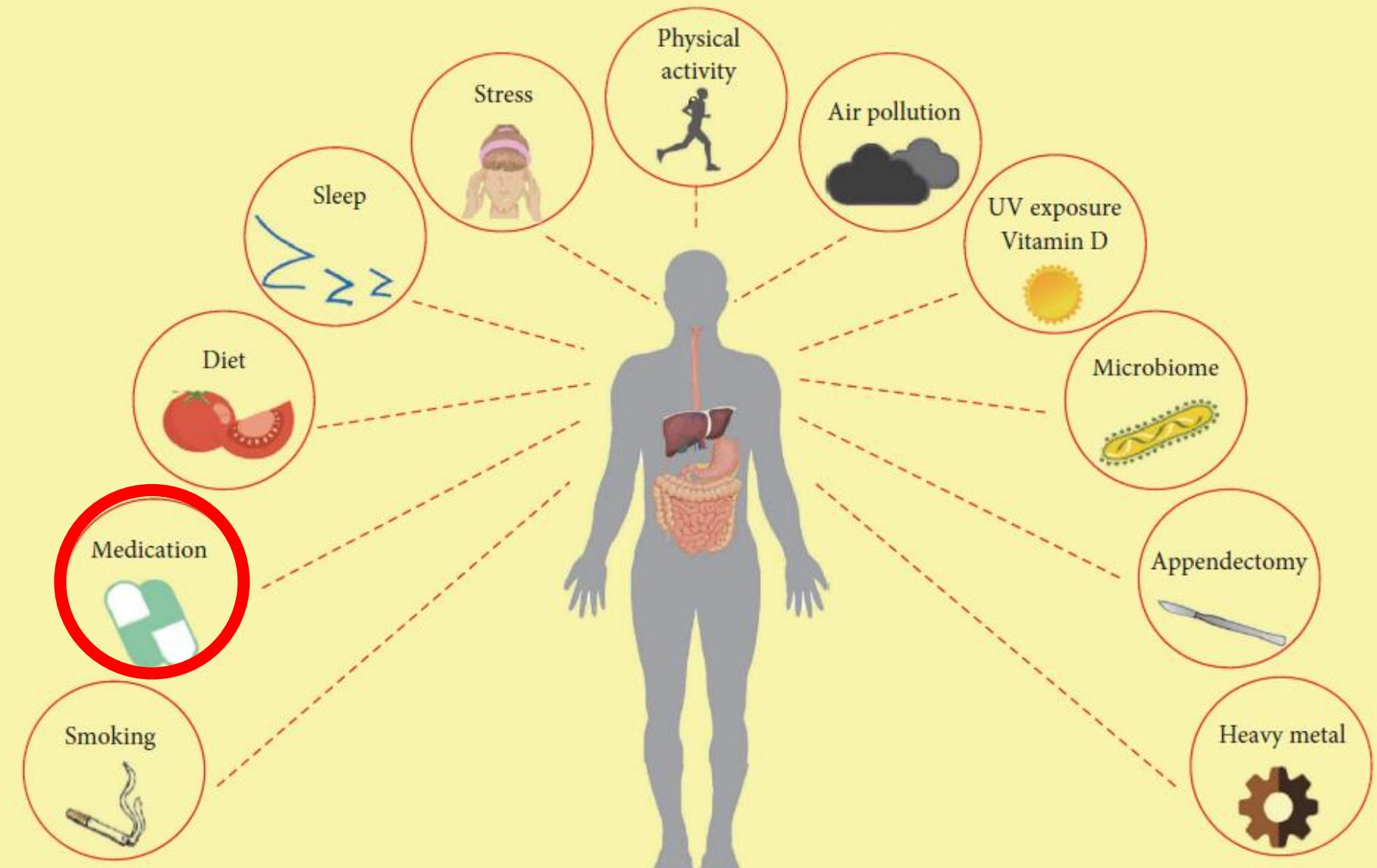
- Pas de combustion
- Vaporisation
- Liquide:  
propylenglycole,  
glycérine, arômes,  
eau, +/- nicotine

### Effet sur les MICI

- Beaucoup de données

??

# Environmental risk factors



# Médicaments, pilule (anticonceptive)



# Médicaments, pilule (anticonceptive)

	Crohn's Disease (CD)	UC	Controls (Ct)	Odds Ratio (95%CI); <i>p</i> Value
Ever smoking	54.7%	54.4%	45.7%	1.78 (1.32–2.41); <i>p</i> = 0.0002 CD vs Ct 1.66 (1.17–2.35); <i>p</i> = 0.004 UC vs Ct
Smoking now	29.0%	15.7%	19.0%	1.96 (1.38–2.78); <i>p</i> = 0.0001 CD vs Ct 2.27 (1.47–3.50); <i>p</i> = 0.0002 CD vs UC
User of ASA regularly* ever (Y/N)	12.0%	14.3%	13.4%	0.91 (0.58, 1.43); <i>p</i> = 0.69 CD vs Ct 0.89 (0.54, 1.46); <i>p</i> = 0.76 UC vs Ct
User of acetaminophen regularly* ever (Y/N)	47.5%	33.3%	31.4%	2.27 (1.67, 3.11); <i>p</i> < 0.0001 CD vs Ct 1.18 (0.82, 1.70); <i>p</i> = 0.38 UC vs Ct
User of any other pain killer regularly* ever (Y/N)	29.7%	18.7%	18.5%	2.18 (1.53, 3.11); <i>p</i> < 0.0001 CD vs Ct 1.08 (0.70, 1.68); <i>p</i> = 0.71 UC vs Ct
User ever of OCP**	88%	90%	86%	0.98 (0.56, 1.72); <i>p</i> = 0.95 CD vs Ct 1.06 (0.53, 2.13); <i>p</i> = 0.86 UC vs Ct
Number of years of OCP use between:				
15–19	2.8 (1.4)	2.5 (1.3)	2.3 (1.6)	1.21 (1.04, 1.42) <i>p</i> =0.02 CD vs Ct
20–24	3.7 (1.4)	3.2 (1.2)	3.3 (1.2)	1.28 (1.08, 1.51); <i>p</i> = 0.004 CD vs Ct
25–29	3.5 (1.4)	3.0 (1.4)	3.0 (1.3)	1.33 (1.10, 1.61); <i>p</i> = 0.004 CD vs Ct
30–34	3.2 (1.6)	2.4 (1.3)	2.5 (1.4)	1.44 (1.11, 1.88); <i>p</i> = 0.006 CD vs Ct
35–39	2.8 (1.6)	2.0 (1.2)	2.3 (1.4)	1.26 (0.84, 1.88); <i>p</i> = 0.26 CD vs Ct
15–39	8.0 (4.9)	6.7 (3.9)	6.6 (4.6)	1.07 (1.03, 1.11); <i>p</i> = 0.0009 CD vs Ct 1.06 (0.89, 1.26); <i>p</i> = 0.52 UC vs Ct

\*Regular use of ASA and acetaminophen referred to at least twice per week.

\*\* OCP refers to oral contraceptive pill. Questions about OCP were only asked of females.

# Médicaments, pilule (anticonceptive)

Crohn's Disease (CD)	UC	Controls (Ct)	Odds Ratio (95%CI); <i>p</i> Value
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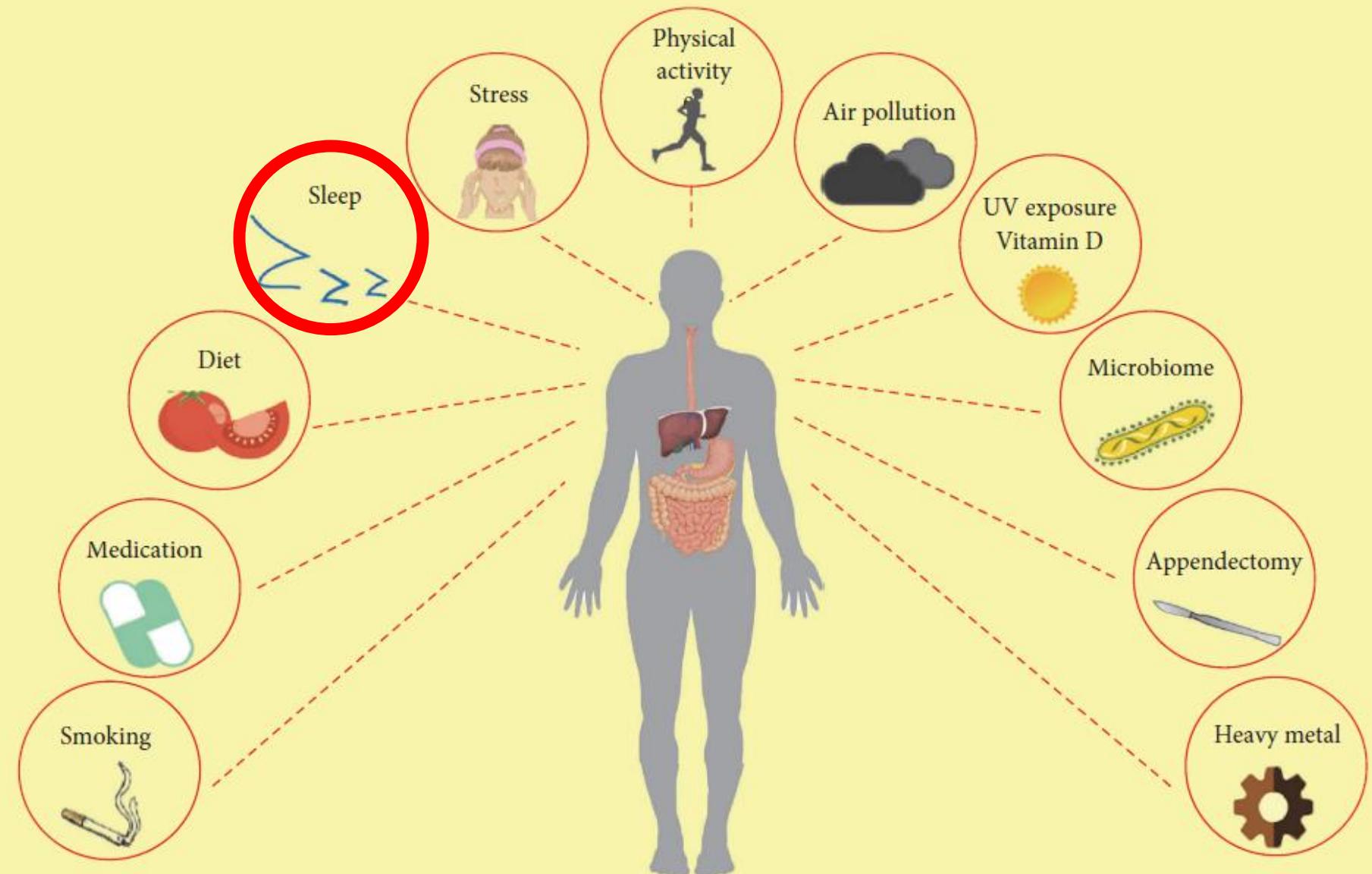
**Médicaments anti-inflammatoires (par ex.  
Voltaren) sont un facteur de risque pour  
M. Crohn et RCUH**

**La pilule est un facteur de risque pour la  
M. Crohn**

\*Regular use of ASA and acetaminophen referred to at least twice per week.

\*\* OCP refers to oral contraceptive pill. Questions about OCP were only asked of females.

# Environmental risk factors



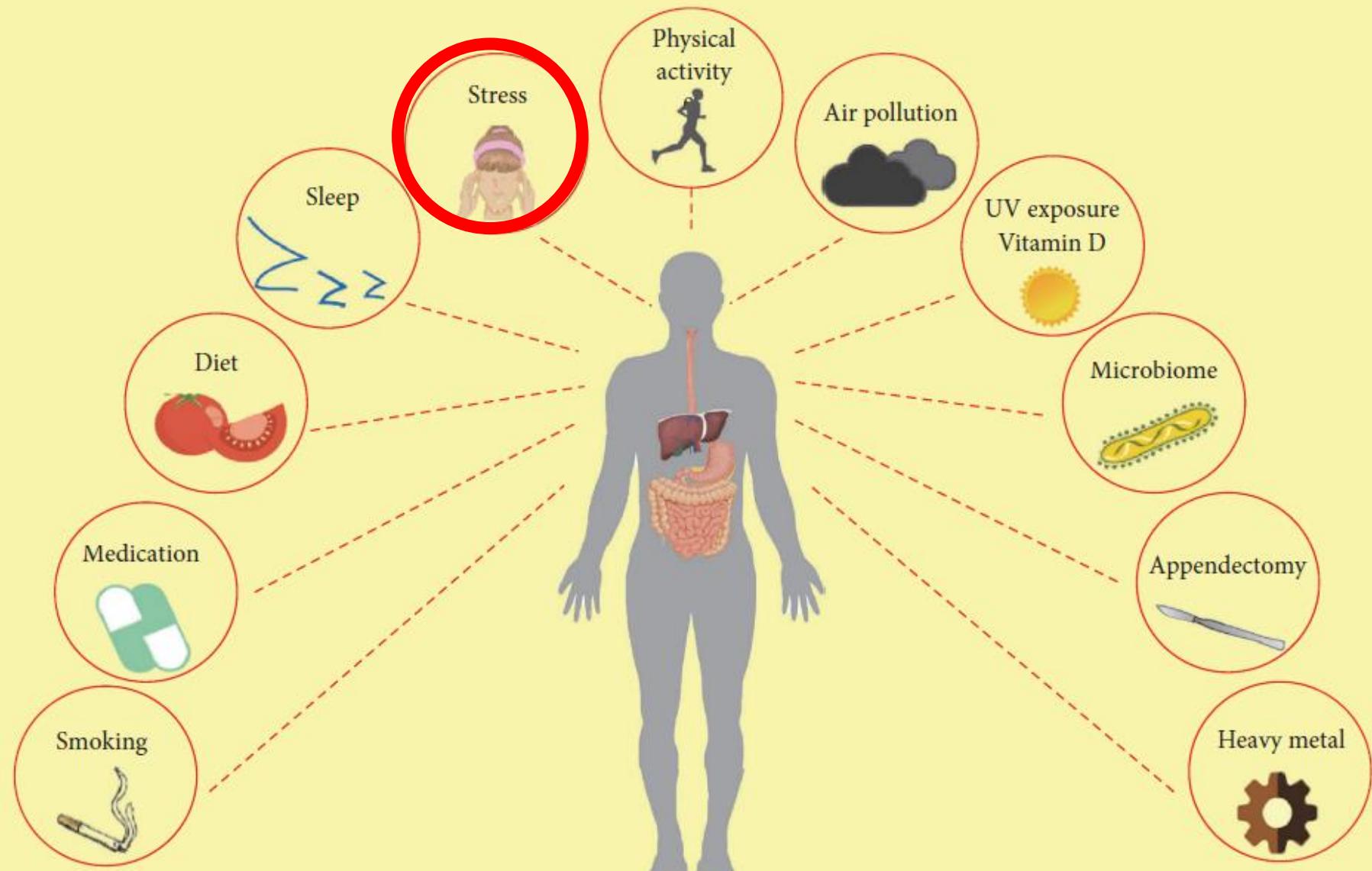
# Sommeil et MICI



- Plus fréquemment des troubles du sommeil
- Manque de sommeil peut déclencher des poussées inflammatoires
- Implications pratiques:
  - discuter du problème
  - chercher les conditions qui peuvent y contribuer (syndrome d'apnée du sommeil, restless legs syndrome, etc).

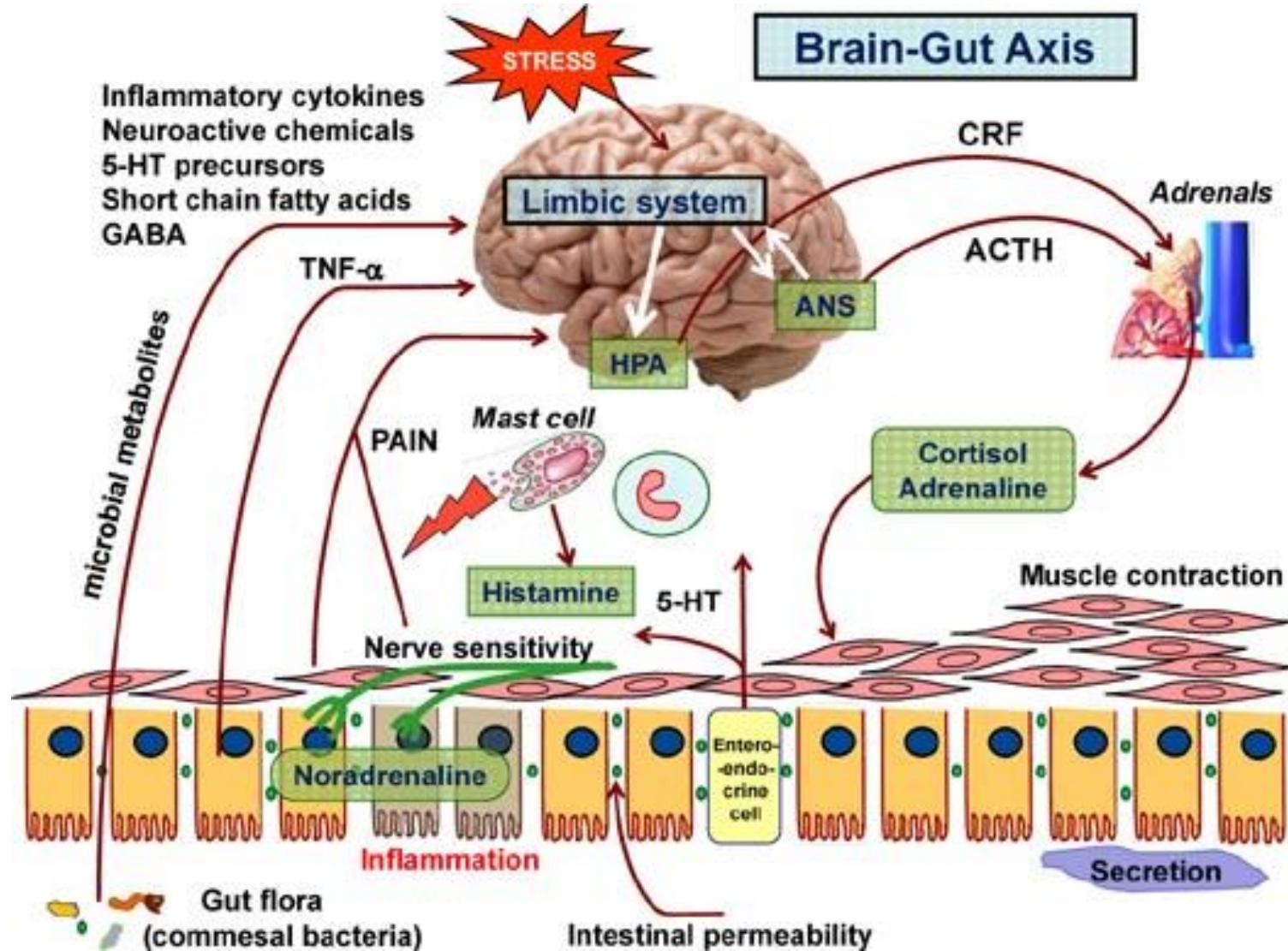
Kinnucan AM, et al. Gastroenterology and Hepatology 2013;9:719-27

# Environmental risk factors

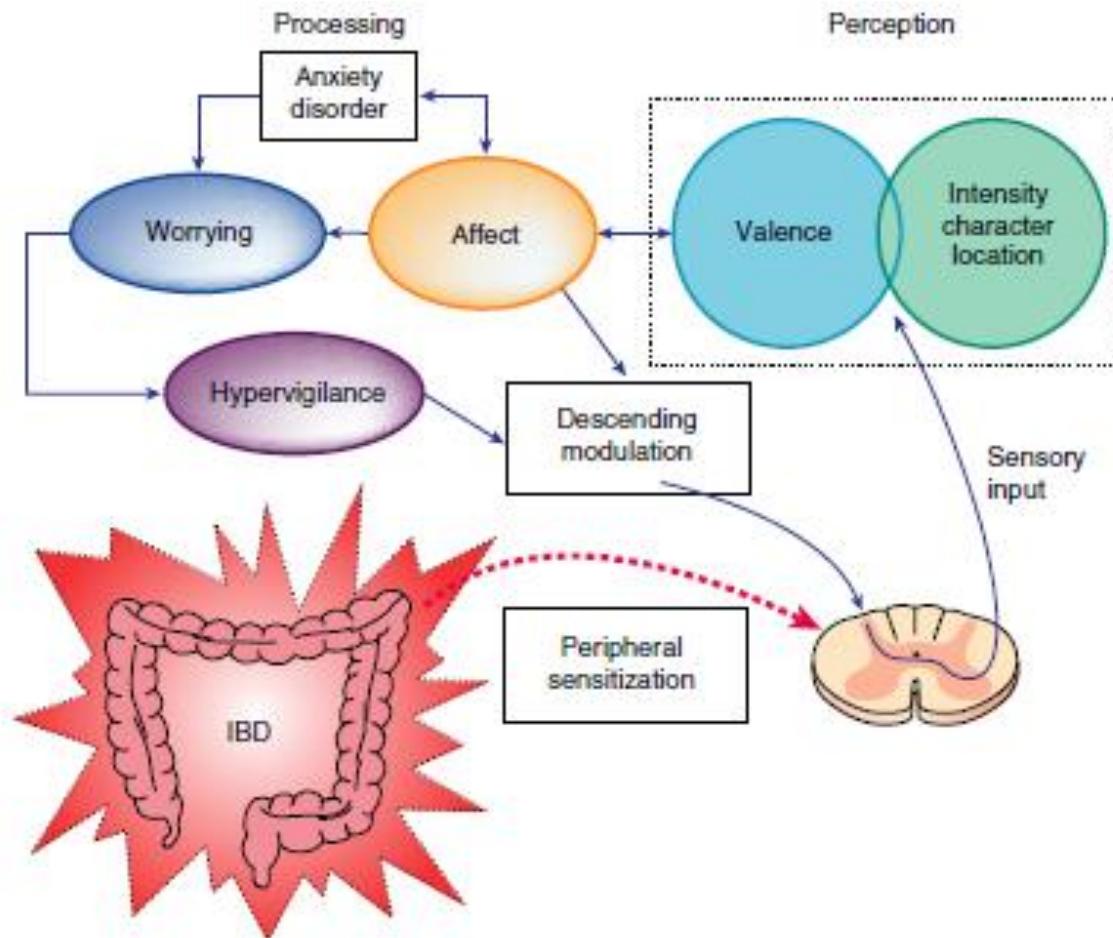


# Stress et MICl: relation compliquée



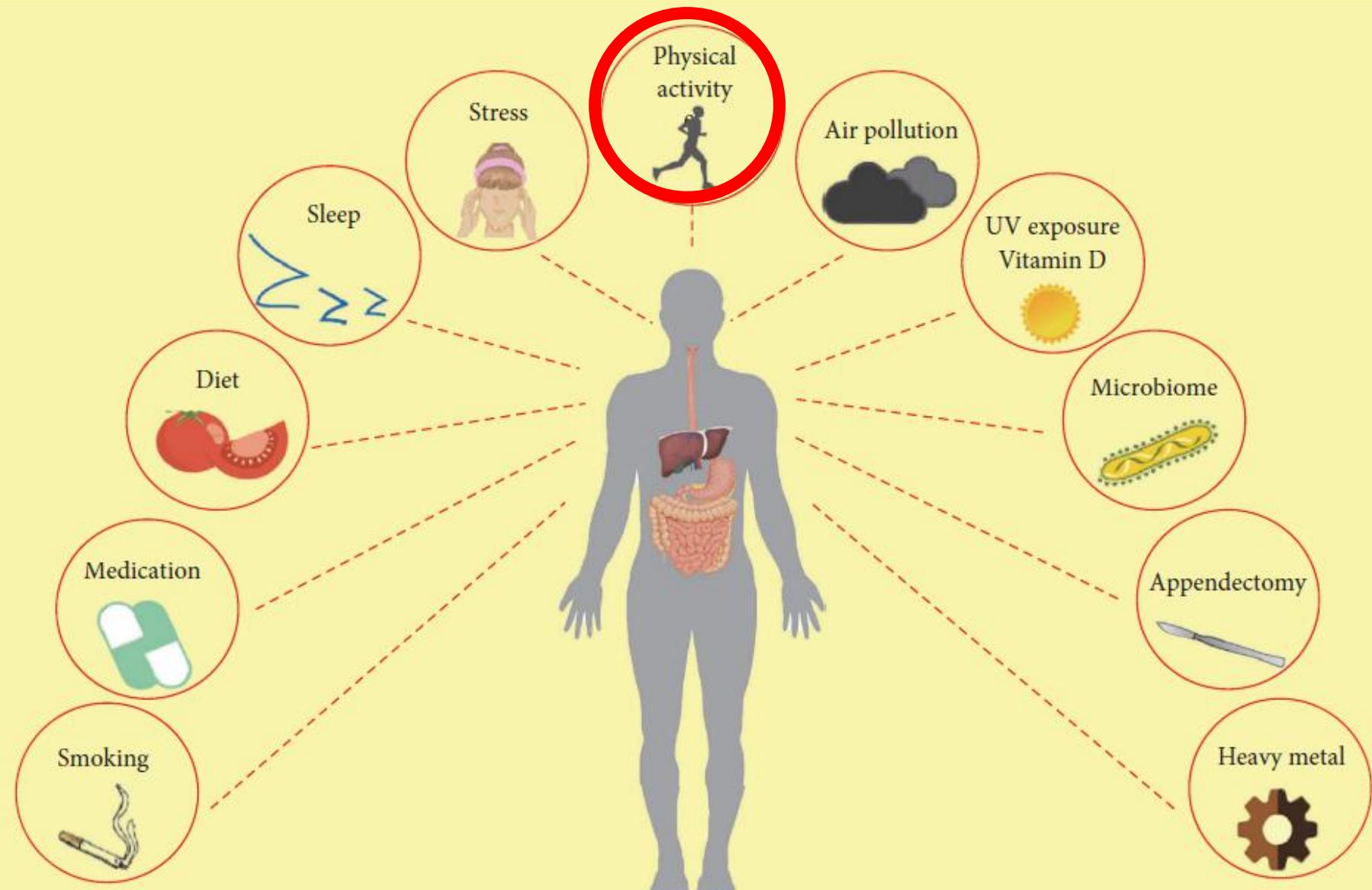


# Stress peut intensifier la douleur



Sweeney L, et al, APT 2018;47:715-29

# Environmental risk factors



# Activité physique



# Activité physique: études interventionnelles avec patients MC

- Intervention pendant 3 mois (low-intensity walking program)<sup>1,2</sup>
  - Perte pondérale
  - État psychologique amélioré
  - Qualité de vie améliorée
  - Pas d'effet défavorable sur la M. Crohn
- Intervention pendant 12 mois (home-based low-impact exercise)<sup>3</sup>
  - Masse osseuse légèrement augmentée (trend)
  - Pas d'effet défavorable sur la M. Crohn

1. Loudon CP et al. *Am J Gastroenterol.* 1999;94:697-703.

2. Ng V et al. *Clin J Sport Med.* 2007;17:384-388.

3. Robinson RJ et al. *Gastroenterology.* 1998;115:36-41.

# Activité physique: études interventionnelles avec patients MC

- Intervention pendant 3 mois (low-intensity walking program)<sup>1,2</sup>

Activité physique légère, mais régulière, peut améliorer la qualité de vie et l'état psychologique

## Intervention pendant 12 mois (modèle basé sur impact exercise<sup>3</sup>

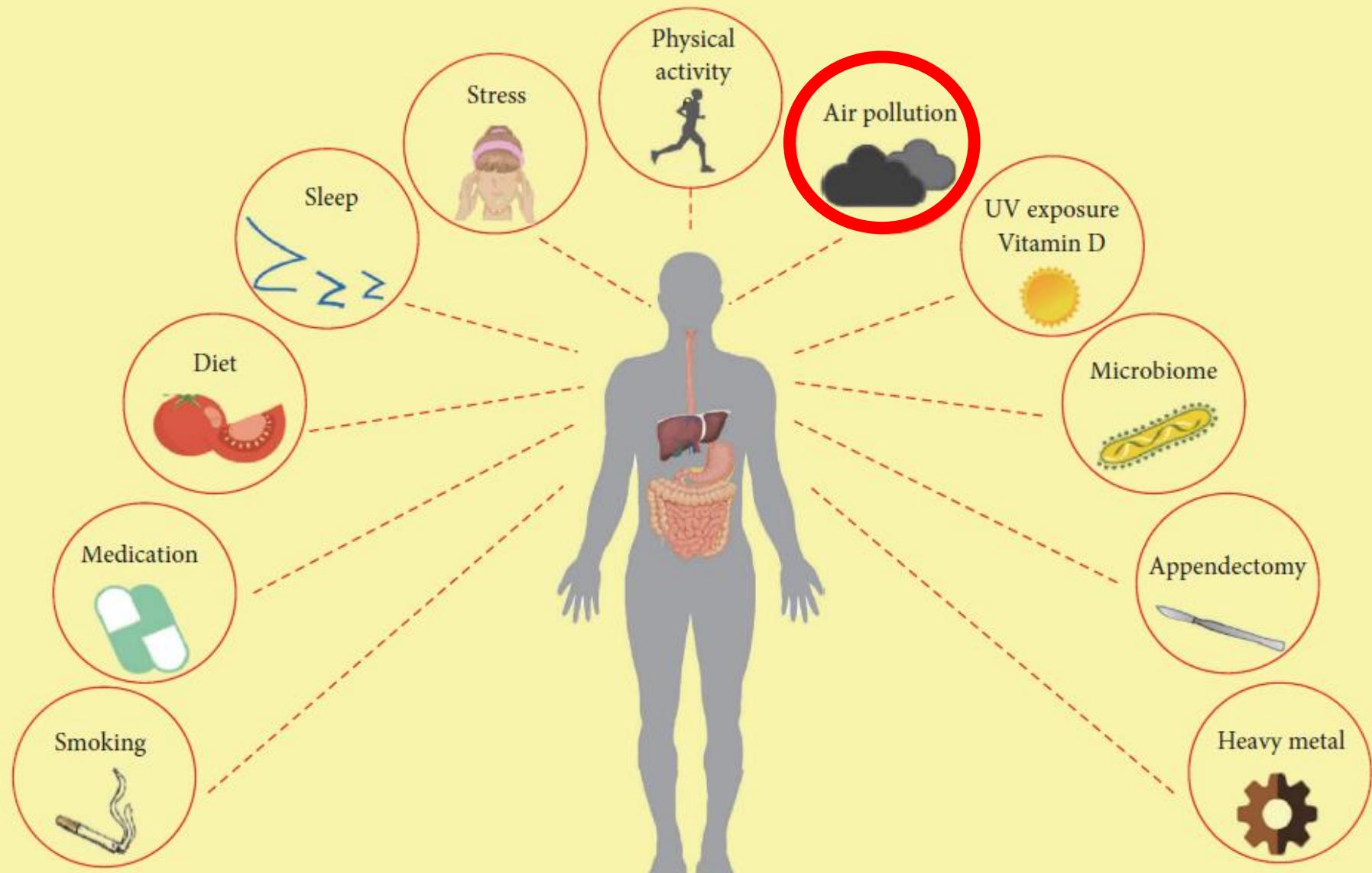
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3. Robinson RJ et al. *Gastroenterology.* 1998;115:36-41.

# Environmental risk factors





# Association des MICI avec...

- Milieu urbain
- Pollution aérienne (NO<sub>2</sub>, SO<sub>2</sub>, CO)

Ananthkrishnan AN, et al. Nature Rev Gastroenterol Hepatol 2018;15:39-39

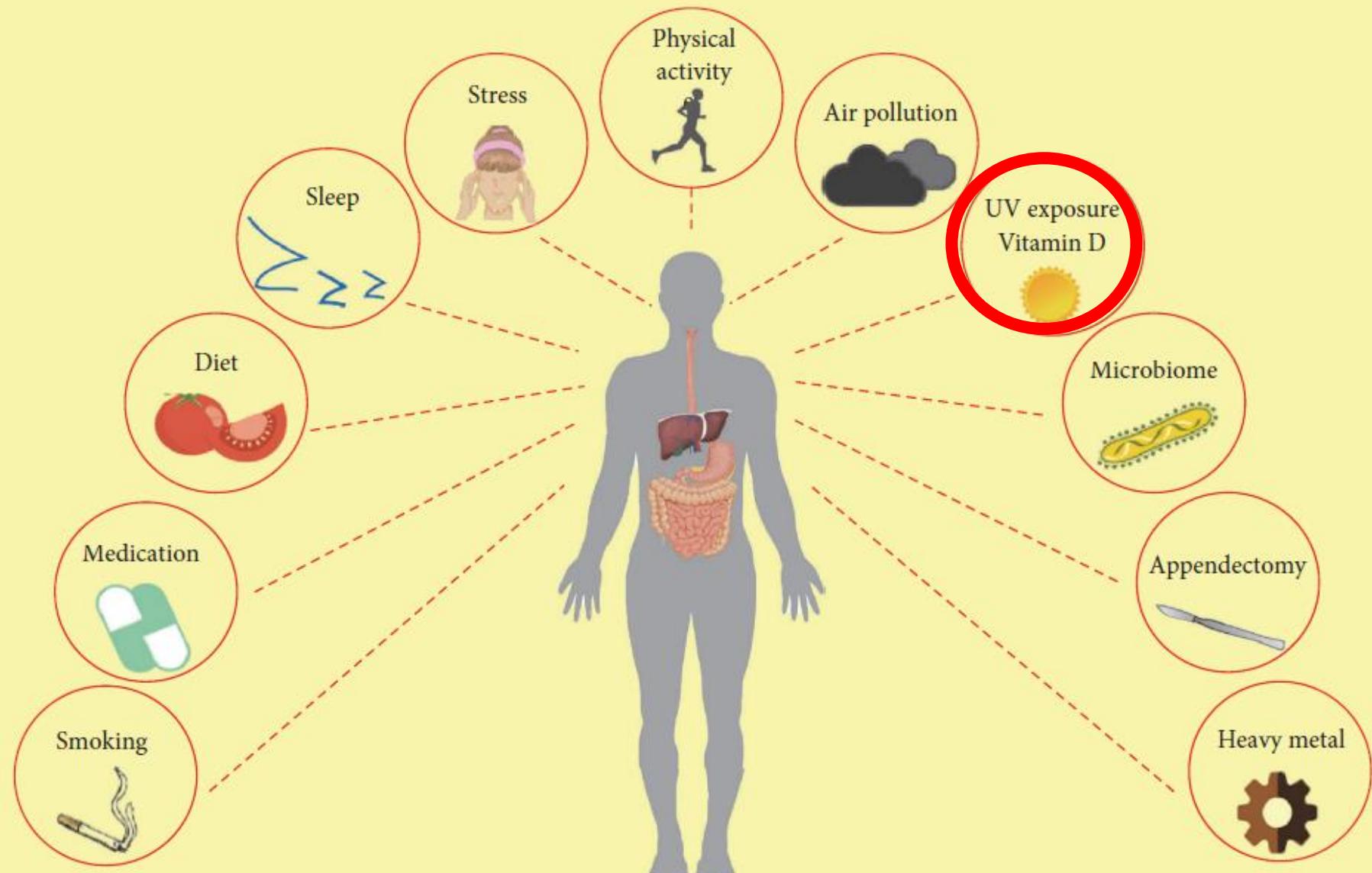
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- Milieu urbain
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Ananthkrishnan AN, et al. Nature Rev Gastroenterol Hepatol 2018;15:39-39



# Environmental risk factors



# Vitamine D

**SUNLIGHT**  
The body itself makes  
vitamin D when it is  
exposed to the sun

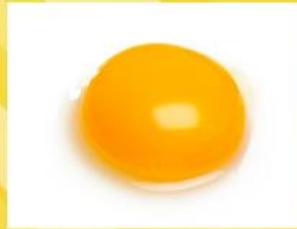
## 10 Best Vitamin D Rich Foods



Fortified Cereals



Orange Juice



Egg Yolk



Mushroom



Ricotta Cheese



Fatty Fish



COD Liver Oil

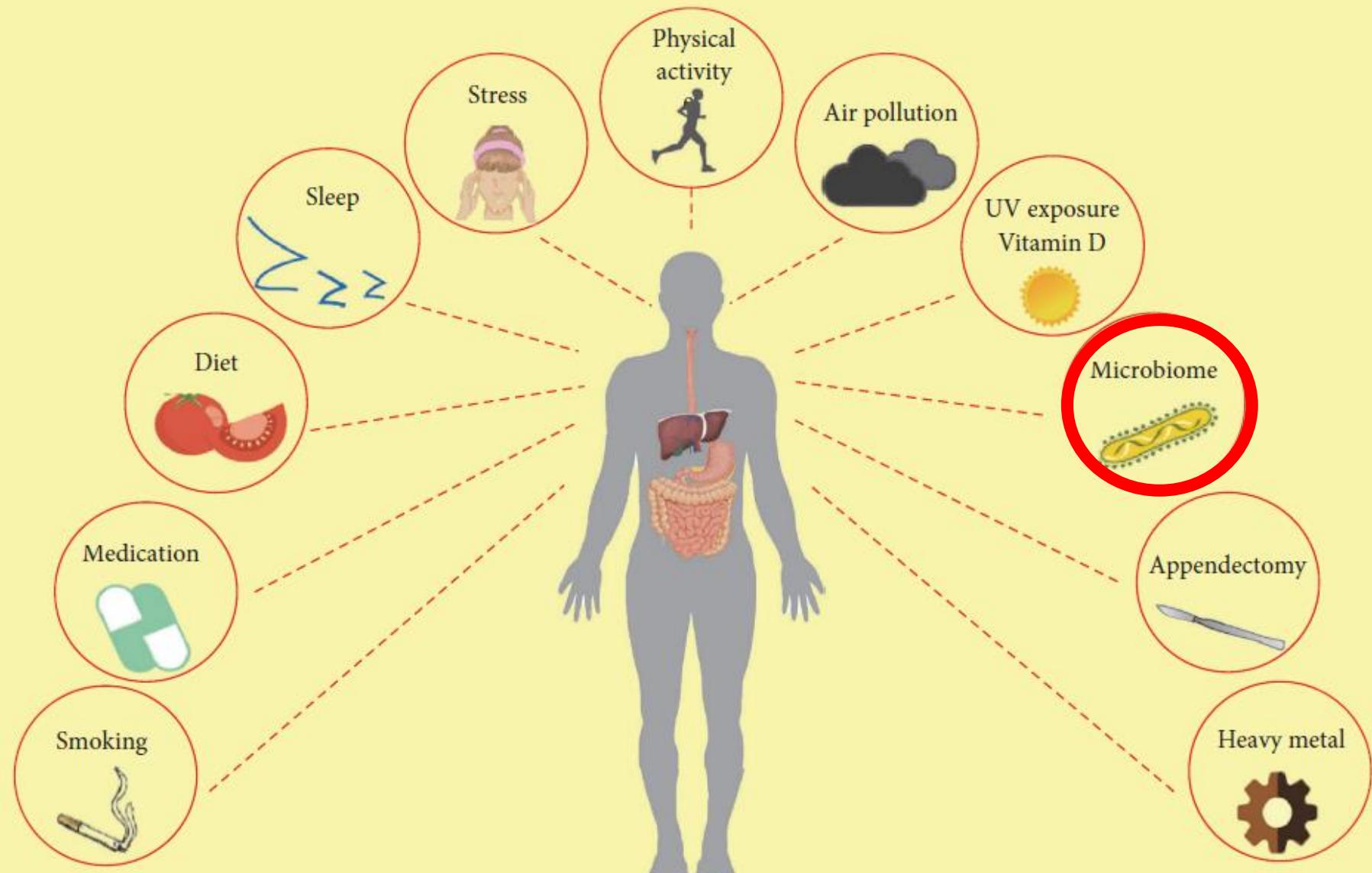


Cavier (Fish eggs)

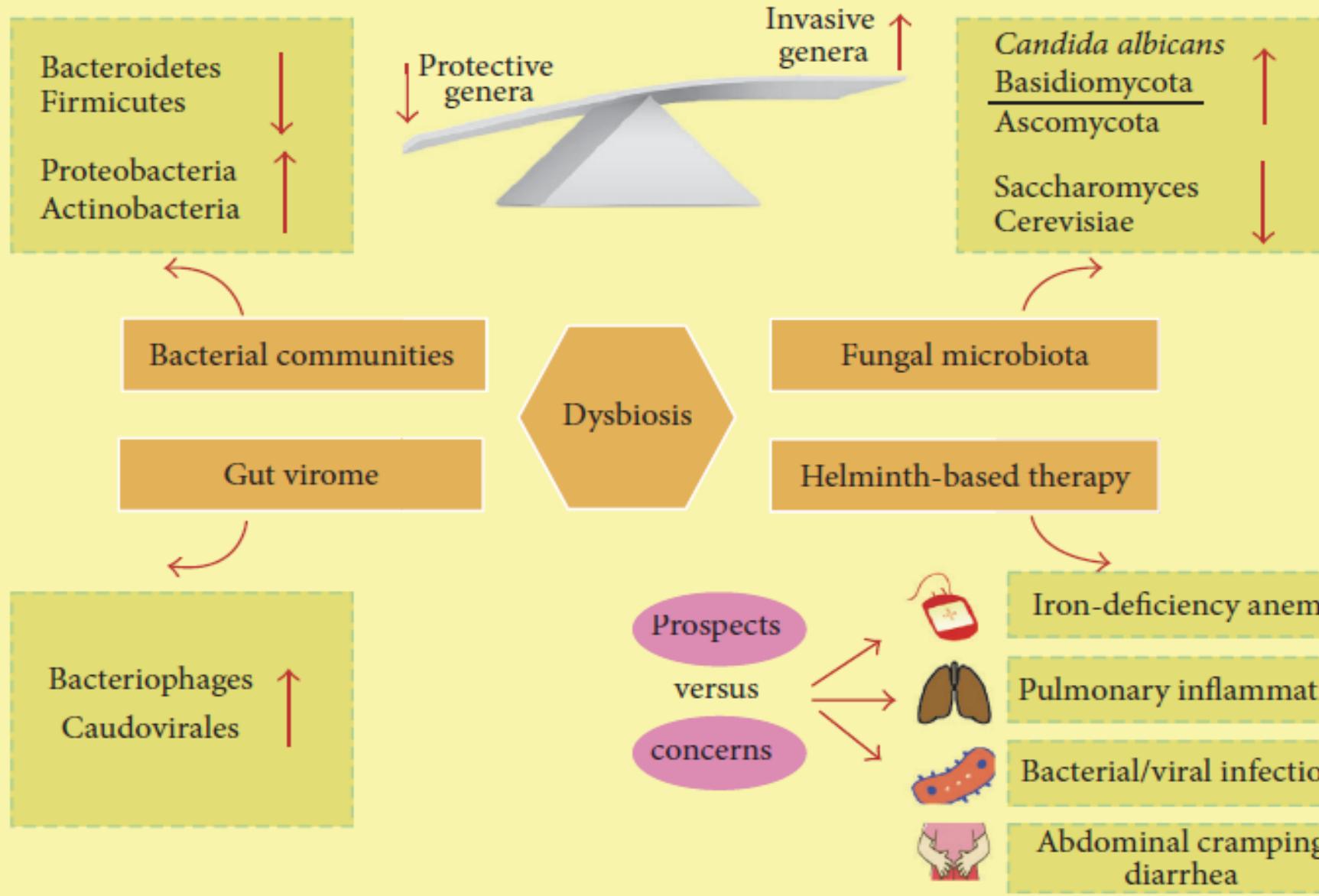
# Vitamine D

- Effet anti-inflammatoire
- Manque de vitamine D dans env. 40% des patients MCI
- Population normales: manque de vitamine D dans env. 20%
- Impact clinique: chercher manque de Vit D et substituer si nécessaire

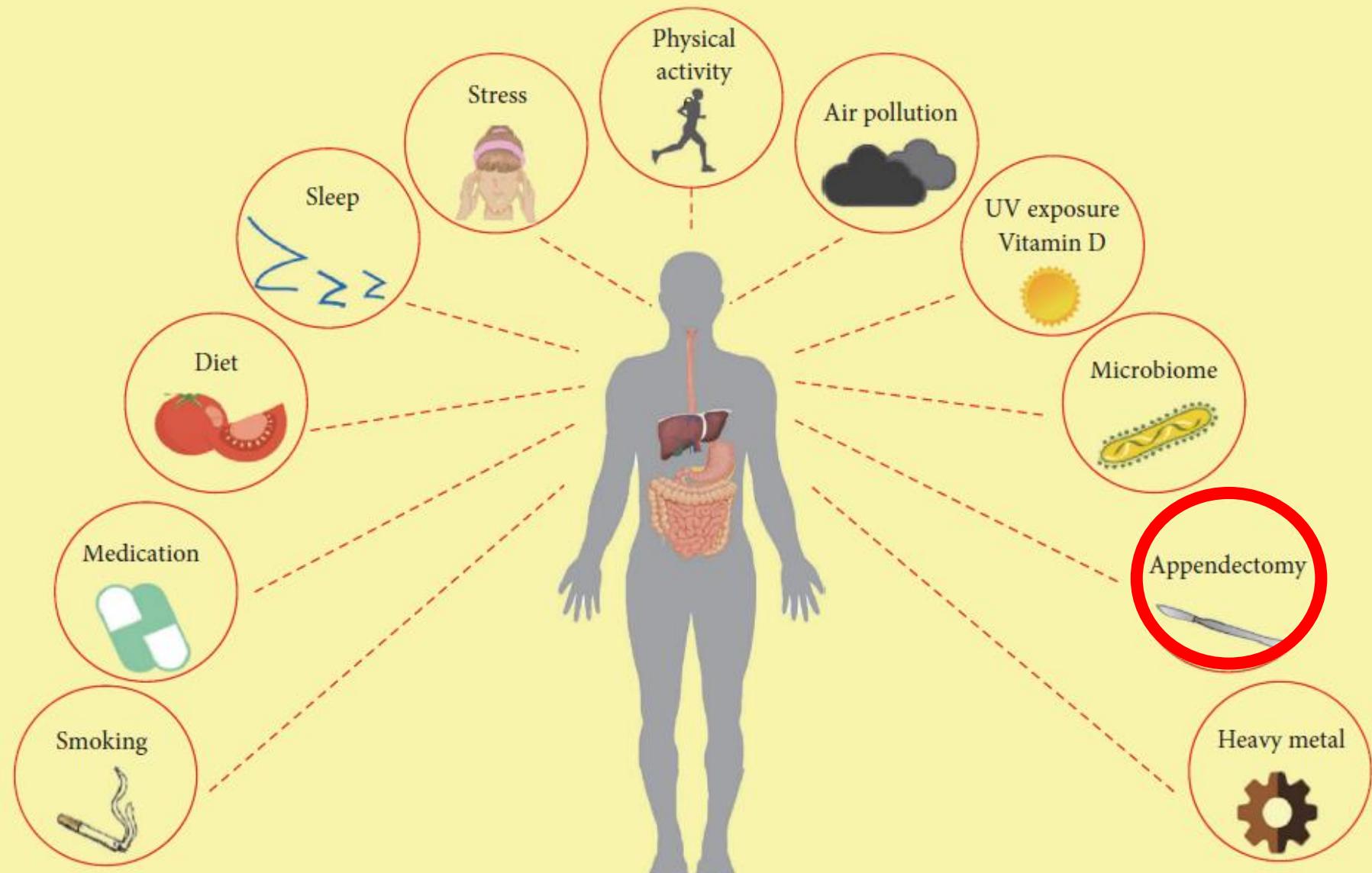
# Environmental risk factors



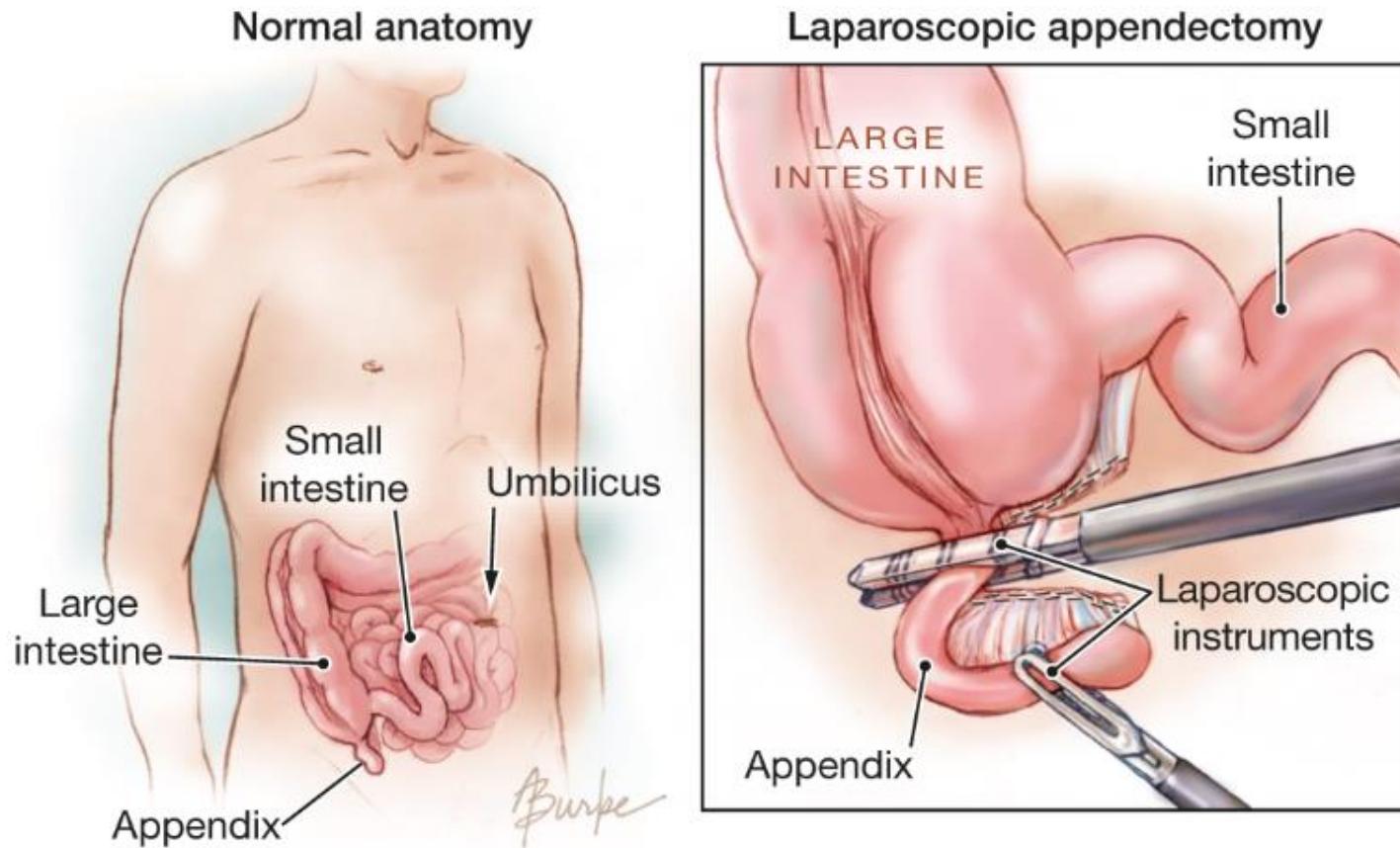
# Dysbiosis



# Environmental risk factors



# Appendectomy



L'appendice est un organe immunologique

# Appendectomy et MICI

## Study Highlights

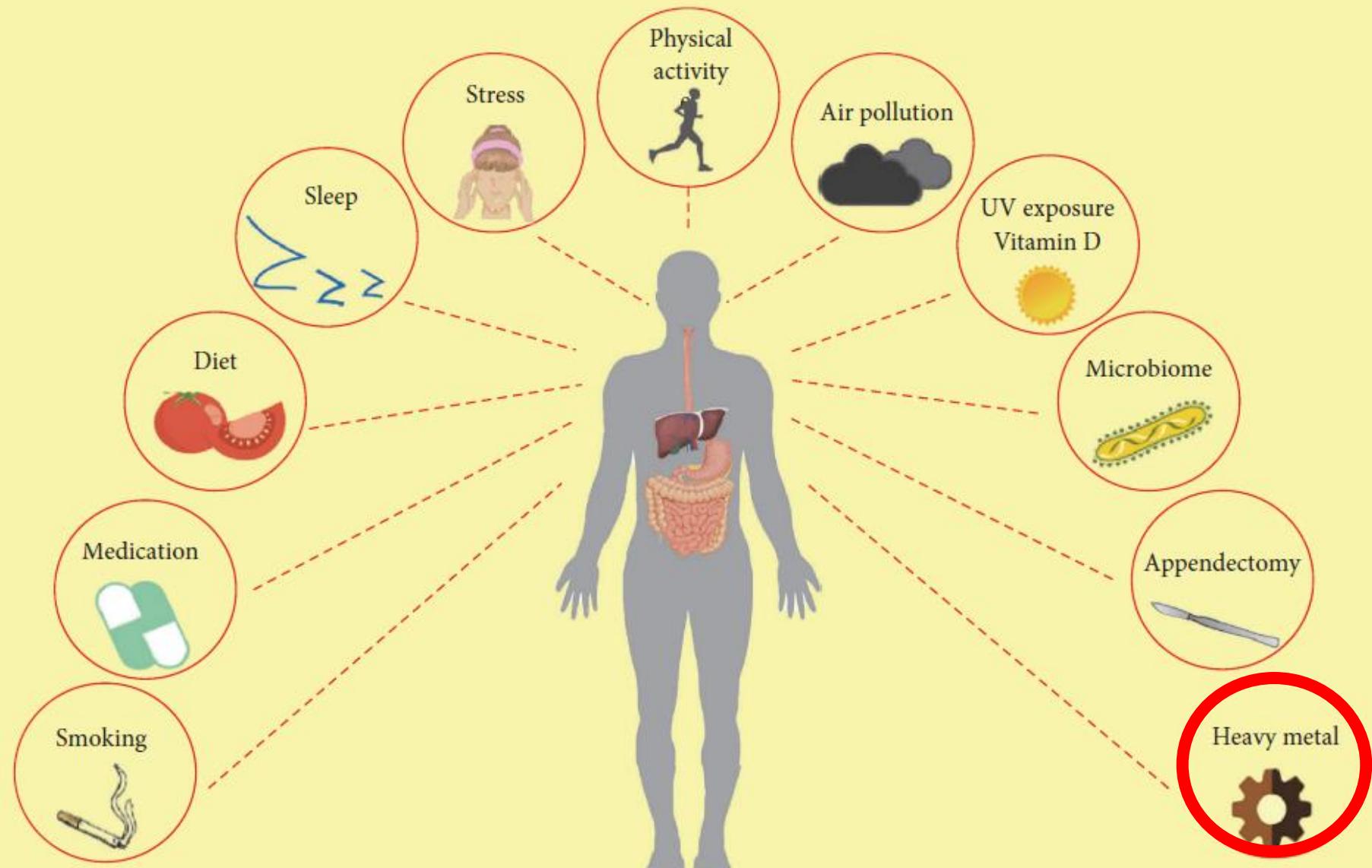
### WHAT IS CURRENT KNOWLEDGE

- ✓ Appendectomy early in life due to an inflammatory condition is associated with a lower risk of developing ulcerative colitis (UC).

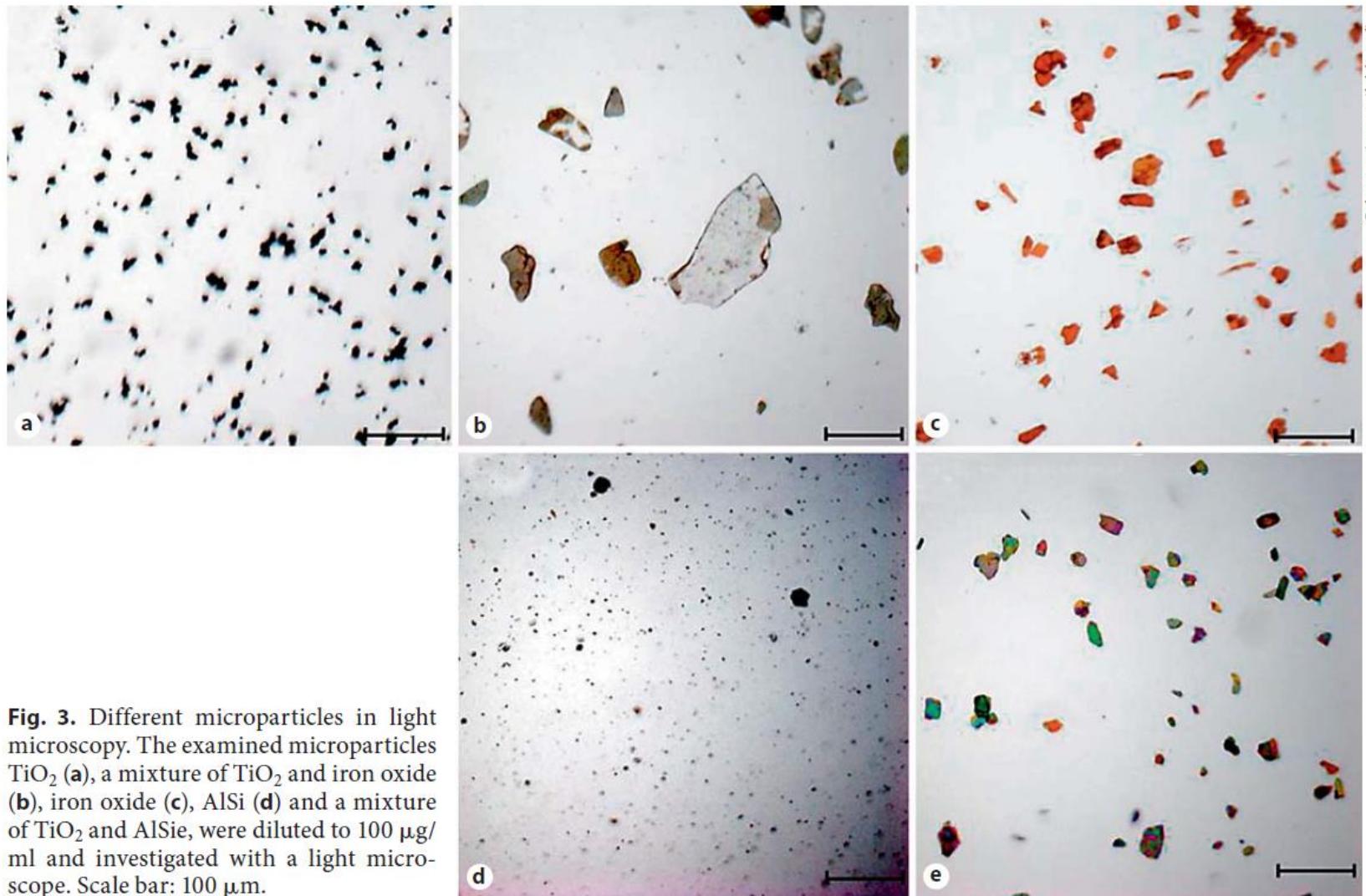
### WHAT IS NEW HERE

- ✓ Appendectomy before UC for appendicitis before 20 years of age, and at any age for diagnoses other than appendicitis, is associated with a milder UC disease course with lower risk of colectomy.
- ✓ Appendectomy before UC diagnosis for appendicitis after 20 years of age does not affect the risk of colectomy.
- ✓ Appendectomy for appendicitis in established UC appears to be associated with a worse disease course with increased rate of subsequent colectomy.

# Environmental risk factors



# Micro-particles ( $\text{TiO}_2$ , $\text{SiO}_2$ )



**Fig. 3.** Different microparticles in light microscopy. The examined microparticles  $\text{TiO}_2$  (a), a mixture of  $\text{TiO}_2$  and iron oxide (b), iron oxide (c), AlSi (d) and a mixture of  $\text{TiO}_2$  and AlSie, were diluted to 100  $\mu\text{g}/\text{ml}$  and investigated with a light microscope. Scale bar: 100  $\mu\text{m}$ .

**Table 2.** Sources of microparticles in food products and estimated daily intake

Source	mg/person/day
TiO <sub>2</sub>	
Food supplement tablet	37.5
Confectionary	24.4
Medicinal product tablet	15.0
Coffee whitener	0.52
Hard coated candies	0.32
Chewing gum	0.28
Marshmallows	0.27
Low-fat or fat-free dressings	0.22
AlSi	
Salt	1.30
Drinking chocolate powder	1.26
Chewing gum	0.92
Sugar, icing	0.30



# Titanium dioxide nanoparticles exacerbate DSS-induced colitis: role of the NLRP3 inflammasome

Pedro A Ruiz,<sup>1</sup> Belen Morón,<sup>1</sup> Helen M Becker,<sup>1</sup> Silvia Lang,<sup>1</sup> Kirstin Atrott,<sup>1</sup> Marianne R Spalinger,<sup>1</sup> Michael Scharl,<sup>1,2</sup> Kacper A Wojtal,<sup>1</sup> Anne Fischbeck-Terhalle,<sup>1</sup> Isabelle Frey-Wagner,<sup>1</sup> Martin Hausmann,<sup>1</sup> Thomas Kraemer,<sup>3</sup> Gerhard Rogler<sup>1,2</sup>

## What is already known on this subject?

- ▶ Titanium dioxide induces reactive oxygen species (ROS) formation as well as inflammation in vitro and in vivo.
- ▶ The nucleotide-binding oligomerisation domain receptor, pyrin domain containing (NLRP)3 inflammasome is activated in the presence of titanium dioxide.
- ▶ Polymorphisms in the *Nlrp3* gene have been linked to the development of Crohn's Disease.

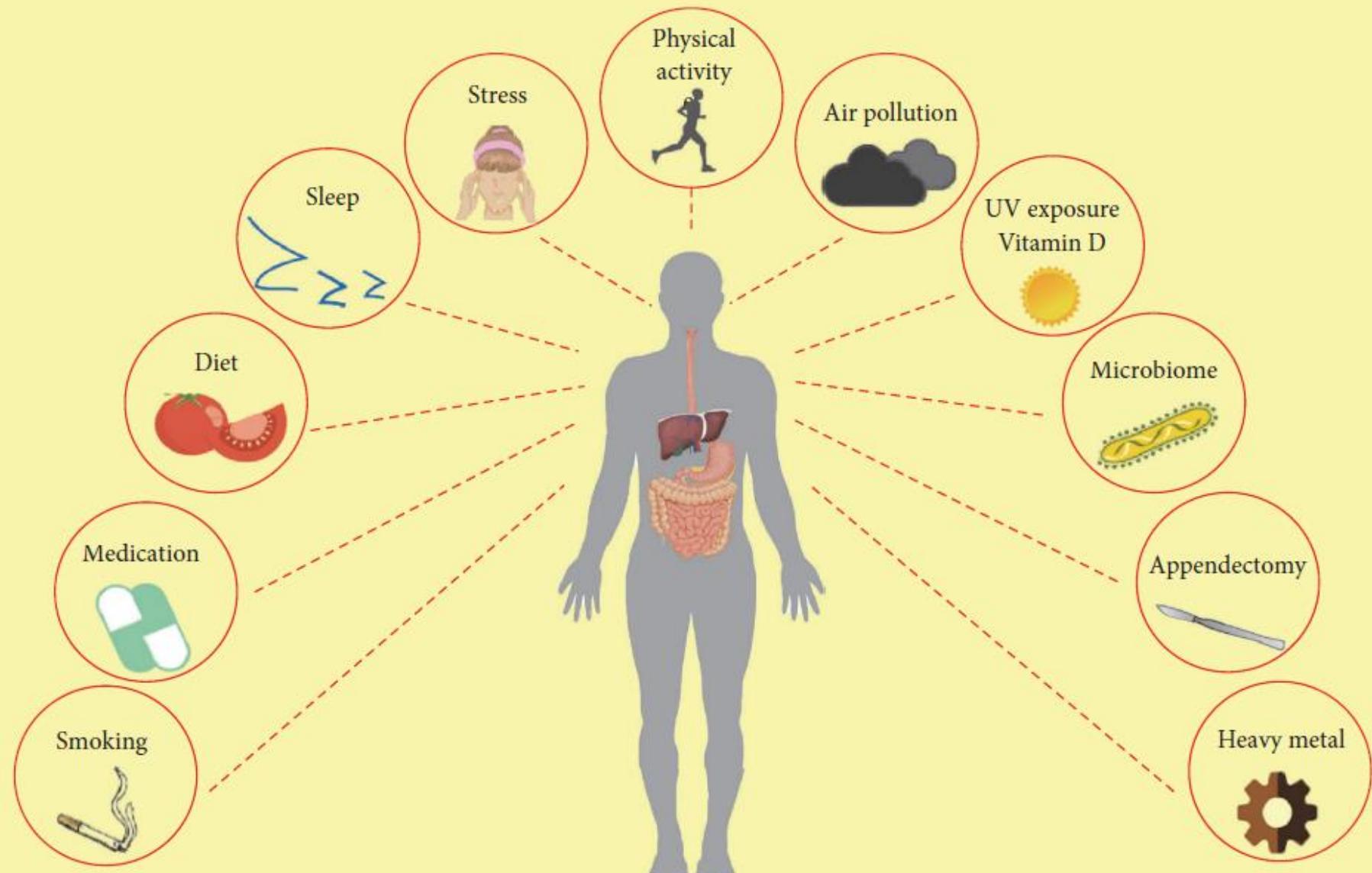
## What are the new findings?

- ▶ Oral administration of titanium dioxide nanoparticles worsens intestinal inflammation in the dextran sodium sulfate (DSS) mouse model of colitis.
- ▶ Titanium dioxide crystals accumulate in the spleen of DSS-treated mice following oral gavage.
- ▶ Titanium dioxide particles accumulate and activate the NLRP3 inflammasome in human intestinal epithelial cells and macrophages.
- ▶ Levels of titanium are increased in the blood of patients with IBD.

## How might it impact on clinical practice in the foreseeable future?

- ▶ Components of the inflammasome may represent novel therapeutic targets for the treatment of IBD.
- ▶ Our results suggest a cautionary use of titanium dioxide in pharmaceutical formulations and support a therapeutic benefit from low inorganic particle diet in patients with IBD.

# Environmental risk factors



# High Altitude Journeys and Flights are Associated with the Increased Risk of Flares in IBD Patients



Stephan R. Vavricka<sup>1,2</sup>,  
Gerhard Rogler<sup>2</sup>, Sandra  
Maetzler<sup>2</sup>, Benjamin  
Misselwitz<sup>2</sup>, Christine  
Manser<sup>2</sup>, Kacper Wojtal<sup>2</sup>,  
Alain M. Schoepfer<sup>3</sup>

Municipal Hospital Triemli, Zurich<sup>1</sup>  
University Hospital Zurich<sup>2</sup>, University  
Hospital CHUV, Lausanne<sup>3</sup> Switzerland



Stadt Zürich  
Stadtspital Triemli



UniversitätsSpital  
Zürich

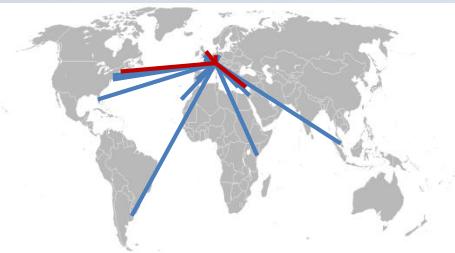
# Résultats

Total	103 IBD patients	
	43 M. Crohn	60 RCUH
	65% femmes	47% femmes
	$39.3 \pm 14.6$ ans	$43.1 \pm 14.2$ ans

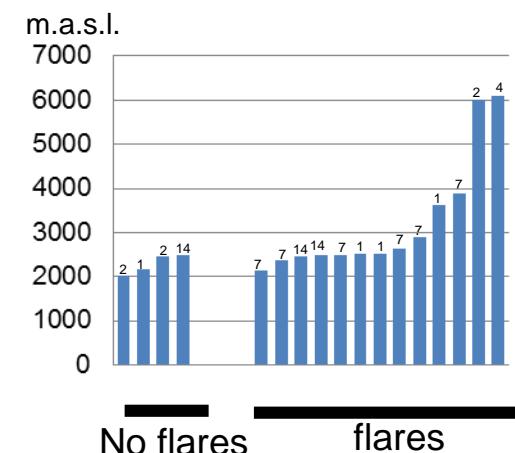
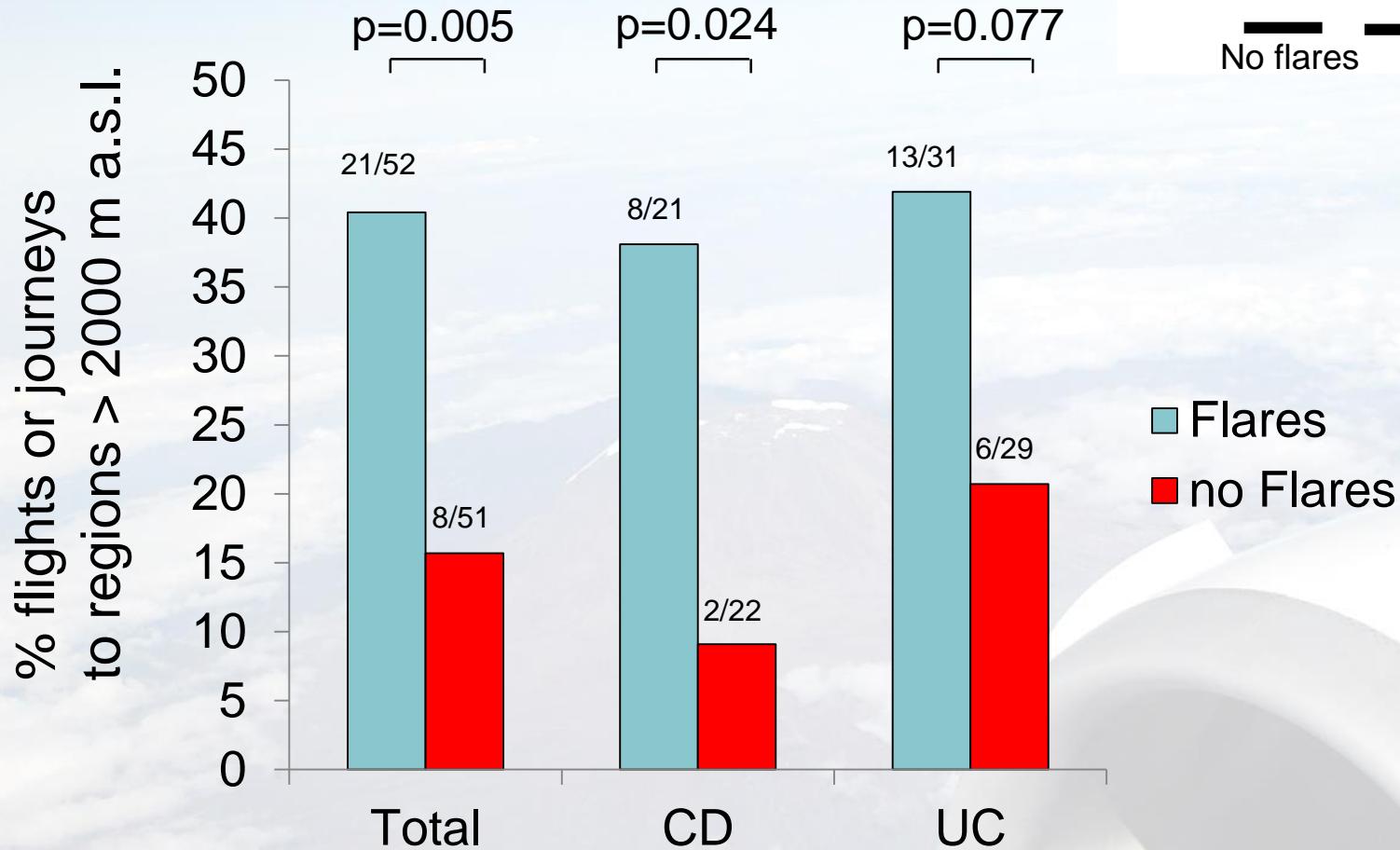


**52 patients  
Avec poussée  
inflammatoire**

**51 patients  
sans poussée  
inflammatoire**

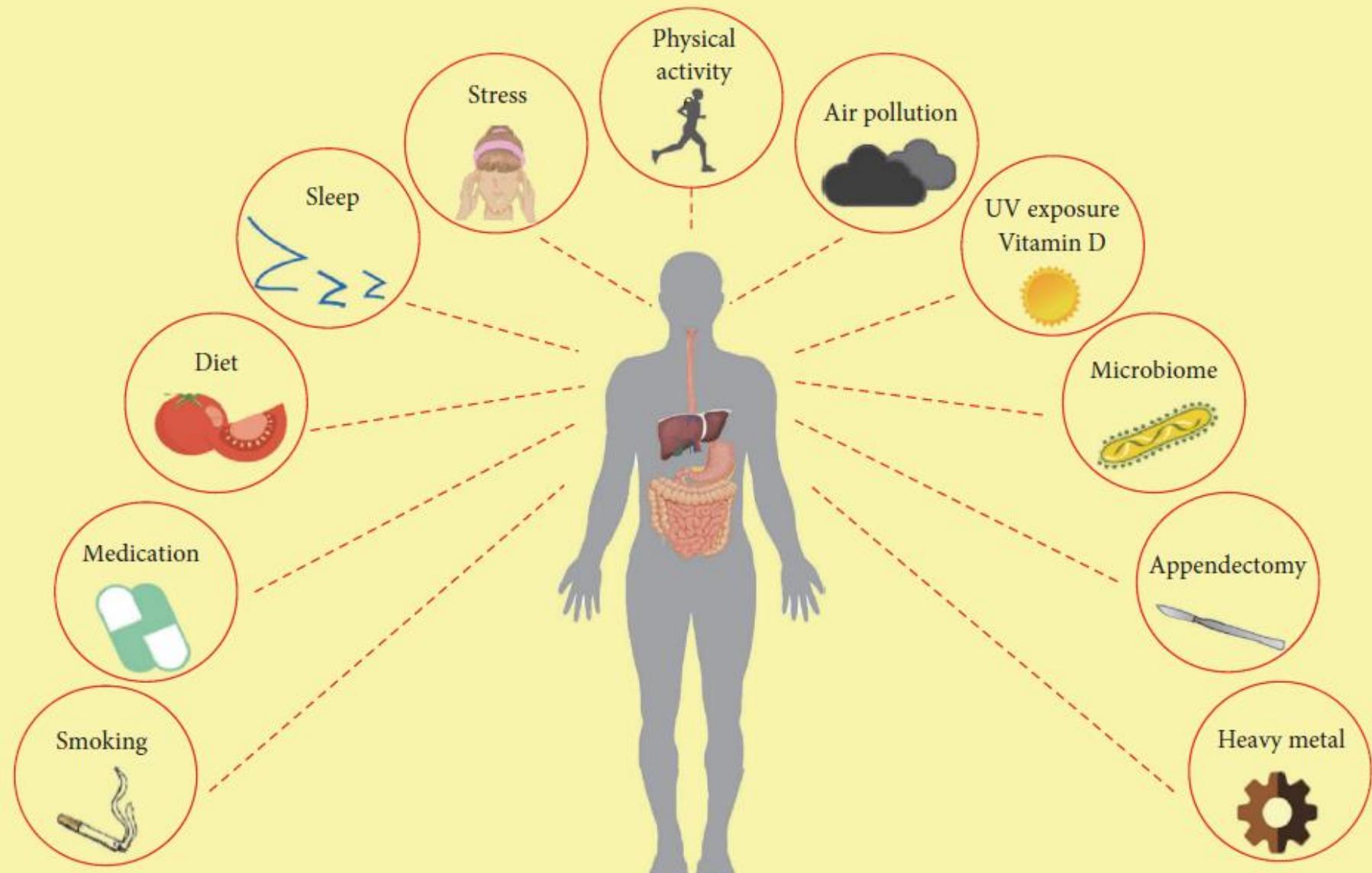


# Résultats





# Environmental risk factors



# Vaccinations



# Vaccination

History	Crohn's Disease	UC	All IBD
Ever vaccinated			
MMR	0.40 (0.08-2.00)	0.80 (0.18-3.56)	0.59 (0.21-1.69)
MCV	1.11 (0.26-4.69)	1.05 (0.20-5.42)	0.97 (0.34-2.79)
Unvaccinated	Reference	Reference	Reference

\*All estimates shown are from conditional logistic regression, matched on health maintenance organization, sex, and birth year, and adjusted for race.



# Vaccination

History

Crohn's Disease

UC

All IBD

**Les vaccins ne sont pas de facteur de risque pour le développement des MICI**

*health maintenance organization, sex, and birth year, and adjusted for race.*



# Merci !

