Ulcerative Colitis in Adults

Diagnosis, treatment goals, and stepwise induction/maintenance therapy for mild-to-severe ulcerative colitis.

2025 ACG Clinical Guideline
Ulcerative Colitis in Adults — Update
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GRADE — Strong Rec — Conditional Rec

1 Diagnosis, Assessment & Treatment Goals

STATEMENT	GRADE
Stool testing to rule out *C. difficile* in suspected UC	1 · Strong
Against serologic antibody testing to establish diagnosis or determine prognosis	1 · Strong
Treat to **endoscopic improvement** (Mayo 0–1) — increases sustained steroid-free remission, prevents hospitalization/surgery	1 · Strong
Fecal calprotectin to assess treatment response, suspected relapse, and during maintenance	1 · Strong

2 Mild–Moderate UC — Induction

STATEMENT	GRADE
Proctitis: rectal 5-ASA 1g/d for induction; tacrolimus or beclomethasone suppository if topical 5-ASA fails	1 / 2
Proctitis/left-sided: topical corticosteroids an option; rectal 5-ASA (≥1g/d) preferred over rectal steroids	2 / 1
Left-sided UC: rectal + oral 5-ASA combo over oral alone; budesonide MMX 9mg/d if intolerant/nonresponsive to 5-ASA	2 / 1
Extensive colitis: oral 5-ASA ≥2.0g/d to induce remission	1 · Strong
5-ASA failure (any extent): oral systemic corticosteroids; **against switching 5-ASA formulation** — consider alternate drug class	1 / 2
Mild disease: low-dose 5-ASA (2.0–2.4g) non-inferior to high-dose (4.8g); dosing frequency by preference (once daily = split dosing)	2 / 1
Not responding to oral 5-ASA: add **budesonide MMX 9mg/d**	1 · Strong

3 Mild–Moderate UC — Maintenance

STATEMENT	GRADE
Proctitis: rectal 5-ASA 1g/d for maintenance	1 · Strong
Left-sided/extensive: oral 5-ASA ≥1.5g/d for maintenance	1 · Strong
Against systemic, budesonide MMX, or topical corticosteroids for maintenance	1 · Strong

4 Moderate–Severe UC — Conventional Induction

STATEMENT	GRADE
Moderate UC: oral budesonide MMX for induction	1 · Strong
Moderate–severe (any extent): oral systemic corticosteroids for induction	1 · Strong
Against thiopurine or methotrexate monotherapy for induction	1 · Strong

5 Moderate–Severe UC — Advanced Therapy Induction

CLASS	AGENT(S)	GRADE
S1P receptor modulators	Ozanimod, etrasimod	1 · Strong
IL-12/23p40 antibody	Ustekinumab	1 · Strong
IL-23p19 inhibitors	Guselkumab, mirikizumab, or risankizumab	1 · Strong
Anti-integrin	Vedolizumab	1 · Strong
Anti-TNF	Infliximab (high quality); adalimumab or golimumab (moderate)	1 · Strong
JAK inhibitors	Tofacitinib (moderate); upadacitinib (high)	1 · Strong
Combination strategy	Infliximab induction: **combine with a thiopurine** (azathioprine evidence)	1 · Strong
5-ASA add-on	**Against** adding 5-ASA to biologic/JAK inductions after 5-ASA failure — no added efficacy	2 · Conditional

6 Moderate–Severe UC — Maintenance of Advanced Therapy

STATEMENT	GRADE
Continue the same induction agent for maintenance if response achieved: S1P modulators, ustekinumab, guselkumab/mirikizumab/risankizumab, vedolizumab, anti-TNF (adalimumab/golimumab/infliximab), or tofacitinib/upadacitinib	1 · Strong (all)
Against systemic corticosteroids for maintenance	1 · Strong
Corticosteroid-induced remission: **thiopurines** for maintenance over no treatment/steroids	2 · Conditional
Against methotrexate for maintenance	2 · Conditional
Prior 5-ASA failure, now on anti-TNF: **against concomitant 5-ASA** for maintenance efficacy	2 · Conditional

7 Positioning & Loss of Response

2 — Losing response to anti-TNF: **measure serum drug levels and anti-drug antibodies** to determine the reason for loss of response.

1 — **Vedolizumab preferred over adalimumab** for induction and maintenance in moderate–severe UC.

8 Acute Severe UC (Hospitalized)

STATEMENT	GRADE
Test for ***C. difficile*** · Pharmacologic **DVT prophylaxis** · **Against** routine broad-spectrum antibiotics · **Against** TPN for bowel rest	1 / 2
IV corticosteroids: methylprednisolone 60mg/d or hydrocortisone 100mg 3–4×/d to induce remission	1 · Strong
Not responding to IVCS by **day 3**: rescue therapy with **infliximab or cyclosporine**	1 · Strong
Remission with infliximab: **maintain with infliximab**	1 · Strong
Remission with cyclosporine: maintain with **thiopurines** or **vedolizumab**	2 · Conditional

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