CAUSES AND EFFECTS: LONGITUDINAL, MULTI-PARAMETER ASSESSMENT IN INFLAMMATORY BOWEL DISEASE

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Inflammatory bowel disease (IBD) is characterised by diarrhoea, bleeding and abdominal pain. Some drug treatments cause devastating complications, and up to a third of patients require surgery to remove affected bowel. Psychological distress can induce disease flares and changing the microbiota may improve clinical outcomes, but overall, we don’t know what is cause and what is effect: do changes in microbiota lead to psychological distress and inflammation, or vice versa, and what are the co-dependencies between these and other features of IBD? This project follows a cohort of patients and control participants over 12 months, assessing them at monthly intervals using biomarkers in blood and stool, psychological questionnaires, stress reactivity and stool microbiota studies, to gain insights into factors associated with and potentially leading to disease relapse. A detailed understanding of these factors and their interactions may encourage greater exploration of psychological and microbiota-based therapies that prevent IBD relapses in the future.

CAN GUT BACTERIA CAUSE IMMUNE THROMBOCYTOPENIA?

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Immune thrombocytopenia (ITP) is a common condition in which an antibody destroys and reduces the number of patients’ platelets. Consequently, patients with ITP can suffer from serious and even fatal bleeding, stroke, and thrombosis. The regulatory T cells are responsible for maintaining the stability of the immune system and their imbalance correlates with the severity of ITP. These regulatory T cells are regulated by gut bacteria. In this project we aim to investigate the effect of gut microbial composition in the development of ITP using metabolomics, sequencing approaches and ITP mouse model.

Date: Wednesday 5th September 2018  
Time: 1 - 2 PM  
Location: Auditorium, Research & Education Centre, St George Hospital  
Ground Floor, 4 – 10 South St, Kogarah  
Light refreshments will be provided  
www.stgcs.med.unsw.edu.au/ripm