



## Patient Diagnosis Resource for INFLAMMATORY BOWEL DISEASE

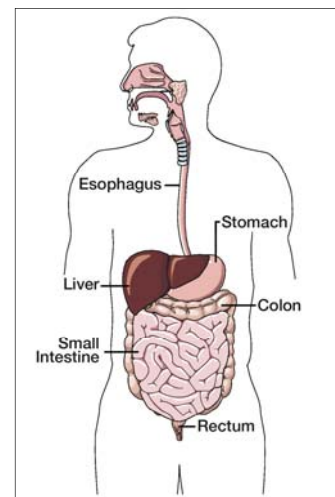
### Your Diagnosis

Your doctor has determined that you have inflammatory bowel disease (IBD), an ongoing, or chronic, inflammation of the digestive tract. IBD has two main forms – Crohn’s disease and ulcerative colitis – which are different conditions that share some of the same symptoms and complications. You should talk with your doctor about your specific type of IBD.

### About the Condition

Both forms of IBD inflame the lining of the gastrointestinal (GI) tract and may cause severe bouts of diarrhea and abdominal pain. Crohn’s disease can affect any part of the GI tract from the mouth to the rectum, most typically the small intestine and colon, and spread deeply into the layers of affected tissue. The condition occurs sporadically, with normal healthy areas found in between diseased areas. Ulcerative colitis only affects the lining of the colon, and occurs in a more evenly distributed pattern. The inflammation usually starts in the rectum and lower colon, but can involve the entire colon.

IBD affects people of all ages, but primarily occurs in those under the age of 35. Some 1 million Americans have the condition, with males and females impacted equally. Cases are evenly split between Crohn’s disease and ulcerative colitis. No one knows what exactly causes IBD, but possible contributing factors include a person’s:



**Immune System** – Some researchers believe that bacteria or a virus may lead to IBD through the body’s resulting immune system response. However, the condition is not thought to be contagious.

**Heredity** – IBD tends to run in families and affects certain ethnic groups more than others, especially Jews of European descent. The risk of developing IBD is 10 times higher in people who have a relative with the condition, and 30 times higher if the relative is a brother or sister.

**Environment** – Environmental factors such as a high-fat diet may play a role in the development of IBD, which occurs more among people who live in cities and industrial nations.

IBD affects each patient differently. Some have infrequent, mild attacks, and their condition stays in remission (not active) for many years. Others have longer-lasting, more severe symptoms that can interrupt daily activities and sleep, sometimes requiring hospitalization or surgery.

Patients with long-term IBD are at a higher risk for developing colon cancer, including those in remission. Without proper treatment for the condition, IBD complications can include:

- ◆ Intestinal blockage
- ◆ Infection/abscesses
- ◆ Nutritional deficiencies
- ◆ Digestive tract ulcers
- ◆ Heavy bleeding
- ◆ Bowel rupture

## Treatment Options

There is no definitive medical cure for IBD, but a variety of therapies can be of help in reducing symptoms and achieving long-term remission. The following treatment options are available:

**Everyday Changes** – Although food and stress are not direct causes of IBD, people with the condition can diminish symptoms by eating soft, bland, low-fat foods rather than spicy and high-fat items, especially during flare-ups. IBD patients should also eat several smaller meals spread throughout the day, drink plenty of liquids and limit dairy products if they are lactose intolerant. It is also beneficial to minimize stress by getting enough sleep every night, taking part in some form of exercise and using relaxation techniques, such as deep breathing and biofeedback.

**Medication** – Drug therapy for IBD helps lessen inflammation and reduce symptoms, but does not prevent long-term complications. Medications used include anti-inflammatory drugs, immune modifiers and antibiotics. Anti-inflammatory drugs are usually the first step in treating IBD, and often work well for patients with mild to moderate symptoms. Corticosteroids are a type of anti-inflammatory drug sometimes given to people with moderate to severe IBD. Immune modifiers suppress the body's immune system response to reduce the inflammation, and are generally given to patients who have limited success with anti-inflammatory drugs. They also can be used to help maintain remission. Antibiotics are given specifically to people with Crohn's disease. Other medications may also be recommended, such as pain relievers, iron supplements or vitamin B-12 injections. New medications to treat IBD are currently being studied.

**Surgery** – Operations to treat IBD are performed when drug therapy is ineffective or there are intestinal obstructions or other complications. Sometimes just the diseased segment of the bowel is removed during a colon resection. At other times, surgical removal of the entire colon (colectomy) is performed – an effective way to alleviate ulcerative colitis. Surgery for Crohn's disease is not considered a permanent solution because the condition usually recurs after surgery.

## What You Can Do

You can choose to take an active role in your health and well-being. Learn as much as you can about your condition and have a list of questions ready each time you meet with your doctor. Join a support group for IBD, and talk with your family, friends or counselor as you feel comfortable. Other steps you can take include:

- ◆ Finding out ahead of the time where restrooms are in the public places you plan to visit
- ◆ Making sure you have a proper supply of medication at all times, especially when traveling
- ◆ Following your doctor's instructions and reporting any new symptoms promptly

## Additional Resources

American College of Gastroenterology, 301.263.9000, [www.acg.gi.org](http://www.acg.gi.org)  
Crohn's & Colitis Foundation of America, 800.932.2423, [www.ccfa.org](http://www.ccfa.org)  
Digestive Diseases Information Clearinghouse, 800.891.5389, [www.digestive.niddk.nih.gov](http://www.digestive.niddk.nih.gov)

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