Inflammatory Bowel Disease

Your Guide to Symptoms, Health Risks and Management

AdventHealth

Be Informed, Feel Empowered

As many as 1.6 million Americans currently suffer from inflammatory bowel disease (IBD), and 30,000 more patients are diagnosed each year.* This guide will help patients begin to understand their diagnosis and the medical management options for IBD, as well as provide lifestyle tips for living with the disease. .

Understanding IBD

When learning about IBD, it's important to understand the disease is really a collection of chronic conditions that include Crohn's disease, ulcerative colitis and indeterminate colitis. Each of these may cause significant abdominal pain as well as diarrhea, unintended weight loss, and other uncomfortable symptoms as a result of an abnormal immune system response.

It's a lifelong condition typically diagnosed between the ages of 15 and 30. While the causes are unknown, genetics and environmental factors contribute.

General Symptoms

- Abdominal pain
- Anemia
- Diarrhea
- Fatigue
- Iron deficiency
- Joint pain and swelling
- Multiple or recurrent mouth ulcers
- Rectal bleeding
- Vomiting
- Unintended weight loss

*Crohn's & Colitis Foundation of America

Diagnosing IBD

Physicians have multiple tools at their disposal when it comes to diagnosing or ruling out IBD in a patient. The first step in determining your condition is to complete a comprehensive medical history and physical exam.

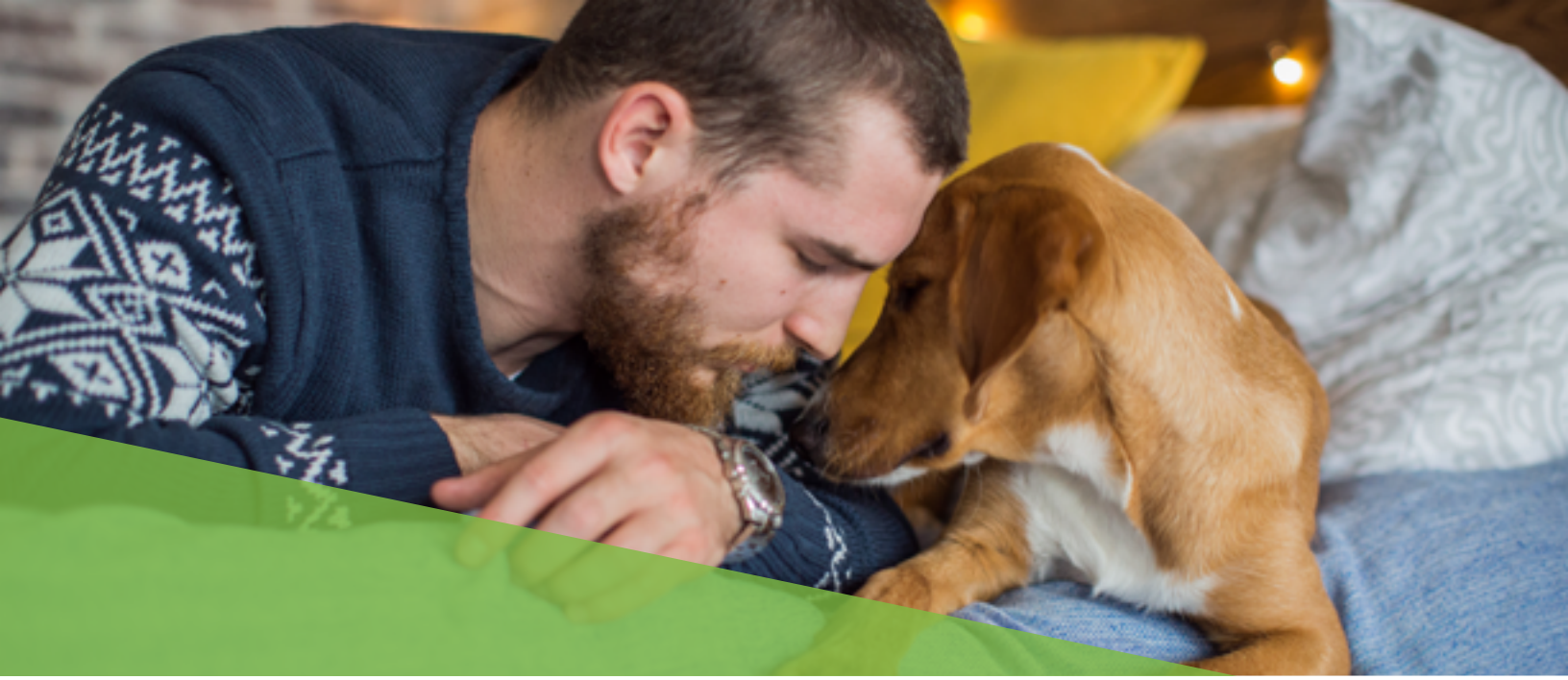
These steps include:

- Blood tests
- Colonoscopy
- Enterography
- Imaging studies (CT, MRI)
- Stool culture
- Upper endoscopy

Health Risks of IBD

Because IBD patients face an elevated risk of developing colorectal cancer, regular cancer screenings are an essential part of any treatment plan. Endoscopy is an essential screening tool for the early detection and treatment of IBD-related tumors. The risk of progression to cancer has been well documented in patients with ulcerative colitis, with the cancer risk estimated to be 2% at 10 years, 8% at 20 years, and 18% at 30 years of disease.

Also, patients with pancolitis are at an increased risk as compared to those with only left-sided colitis. Patients with primary sclerosing cholangitis (PSC) and concomitant IBD (both UC and CD) are at an even higher risk of developing colorectal cancer as compared to patients with IBD alone. The current standard of care in the United States for diagnosing tumors in the setting of IBD is to perform four quadrant biopsies during surveillance colonoscopy.



Management and Treatment of IBD

While IBD is considered a lifelong condition, there are a number of ways physicians can help patients manage it and enjoy a better quality of life.

Medical Management

Medications used to treat IBD can be grouped into five categories.

Aminosalicylates: Aminosalicylates are drugs that can be administered orally or rectally and have proven very effective in treating mild to moderate episodes of ulcerative colitis and Crohn's disease. They are made up of a special compound comprised of 5-aminosalicylic acid (5-ASA) and can help prevent relapses for patients in remission.

Antibiotics: Antibiotics are frequently the first line of treatment for IBD patients, particularly those with Crohn's disease who have fistulas or recurrent abscesses. In addition, antibiotics are the main treatment of pouchitis, which occurs in up to 70% of UC patients who have J-pouch surgery.

Biologic therapies: Biological drugs used to treat patients with IBD include Adalimumab (Humira®), Certolizumab pegol (Cimzia®), Golimumab (Simponi®), Infliximab (Remicade®), Natalizumab (Tysabri®), Ustekinumab (Stelara®), and Vedolizumab (EntyvioTM). Biologics interfere with the body's inflammatory response in IBD by targeting specific molecular players.

Corticosteroids: Corticosteroids — such as prednisone, methylprednisolone and hydrocortisone — are powerful, fast-acting anti-inflammatory drugs. They are used in cases of moderate to severe IBD when the patient has not responded to 5-ASA drugs. Since these drugs trigger side effects, they are not conducive to long-term maintenance of disease activity in IBD.

Immunomodulators: Immunomodulators such as azathioprine and 6-mercaptopurine modulate the activity of the immune system and decrease the inflammatory response.

Lifestyle Management

The next step of your treatment may involve a discussion with your doctor about dietary modifications. While IBD is neither caused nor cured by diet, adjusting your consumption of some foods may very well help decrease your symptoms. Simply paying special attention to what you eat may in fact go a long way toward helping you feel better and promoting healing.

Your physician should also make sure you are getting the appropriate nutritional support to reverse any dietary deficiencies, as the disease makes it more difficult for your body to absorb vital nutrients from what you consume.

Surgical Management

Medications can control the disease in most instances. However, in some severe cases, surgery is necessary. The good news is that this method can potentially cure patients of the disease and allow them to return to an active lifestyle.

In cases where severe bleeding, illness, a ruptured colon, or the risk of cancer is a factor, specialists may recommend removal of the colon. Another scenario where this might be the case is when drug treatments have proven ineffective or certain side effects threaten the patient's health.

The most common surgical treatment is one in which the surgeon removes the colon and rectum in a procedure called a proctocolectomy. In this case, waste is rerouted from the intestine into a small opening on the right side below the midline. A special pouch collects the waste and can be emptied by the patient when necessary.

In a different surgical procedure, the surgeon creates a pouch inside the lower abdomen. This pouch collects the patient's waste and can be drained by the patient via a tube that is inserted into a small opening on the side of the body.

Endoscopic Management

Strictures in Crohn's disease can grow natively, at sites of bowel connection after surgery or in the small bowel. Strictures are thought to be either inflammatory or fibrotic. While inflammatory strictures can be treated medically, fibrotic strictures are largely treated surgically with either intestinal resection or stricturoplasty. While stricturoplasty has the advantage of preserving bowel length, it has been associated with significant post-operative recurrence rates.

Endoscopic balloon dilation is used in addition to surgery and has the added advantages of reduced invasiveness and bowel preservation. The different management strategies include intralesional injection of medications such as corticosteroids and/or antitumor necrosis factor (after dilation) to reduce the risk of stricture recurrence and use of double-balloon enteroscopy to access and treat distal small-bowel strictures.

IBD and Remission

When you're in remission, the microscopic inflammation in your colon is likely lower, which in turn reduces the likelihood of colon cancer and even precancerous changes — known as dysplasia. However, the risk is still higher than for the general population.

Let's Talk in Person.

For more information about the AdventHealth Orlando IBD Program, call 800-940-1142.

This guide is provided to the general public to disseminate health-related information. The information is not intended to be used for diagnosing or prescribing. Please consult your physician before undertaking any form of medical treatment and/or adopting any exercise program or dietary guidelines.

AdventHealth complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número siguiente.