

INFLAMMATORY BOWEL DISEASE

QUESTIONS & ANSWERS



GLASGOW COLORECTAL CENTRE
WWW.COLORECTALCENTRE.CO.UK

GLASGOW COLORECTAL CENTRE
Ross Hall Hospital
221 Crookston Road
Glasgow
G52 3NQ
e-mail: info@colorectalcentre.co.uk
Ph: Main hospital switchboard - 0141 810 3151
Ph. General pricing and bookings enquiries – 0808 101 0337



GLASGOW COLORECTAL CENTRE

RICHARD MOLLOY & GRAHAM MACKAY,

WWW.COLORECTALCENTRE.CO.UK

Inflammatory Bowel Disease (IBD)

About Inflammatory Bowel Disease

Crohn's disease and ulcerative colitis belong to a group of conditions known as inflammatory bowel diseases, or IBD. These disorders affect the gastrointestinal (GI) tract, the area of the body where digestion takes place. The diseases cause inflammation of the intestine and lead to ongoing symptoms and complications. There is no known cause or cure for IBD, but fortunately there are many effective treatments to help control it. If medications fail to control the symptoms of IBD, or if certain complications occur, surgery may be required.

Who gets Inflammatory Bowel Disease (IBD)?

Anyone can get IBD, but it is most commonly diagnosed in adolescents and young adults between the ages of 15 and 25, but it can appear at any age. (Ten percent of those afflicted develop symptoms before the age of 18.). It is estimated that IBD affects about one person in every 250 in the UK. There are around 120,000 people with ulcerative colitis and 90,000 with Crohn's disease in the UK. IBD is more common in white people than in black people or those of Asian origin. The condition is most prevalent among Jewish people of European origin. IBD affects slightly more women than men.

Approximately 20 percent of patients have another family member with IBD, and families frequently share a similar pattern of disease.

IBD often imposes a significant impact on quality of life through ongoing symptoms, reduced ability to work, social stigma, bathroom access, difficulty with physical intimacy, and a restriction in career choices.

The unpredictable nature of these painful and debilitating digestive diseases create a significant burden on the community and the economy: more than \$1.26 billion in direct and indirect costs annually in the United States, according to the American Gastroenterological Association.

What causes Ulcerative Colitis and Crohn's disease?

The exact causes of ulcerative colitis and Crohn's disease are unclear. It is thought that several factors may play a part, such as:

- Genetics - there is evidence that you are more likely to develop IBD if you have a close relative with the condition
- disruption to the immune system (the body's defence against infection)
- Inflammation may be caused by the immune system attacking healthy tissue inside the digestive system whilst fighting off a virus or bacteria
- Environmental factors
- Autoimmune condition

What are the Symptoms & Complications of IBD?

Ulcerative colitis involves the inner lining of the colon, while Crohn's disease involves all layers of the intestine and can occur in both the small intestine and colon. Symptoms range from mild to severe and even life-threatening, and include any or all of the following:

- persistent diarrhoea abdominal pain or cramps
- rectal bleeding
- fever and weight loss
- fatigue
- joint, skin, or eye irritations or delayed growth in children

Crohn's disease and ulcerative colitis are unpredictable illnesses. Some patients recover after a single attack or are in remission for years. Others require frequent hospitalisations and surgery. Symptoms may vary in nature, frequency, and intensity. Without proper treatment, symptoms may worsen considerably and complications, such as abscesses, obstruction, malnutrition, and anaemia, are frequent. Colon cancer may be a serious complication of long-term ulcerative colitis or Crohn's disease involving the whole colon, even in a patient who is in remission.

What treatments are used?

There is currently no cure for ulcerative colitis or Crohn's disease. Treatment aims to relieve symptoms and prevent them from returning. Mild ulcerative colitis may not need treatment as symptoms can clear up after a few days.

Medications currently available alleviate inflammation and reduce symptoms, but do not provide a cure or prevent long-term complications. Some medications used to treat Crohn's disease and ulcerative colitis have been around for years. Others are more recent breakthroughs. The most commonly prescribed medications fall into five basic categories:

- Aminosalicylates (5-ASA);
- Corticosteroids;
- Immunomodulators
- Biologic therapies
- Antibiotics

New treatments are being developed based on research of the immune system's role in the symptoms of IBD.

An estimated 20% of people with ulcerative colitis have severe symptoms that often don't respond to medication. In these cases, it may be necessary to surgically remove an inflamed section of the digestive system. Around 60-75% of people with Crohn's disease will require surgery to repair damage to their digestive system and treat complications of the condition.

What types of surgery are performed in IBD?

Surgery is sometimes recommended when medications can no longer control symptoms, when there are intestinal obstructions, or when other complications arise.

An estimated two-thirds to three-quarters of persons with Crohn's disease will have one or more operations in the course of their lifetime. However, surgery for Crohn's disease is not considered a permanent cure because the disease usually recurs. For ulcerative colitis, surgical removal of the entire colon and rectum (colectomy) is a permanent cure. Approximately 20 percent of ulcerative colitis patients have to undergo colectomy eventually. The risk of surgery for ulcerative colitis may be higher if the disease begins in childhood.

Do emotional factors play any part in IBD?

IBD is not a psychosomatic illness--there is no evidence to suggest that emotions play a causative role. Flare-ups of disease may occur, however, during times of emotional or physical stress.

Does diet have a role in treating or causing IBD?

There is no link between eating certain kinds of foods and IBD, but dietary modifications, especially during severe flare-ups, can help reduce disease symptoms and replace lost nutrients. There is no single diet or eating plan that will work for everyone with Crohn's disease or ulcerative colitis. Dietary recommendations must be tailored for each patient, depending on what part of the intestines is affected and what symptoms are present. There may be times when modifying a patient's diet can be helpful, particularly during a flare.

Where can I get more information on Ulcerative Colitis and Crohn's Disease?

www.crohnsandcolitis.org.uk

UK patient orientated organisation. Provides useful information for patients with Crohn's and colitis. Organisation had local branches and is also involved in fundraising

<http://www.nhs.uk/conditions/Inflammatory-bowel-disease/Pages/Introduction.aspx>

Very good NHS website on Inflammatory Bowel Disease