



## UNDERSTANDING INFLAMMATORY BOWEL DISEASE – IBD

### *Overview*

Inflammatory bowel disease (IBD) is at least two, separate disorders that cause inflammation (redness and swelling) and ulceration (sores) of the small and large intestines. These two disorders are called ulcerative colitis and Crohn's disease.

Ulcerative colitis causes ulceration and inflammation of the lining of the large bowel only, beginning at the rectum (proctitis) and extending upwards varying distances. Crohn's disease can occur anywhere in the digestive tract but is common in the lower small bowel (ileum) or large bowel.

Malnutrition and blood disorders are common conditions in IBD patients found to be caused by avoiding food items either because of existing symptoms or concern that they may bring on symptoms. Almost half of IBD patients have additional health issues affecting their joints, skin, eyes, and biliary tract that may be more debilitating than the bowel symptoms.

Canada has one of the highest incidence and prevalence rates of IBD in the world with more than 200,000 Canadians living with the disease. These disorders are expensive and can be debilitating. The total direct and indirect costs of IBD are \$1.8 billion with the main indirect cost being related to long-term work loss. The average age for people developing IBD often coincides with the most important

socioeconomic period of life. The severity of symptoms may prevent those with IBD from realizing their career potential or family creation.

### *Symptoms*

Many of the symptoms of IBD are similar. Symptoms outside the gut may include aching, sore joints, skin and mouth sores and red, inflamed eyes.

The most common symptom of ulcerative colitis is bloody diarrhea. There may also be weight loss, fatigue, fever and abdominal pain. The most common symptoms of Crohn's disease are abdominal pain (often in the right, lower area of the abdomen) and diarrhea. There may also be rectal bleeding, weight loss and fever. Children may suffer poor growth.

### *How do I know if I have IBD?*

Tests are needed to determine whether the patient has ulcerative colitis or Crohn's disease and to rule out other causes. To diagnose these disorders the doctor will take a complete history and perform a physical examination. In addition, blood tests are used to find out if you are anemic (low blood count) as a result of blood loss, or if there is an increased number of white blood cells in your body, suggesting an inflammatory process.

## IBD – INFLAMMATORY BOWEL DISEASE

Stool samples can tell your doctor if there is blood loss or if an infection by a parasite or bacteria is causing some of your symptoms.

The doctor may also look inside your rectum and large bowel through a long, flexible video camera called an endoscope. During this safe procedure, samples of the lining of the intestine (biopsies) may be taken to be looked at under the microscope.

On some occasions an X-ray exam may be required. This is done by putting barium (a white chalky solution) into the upper intestine (swallowing barium) or by putting the barium into the bowel by inserting a tube into the anus.

### Treatment

Although several drugs are useful in controlling these conditions, as yet a cure has not been found. Since the disease is not curable, long-term treatment is often required.

#### (1) Symptomatic treatment

Specific medications are used to treat diarrhea and abdominal cramps. Anti-diarrheal drugs slow the muscles of the intestine which in turn slow the passage of stool through the body and help with diarrhea. While abdominal pain often occurs with IBD, it is important to note that the pain is a consequence of the disease and, if treated appropriately, the pain should subside. People with IBD should be careful to avoid taking an excess of pain killers and anti-diarrheal drugs since this may lead to complications.

#### (2) Dietary treatment

Diet alone is not effective in treating Crohn's disease or ulcerative colitis. However, it is important that patients with IBD have a well-balanced diet. Calcium is important to protect bones. Fibre may not be tolerated during flare ups. Certain vitamins (for example, B12) may be required. Selected patients may sometimes be helped by a registered dietitian.

#### (3) Medications

These include anti-inflammatory drugs (sulfasalazine/5-ASA), corticosteroids (prednisone and budesonide),

immunosuppressives (methotrexate and azathioprine) and immunomodulatory agents (infliximab). Some of these may be given by different methods including oral, rectal and intravenously. Antibiotics may be useful in certain circumstances for Crohn's disease.

#### (4) Surgery

People with both Crohn's disease and ulcerative colitis may need surgery at some point in their lives.

Surgery is less common in ulcerative colitis than in Crohn's disease and is often performed when ulcerative colitis is no longer responding to medical treatment. Unlike Crohn's disease, surgery will cure ulcerative colitis by removing all diseased bowel. With the colon being completely removed the patient may require an ileostomy (bag outside the body to collect waste) or a second operation to form a new rectum (called a pouch procedure).

Despite all of the advances in medical research over the last several decades, we still do not know the cause of IBD and much further research is required.

### More information

For more information about protecting and enhancing your digestive health, please visit [www.CDHF.ca](http://www.CDHF.ca)

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Over 20 million Canadians suffer from digestive disorders every year. The Canadian Digestive Health Foundation believes this is unnecessary and unacceptable.

We reduce suffering and improve quality of life by empowering Canadians with trusted, up to date, science-based information about digestive health and disease.

As the Foundation of the Canadian Association of Gastroenterology, we work directly with leading physicians, scientists, and other health care professionals to help you understand and take control of your digestive health with confidence and optimism.

Through research and public education, we aim to:

 <p><b>REDUCE</b> the incidence and prevalence of digestive disorders</p>	 <p><b>IMPROVE</b> understanding of digestive health issues</p>
 <p><b>SUPPORT</b> those suffering from digestive disorders</p>	 <p><b>ENHANCE</b> quality of life for those living with digestive disorders</p>

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