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Canadian Digestive Health Foundation

Understanding the Benefits & Risks of IBD Treatment Options

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What is IBD?

Inflammatory bowel disease (IBD) is a group of conditions involving chronic inflammation of the digestive tract, that occurs in **almost 1% of Canadians.** IBD occurs because the immune system is activated in an abnormal way, and this subsequently targets the bowel.

Like many chronic diseases, IBD can alternate between significant episodes **called flares** and periods with milder symptoms or no symptoms at all, known as disease remission.

It can be painful, affect growth in children, and sometimes lead to serious complications.

Currently, there is no cure for IBD, which is considered a lifelong disease, but we do have very effective and safe treatments.

The goal of treatment is to get patients with IBD into long-term remission: this minimizes the risk of complications, and allows patients to live happy, healthy, and full lives.

Benefits & Risks of IBD Therapies

It is important to understand the benefits and risks of treatment for this chronic disease. IBD is usually managed with a series of medications designed to reduce intestinal inflammation, control symptoms, and prevent long-term damage. The good news is that with proper treatment, patients can expect improved physical health, a higher quality of life, reduced abdominal pain, less fatigue, and decreased depression and anxiety.

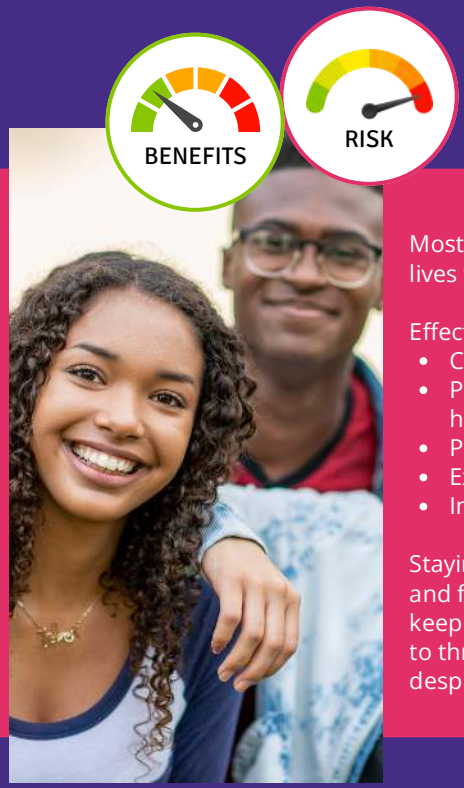
However, there is no clear roadmap for how IBD will progress, as each person's experience is different, with peaks and valleys of symptoms over the years. To make the best treatment decisions, patients must balance the benefits and risks of medication against the dangers of no treatment at all. While all medications have side effects, not treating the disease is generally more dangerous. When treatment is tailored to the individual's stage of disease, lifestyle, and personal circumstances, the benefits far outweigh the risks.

Crohn's Disease & Ulcerative Colitis

The two main forms of IBD are ulcerative colitis (UC) and Crohn's disease (CD).

Crohn's disease may develop gradually or appear suddenly and can occur anywhere along the digestive tract from the mouth to the rectum, though it usually affects the lower small intestine and the colon.

Ulcerative colitis typically affects only the inner lining of the rectum and large intestine, starting in the rectum and extending continuously for varying distances.



Most people with IBD can live full, rewarding lives with the right care and support.

Effective treatment helps to:

- Control symptoms and reduce flare-ups
- Prevent complications and hospitalizations
- Promote intestinal healing
- Extend remission periods
- Improve overall quality of life

Staying consistent with your treatment plan and finding the right medication can help keep the disease under control, allowing you to thrive physically, emotionally, and socially despite the challenges of IBD.

Living with IBD

A **flare** refers to the symptoms experienced when inflammatory bowel disease (IBD) is active, causing tissue to become inflamed and irritated.

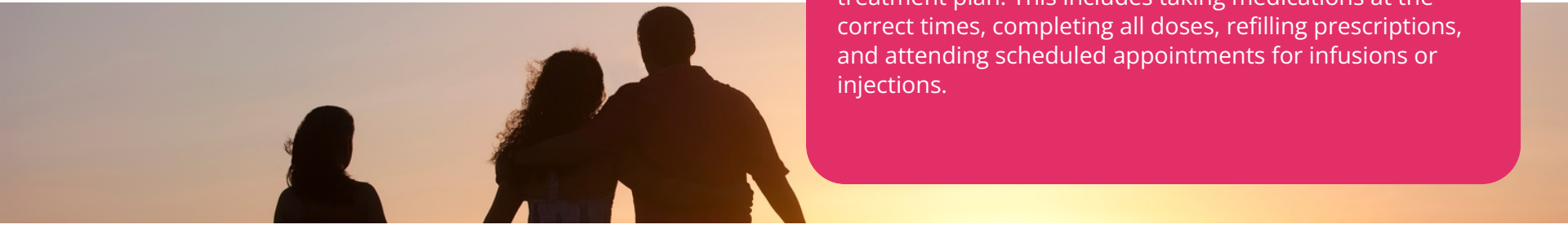
The most common symptoms include:
- Abdominal pain
- Bloody diarrhea

Other symptoms include:
- Weight loss
- Fatigue
- Fever
- Achy joints
- Skin and mouth sores
- Inflamed eyes

Complications are additional health problems that may arise from living with this chronic condition.

Possible complications include:
- Inflammation in other organs such as the eyes, skin, joints, liver, or bile ducts
- Anemia
- Malnutrition
- Osteoporosis
- Bowel obstruction
- Ulcers
- Fistulas
- Anal fissures
- Colon cancer (Rarely)

In children, IBD can also delay growth or sexual development.



Healing

Healing is an important focus in IBD treatment. The inner lining of the intestine, called the mucosa, becomes damaged during active disease.

Mucosal healing—the restoration of healthy intestinal lining—is the target of all IBD treatments. Another challenge is the development of abnormal connections between the intestine and other organs, known as fistulas, which proper medication may help prevent.

Surgery

Surgery for IBD is generally avoided unless absolutely necessary, as it often comes with pain, muscle loss, and risks such as reactions to anesthesia, bleeding, blood clots, heart attacks, and strokes. Surgery also increases the risk of infection during hospital stays and can disrupt personal relationships, work, and school. For these reasons, healthcare providers often recommend medical treatment to reduce the likelihood of needing surgery.

Adherence to treatment is essential

Because IBD is a chronic disease, medications should always be taken as prescribed, even during periods when symptoms are absent. The goal is to maintain mucosal healing and prevent future flares. Adherence, sometimes called compliance, refers to how well patients follow their treatment plan. This includes taking medications at the correct times, completing all doses, refilling prescriptions, and attending scheduled appointments for infusions or injections.

Treatment Options

Although there is no cure, safe and effective treatments can control inflammation, prevent complications, and help patients lead healthy, fulfilling lives. The goal of treatment is long-term remission and mucosal healing, which improves quality of life and reduces hospitalizations and surgery rates.

Treatment options work by reducing inflammation and controlling symptoms. They include:

- **5-ASAs:** First-line medications for mild to moderate ulcerative colitis that reduce inflammation and maintain remission.
- **Steroids**: Short-term treatments used to control flares quickly.
- **Immunosuppressants:** Reduce immune activity to maintain remission and limit steroid use.
- **Biologics and biosimilars:** Target specific immune pathways and promote healing, proven effective in moderate to severe disease.
- **JAK inhibitors and S1P receptor modulators:** Newer oral treatments for moderate to severe ulcerative colitis that block specific inflammatory signals.

Choosing the right treatment involves balancing benefits and risks with your healthcare provider. With proper care and adherence to your plan, most people with IBD can enjoy long, active, and rewarding lives.

This content was reviewed by gastroenterologist Dr. Christopher Ma, MD, MPH, FRCPC, in October 2025.

5-ASAs

What they Are

5-aminosalicylic acid (5-ASA), also known as mesalamine, is a medication that reduces inflammation in the intestine, controls diarrhea, and helps maintain long-term remission.

These medications are taken orally and may be used alone or in combination with immunosuppressants and steroids. The primary goal of 5-ASA therapy is to help patients with **mild to moderate ulcerative colitis** achieve and maintain remission.

Risks

- This is considered a very safe category of medication, with a very low risk of intolerance or allergic reactions. Before starting this treatment, your healthcare provider will review these minimal risks with you.

Benefits

- Reduces inflammation in the intestine.
- Controls diarrhea.
- Helps maintain long-term remission.
- Can be used alone or in combination with other medications.
- Helps patients with mild to moderate ulcerative colitis achieve and maintain remission.

Steroids

How they Work

Steroids rapidly reduce inflammation by suppressing immune cell activity. The most common steroids used to treat IBD circulate throughout the body, while newer ones target specific areas of the intestine and tend to cause fewer side effects.

Steroids are short-term therapies used to **control acute flares and achieve remission.**

They are not used to maintain remission. Typically, they are prescribed alongside your maintenance medication, meaning you'll start both, and once your symptoms improve, your doctor will gradually taper you off the steroid if appropriate.

Depending on your symptoms and the location of disease, steroids may be delivered orally, rectally, or intravenously.

BENEFITS

Benefits

- Rapidly reduces inflammation and symptoms during an IBD flare.
- Helps achieve remission quickly.
- Can be taken in combination with maintenance medications.
- Newer formulations (e.g., budesonide) have fewer systemic side effects.
- Available in multiple forms for targeted treatment (oral, rectal, IV).

RISKS

Risks & Possible Side Effects

- Increased risk of infection, especially with high-dose or long-term use.
- Common side effects:
  - Acne
  - Facial swelling ("moon face")
  - Easy bruising
  - High blood pressure
  - Elevated blood sugar
- Long-term use risks:
  - Osteoporosis
  - Glaucoma
  - Cataracts
- Withdrawal risk: Never stop steroids suddenly- your body must be gradually weaned under medical supervision.

Important Tips

- Wear a medical alert bracelet or necklace indicating steroid use.
- Have your blood pressure monitored regularly.
- Your doctor may check your blood sugar while on steroids.
- Never stop taking steroids on your own, always follow your healthcare provider's tapering plan.

Immunosuppresents

What they Are

immunosuppressants are drugs that suppress the immune system, reducing inflammation and preventing the body from mistakenly attacking its own digestive tract.

They are used to maintain remission and reduce the need for steroids in patients with **moderate to severe IBD.** Because they take several months to reach full effect, they're often started alongside steroids. As steroids are tapered off, immunosuppressants help prevent flares.

See our website for the names of the immunosuppressant medications – ***www.CDHF.ca.***

BENEFITS

Benefits

- Help maintain long-term remission in moderate to severe IBD.
- Reduce or eliminate the need for steroids, lowering the risk of steroid-related side effects.
- Can be used in combination with other therapies for better disease control.
- Shown in research to decrease the frequency of flares.
- Generally fewer long-term side effects compared to steroids.

RISKS

Risks & Possible Side Effects

- Because these drugs lower immune function, they can increase your risk of infection- typically ranging from low to moderate, depending on your overall health and dose.
- Other potential risks include:
  - Very low risk of certain cancers, such as:
  - Non-melanoma skin cancers
  - Lymphoma (a rare blood cancer)
- Possible side effects to watch for:
  - Yellowing of skin or eyes (jaundice)
  - Dark urine or blood in urine/stool
  - Chest or stomach pain
  - Fever or flu-like symptoms
  - Shortness of breath
  - Loss of appetite

These medications are prescribed and monitored closely by your healthcare provider, who will assess your individual risk factors (e.g., age, prior health conditions, family history).

Biologics & Biosimilars

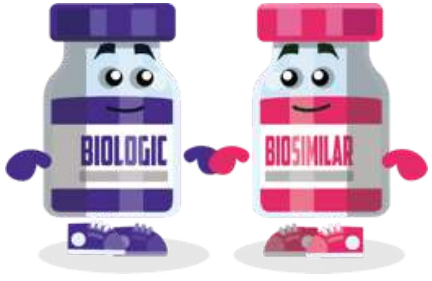
What They Are

Biologics are specially engineered proteins that block one or more inflammatory pathways in the body to reduce inflammation caused by IBD.

A **biosimilar** is a drug shown to be highly similar to an already approved biologic (the "reference" biologic).

Health Canada only approves biosimilars when manufacturers demonstrate that they have comparable quality, safety, and efficacy to the original biologic.

Unlike steroids or broad immunosuppressants, biologics do not shut off the entire immune system, they specifically target overactive or abnormal parts of the immune system in IBD.



*See our website for the names of the biologic/biosimilar medications – **www.CDHF.ca.***

How They Work

Biologics target different inflammatory molecules or pathways:

- Anti-TNF biologics block tumor necrosis factor alpha (TNF-α), which is overproduced in IBD and causes inflammation and tissue damage.
- Integrin blockers prevent inflammatory cells from reaching the bowel.
- IL-23 blockers target inflammatory molecules overproduced in IBD tissue.

Biologics may be used alone or in combination with other medications to enhance effectiveness or reduce antibody formation.

They are typically delivered:

- Intravenously (IV) by a healthcare provider at a clinic, or
- Subcutaneously (injection) at home or in a clinic, every few weeks to months.

Biologics & Biosimilars Continued

BENEFITS

Benefits

- Highly effective for **moderate to severe IBD**, helping many patients achieve and maintain remission.
- The only drug class proven in clinical trials to heal the intestinal lining (mucosal healing).
- Targeted treatment that reduces inflammation and tissue damage without suppressing the entire immune system.
- Fewer hospitalizations, surgeries, and complications compared to non-biologic treatments.
- Fistula healing: Up to 50% of patients on biologics achieve closure versus 13% without.
- Sustained results: 40–70% of moderate-to-severe patients respond to treatment; up to 40% achieve remission in the first year.
- Improved quality of life, with less abdominal pain, fatigue, and depression.
- Safe for long-term use, supported by extensive data across digestive and autoimmune diseases.
- Can also prevent recurrence after surgery and be combined with other medications for added benefit.

RISKS

Risks & Possible Side Effects

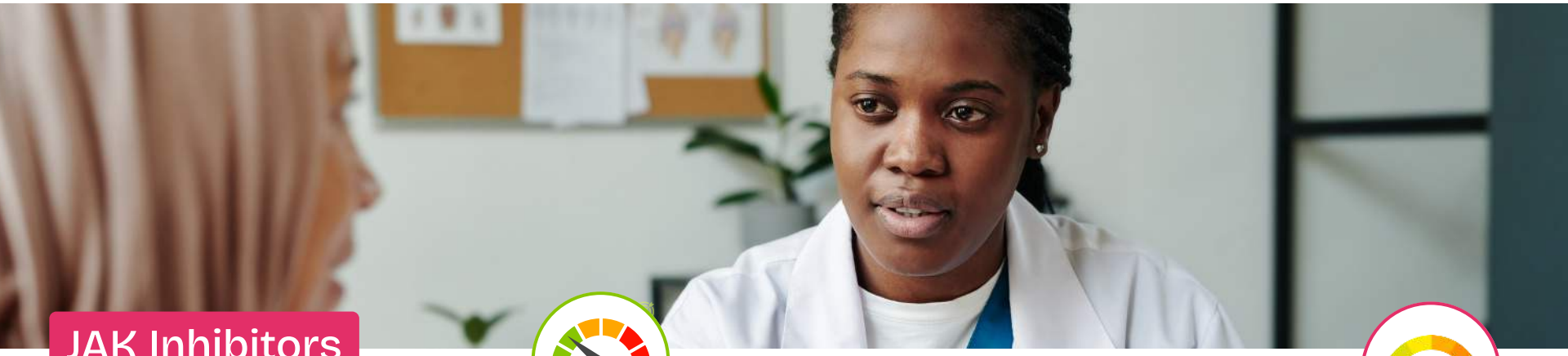
Biologics act precisely on immune pathways: generally, this means they are extremely safe because they are targeted at the primary problem in IBD. However, side effects can occur:

Infection risk:
- Very low risk of serious infection compared to steroids or immunosuppressants.

Allergic reactions:
- Rare during infusions; usually mild and managed by slowing or pausing the infusion.

Cancer risk:
- Cancer risk with a biologic is extremely low, estimated to be fewer than 6 cases per 100,000 persons using biologics. For many of the available biologics, the cancer risk is the same as for similarly aged people not on a biologic
- Patients should continue routine age-appropriate cancer screening
- Other side effects to biologic treatment are extremely rare. Side effects like headache and fatigue can occur, but are not common. Other side effects depend on the type of biologic used: talk to your doctor about these risks.

Discontinuing treatment can lead to relapse or flare in most patients. Biologics are typically prescribed for long-term use under careful medical supervision.



JAK Inhibitors

What they Are

JAK inhibitors are a new oral treatment option for adults with moderate to severe ulcerative colitis and, in some cases, Crohn's disease.

They are small-molecule drugs taken as a pill, which work by blocking Janus kinase (JAK) enzymes that drive inflammation through key pro-inflammatory cytokines in IBD. Unlike biologics, which are delivered by injection or intravenous (IV) infusion, JAK inhibitors are taken orally, offering a convenient at-home treatment option.

JAK inhibitors are not used in combination with biologics or other immunosuppressive therapies.

*See our website for the names of the JAK Inhibitors medications – **www.CDHF.ca.***

BENEFITS

Benefits

- Effective in achieving and maintaining remission in moderate to severe ulcerative colitis.
- Promote mucosal healing in the gastrointestinal tract.
- Improve quality of life, including symptom relief and overall well-being.
- Fast-acting oral medication- no injections or infusions required.
- Convenient dosing from home or work, supporting adherence and independence.

RISKS

Risks & Possible Side Effects

- Infection risk: The most common is shingles (herpes zoster). All patients should be vaccinated against shingles before starting therapy.
- Allergic reactions: Rare but possible, as with other advanced IBD therapies.
- Cancer risk: Very low risk of non-melanoma skin cancers, similar to biologics; depends on individual risk factors.
- Heart and clotting risk.

General guidance: Always discuss your personal risk profile with your healthcare provider to ensure safe and appropriate use.

S1P Receptor Modulators

What they Are

Sphingosine-1-phosphate (S1P) receptor modulators are a new class of oral therapy for moderate-to-severe ulcerative colitis.

This once daily medicine works by blocking inflammation cells, which are born in the bone marrow and mature in the lymph nodes, from getting to the bowel.

See our website for the names of the S1P receptor modulator medications – ***www.CDHF.ca.***

BENEFITS

Benefits

- Effective for moderate-to-severe ulcerative colitis as an oral, once-daily option.
- Targets inflammation precisely, reducing immune activity in the bowel while preserving overall immune function.
- Convenient pill form: no injections or infusions required.
- Generally well tolerated with a strong safety profile in clinical studies.
- May be suitable for patients who have not responded to other treatments.

RISKS

Risks & Possible Side Effects

- Heart rate: The first dose may cause a slight, temporary decrease in heart rate. All patients should have an electrocardiogram (ECG) before starting treatment.
- Eye health: Those with diabetes or a history of eye inflammation (uveitis) should have an eye exam prior to treatment.
- Infection and cancer risk: Very low risk of infection, non-melanoma skin cancer, or allergic reactions.

Emerging Treatments for IBD

Until we find a cure for inflammatory bowel disease you will expect to have IBD for the rest of your life. Current treatment options help control the disease and minimize your symptoms so that the majority of patients enjoy a healthy and fulfilling life. The good news is although we have not found the cure of this disease, we are constantly looking at new treatments to optimize efficacy, prove quality of life, reduce complications and reduce risk of being on that medication for patients.

Most importantly, by understanding all your medical options and their associated benefits and potential risk, you along with your health care provider make the best decisions about your health. To get the most out of your treatment, follow the plan you and your doctor have discussed and agreed upon as being the best for you, your condition, your situation and lifestyle. It is really important that you be involved in decisions about your treatment.

If you don't understand something or you read something that is not in keeping with what you just heard from your healthcare provider, then please don't be afraid to ask questions.

If you find your drug regimen difficult to follow or wish to try out a different type of treatment, please speak to your healthcare provider and do not change or stop the treatment without doing so. If cost is a barrier, often there are multiple solutions that you may not be aware of, so again speak to your healthcare provider.

For your treatment to be successful, become a partner with your healthcare provider team — deciding on a treatment plan together, asking questions, and asking for more information, and letting your healthcare provider team know how things are going at every step of the way.