



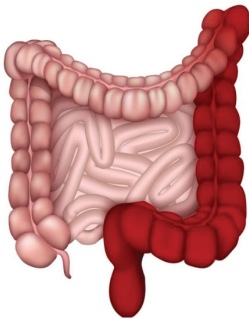
Inflammatory Bowel Disease

An overview

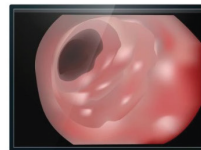
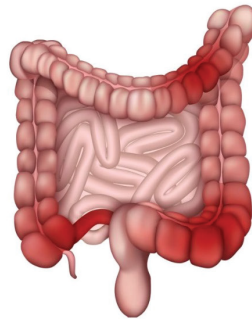
What is IBD?

- IBD stands for Inflammatory Bowel Diseases.
- IBD is a systemic inflammatory disease with inflammation that occurs predominantly in the wall of the gastrointestinal tract.
- IBD consists of two well established but not entirely distinct disease entities: Crohn's disease (CD) and Ulcerative Colitis (UC).
- Crohn's typically causes deep inflammation in the intestinal wall in any part of the GI tract, whereas Ulcerative Colitis typically causes superficial inflammation in the intestinal wall and only affects the colon.

Inflammatory bowel disease (IBD)



Ulcerative colitis



Crohn's disease

How does IBD occur?

An uncontrolled immune mediated inflammatory response (reaction) in genetically predisposed individuals (genes unknown) to a still unspecified environmental trigger that interacts with the intestinal flora (exact bug in the gut is unknown) and primarily affects the gastrointestinal tract.

What are the symptoms of IBD?

- In Crohn's Disease, inflammation is deeper and can affect any part of the GI tract. However, it commonly affects the last part of the small bowel and first part of the colon, and because of this, symptoms are typically diarrhea and abdominal pain.
- In Ulcerative Colitis, inflammation is more superficial and affects the colon to different extents, and symptoms are mostly blood in stool and bowel, as well as bowel urgency.

Historical goals of IBD treatment

- The historic goal of IBD treatment was to keep flares away (treating symptoms as they arise).
- However, it is now evident that the natural course of disease progression is not affected if one only focuses on obvious flares (or symptoms). To reduce long term complications, one has to heal the wall of the intestinal tract regardless of whether there are symptoms or not.

Current goals of IBD treatment

- Treat endoscopic (bowel wall) inflammation
- Improve quality of life and health
- Reduce risk of:
 - Overall complications
 - Bowel obstruction
 - Bowel perforation
 - Bleeding
 - Hospital admission
 - Surgery and cancer

What happens if IBD is not treated?

- Complications arise when IBD is not treated, more so in those who have moderate or severe disease vs. those with inactive or mild inflammation in the intestinal tract.
- Even active microscopic inflammation in the intestinal wall, especially Ulcerative Colitis, may lead to complications such as cancer in the long run.

What are the management options for IBD?

Mild disease:

Ulcerative colitis: Mesalamine

Crohn's disease: Short course of budesonide

Moderate to severe disease:

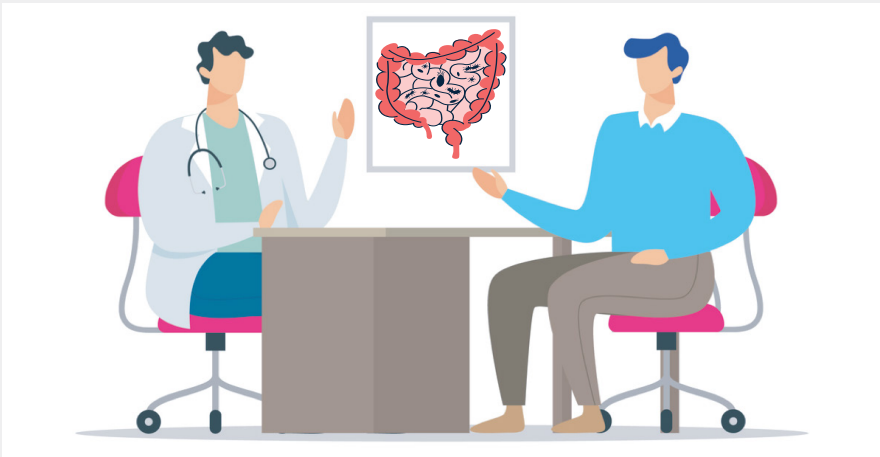
Both ulcerative colitis and Crohn's disease:
Immunosuppressive therapies (tablets or injection /infusion)
and occasionally surgery

Concept of health maintenance in IBD

- Avoid complications of disease
- Avoid complications of treatment
- Vaccinations
- Skin cancer screening
- DEXA bone scans
- Address anxiety / depression / pain
- Dietary counseling and vitamin checks
- Cancer prevention (colon, cervical)
- Smoking counseling
- Periodic lab checks
- Focus on healing of intestinal wall (beyond symptoms)

You may have several concerns about life with having a diagnosis of IBD

- Will my condition flare up?
- What can I do when it does?
- How will I cope?
- How to tell if I need treatment if I have no symptoms?



What can I do when it does?

- Work with your IBD team to have a plan in place based on your symptoms
- Take the requested tests
- Identify possible trigger(s)
- Act in a timely manner
- Mild vs. moderate vs. severe symptoms
- Weekday vs. weekend protocols
- Day time vs. night time Protocols
- Look out for red flags

How will I cope?

- Have a thorough understanding of IBD
- Stay in close touch with your IBD team
- Keep family / caregivers / well-wishers on board



How will I know that I need treatment if I can't tell that I'm flaring on the inside?

Know subtle symptoms:

- Tiredness
- Fever
- Nausea
- Low mood
- Lack of appetite
- Weight loss

Keep your appointments with your IBD doctor:

- Clinic visits and lab checks at least every 3-6 months (whether you have flare symptoms or not), or as advised by your IBD team.
- Endoscopic evaluations and imaging as per IBD doctor recommendations.
- Compliance and proactive attitude towards wanting to keep good health.

What does a typical IBD flare look like?

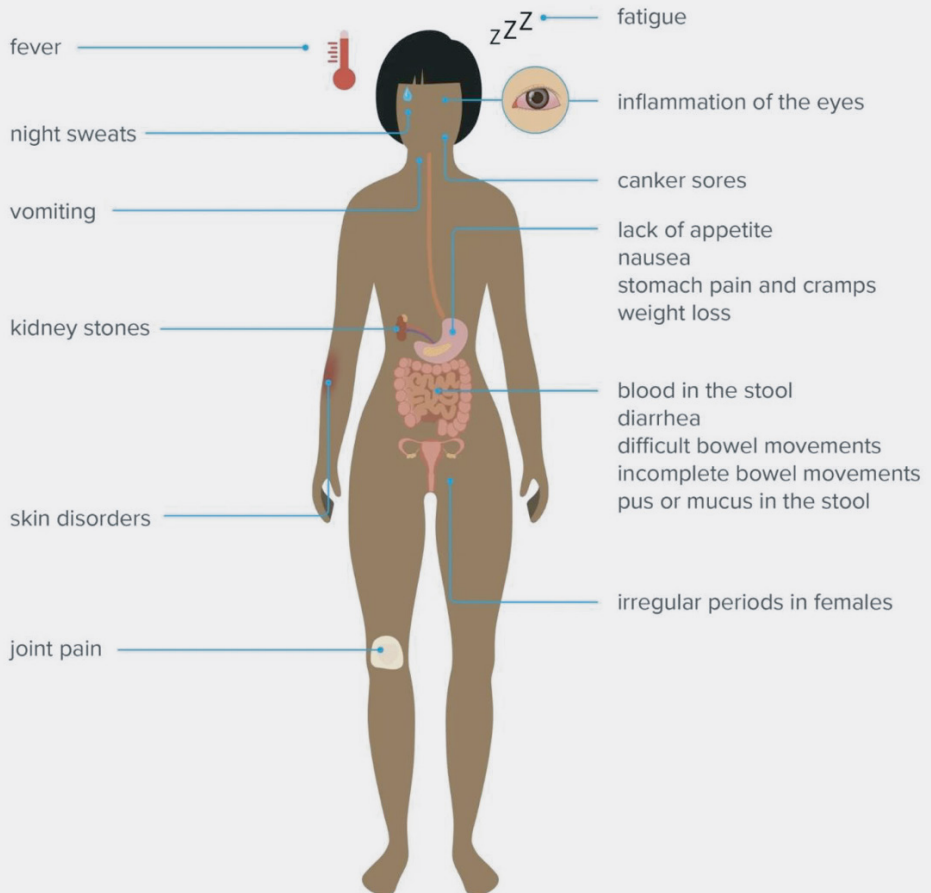
A flare is a reappearance of disease symptoms. The most common symptoms of Crohn's disease and Ulcerative Colitis are:

- Frequent and / or urgent bowel movements
- Diarrhea
- Bloody stool
- Abdominal pain / discomfort

Other symptoms some may experience

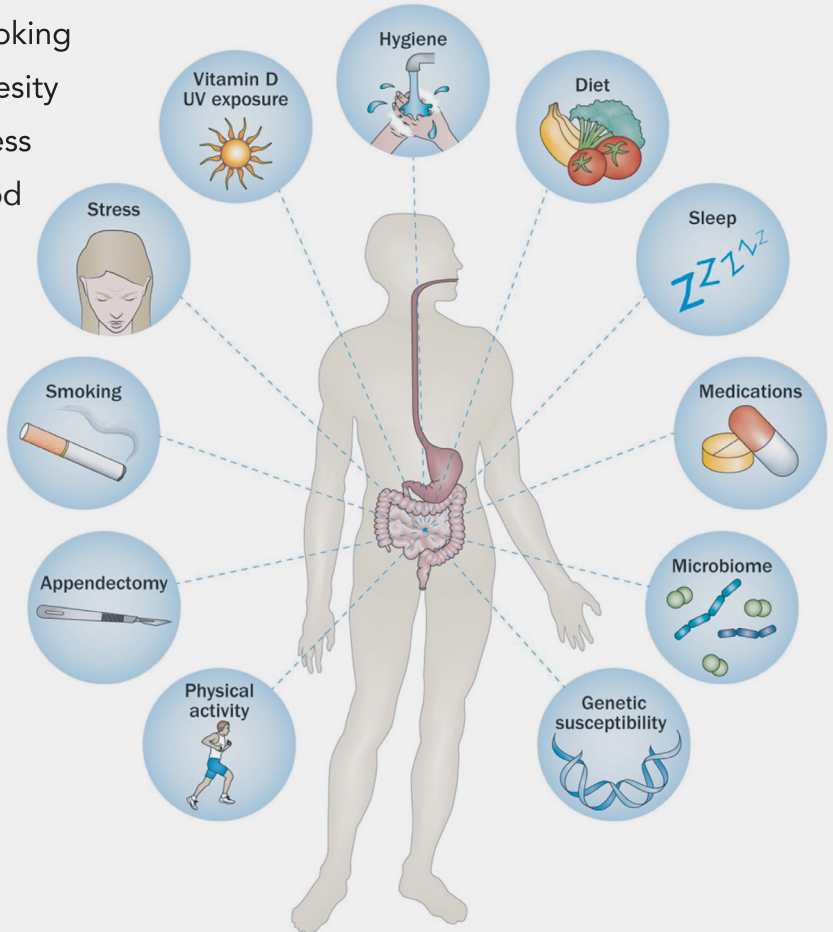
- Fatigue
- Lack of appetite
- Weight loss

Effects on the body



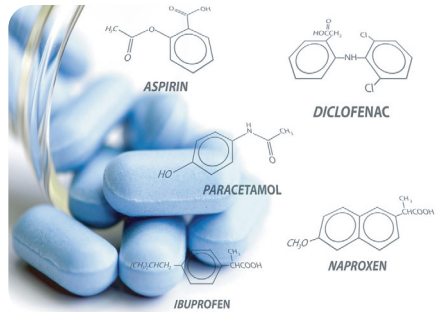
Factors that affect flares

- Missing IBD medications or taking an incorrect dose
- Nonsteroidal anti-inflammatory drug
- Antibiotics and other medications
- Unknown factors
- Infections
- Smoking
- Obesity
- Stress
- Food



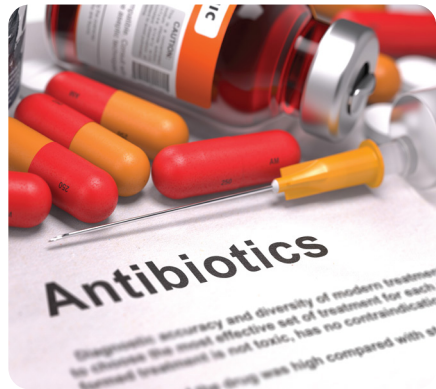
Non-steroidal anti-inflammatory drugs (NSAIDs)

- These drugs may lead to inflammation of the bowel and make symptoms worse.
- It is generally recommended that people with IBD take acetaminophen rather than an NSAID.



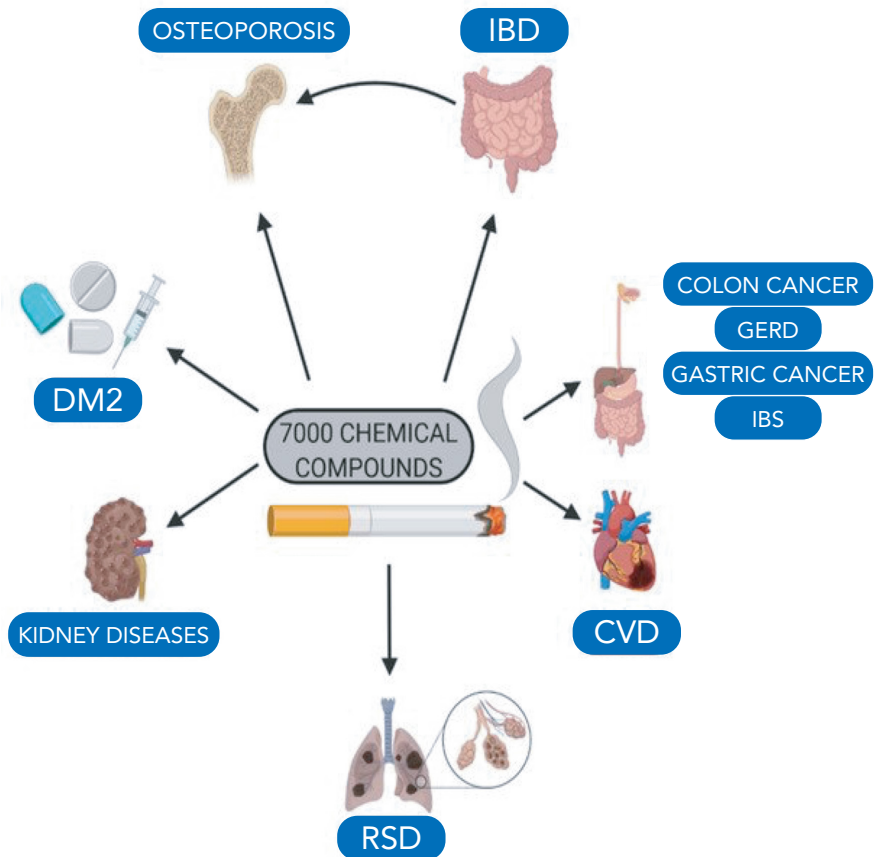
Can I take antibiotics?

- Though it is rare, your IBD team may give you antibiotics in some cases of inflammation or infection.
- If prescribed by non-IBD doctor, just remember that antibiotics can change the balance of intestinal bacteria and cause diarrhea or abdominal pain.
- Consult with your IBD team before taking any antibiotic or any medication in general.



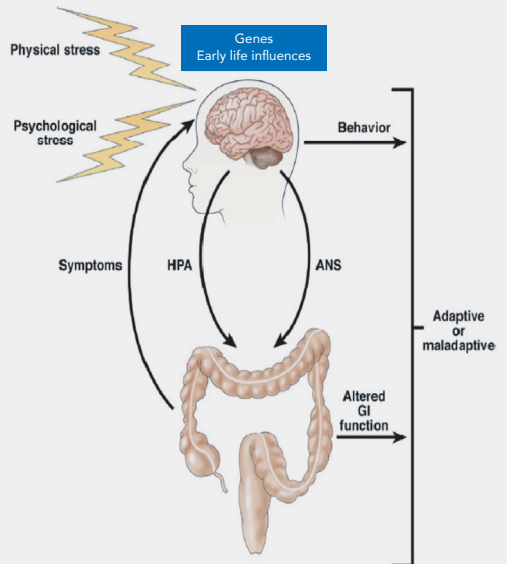
Smoking and IBD

- Smoking can trigger flares in Crohn's.
- People with Crohn's who smoke tend to have more severe disease and quitting smoking can lead to fewer flares.
- Although smoking may reduce flares in ulcerative colitis, smoking carries many health risks, including heart disease and cancer.



Stress and IBD

- Stressful situations may impact symptoms of IBD.
- It is helpful to learn stress reduction techniques.
- Know about the brain-gut axis.



Diet

- When flares are present, what you eat can impact your symptoms.
- Therefore during flares, go down to liquids or soft food after discussion with your IBD team.
- Keeping a food journal can help you determine what foods trigger symptoms.

AVOID

- Excessive red meat, refined sugars and fatty meals
- Greasy (oily) and fried foods
- Foods high in fiber
- Beans, cabbage and broccoli
- Caffeine and sodas

Diet continued

CROHN'S DISEASE & COLITIS: GENERAL DIET RECOMMENDATIONS

Consume



Bone Broth



Veggie Juice



Steamed
Veggies



Steamed
Fruit



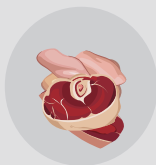
Nutritious
Cooking Oils



Limited
Grains/Legumes



Food Cooked
From Scratch



High Quality
Animal-based
Protein

Avoid



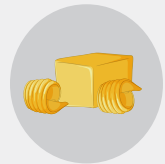
Gluten



Dairy



Processed
Food



Processed
Oils



Refined
Sugar



Coffee



Alcohol

Managing symptoms of discomfort during a flare

Managing flares in inflammatory bowel disease requires a comprehensive approach:

1. **Medication Compliance:** Ensure you are taking prescribed medications as directed by your IBD team, even if you are feeling better.
2. **Dietary Modifications:** Follow a low-residue diet during flares, which involves avoiding high fiber, dairy, spicy foods and caffeine. Gradually reintroduce food as symptoms improve.
3. **Hydration:** Drink plenty of fluids, especially water, to stay hydrated. Diarrhea and vomiting can lead to dehydration, which can worsen symptoms.
4. **Manage Your Stress:** Give your body plenty of rest to help it recover. Stress can exacerbate symptoms, so it's important to practice relaxation techniques such as deep breathing and meditation. Spend time with loved ones and engage in hobbies you enjoy to help manage stress effectively.
5. **Avoid NSAIDs:** Non-steroidal anti-inflammatory drugs.
6. **Monitor Symptoms:** Keep track of your symptoms and report any changes or worsening to your healthcare provider promptly.
7. **Follow-up Care:** Attend regular follow-up appointments with your healthcare provider.

Important to remember

- Know as much as possible about IBD
- Be proactive
- Be compliant
- Keep family close
- Keep support groups closer
- Keep your IBD team the closest





SSMC Gastrointestinal Department

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IBD medical secretary, contact

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To book an appointment, contact

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