



Understanding Colitis and Crohn's Disease

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Understanding Ulcerative Colitis and Crohn's Disease...

If you have recently been diagnosed as having Ulcerative Colitis (UC) or Crohn's Disease, your first reaction may have been a sense of relief that at last you have a diagnosis that explains why you have been feeling so tired and unwell. There may now be many questions running through your mind about living with an illness which could affect you for the rest of your life. We hope this leaflet will help you to understand more about your condition, how you can help yourself and the sort of treatment you might expect to be prescribed by your doctor.

What exactly are Ulcerative Colitis and Crohn's Disease?

Both conditions come under the heading of Inflammatory Bowel Disease (IBD), because in both, the intestines become swollen, inflamed and ulcerated. Symptoms can include pain in the abdomen (tummy area), weight loss, diarrhoea (sometimes with blood or mucus) and tiredness. Some people may also experience swollen joints, mouth ulcers, inflamed eyes or rashes on their body. The symptoms will vary in severity from person to person and may flare up or improve at different times. Many patients will experience some periods of remission, when they are free from symptoms.

There are differences between Ulcerative Colitis and Crohn's Disease, which affect the type of treatment you are offered.

	ULCERATIVE COLITIS	CROHN'S DISEASE
Area Affected	Colon only (large intestine)	Any part of the digestive system from the mouth to the anus
Inflammation	Only the inner lining of the bowel is inflamed	All layers of the lining of the bowel may be inflamed

Ulcerative Colitis sometimes affects only the rectum; it is then known as proctitis

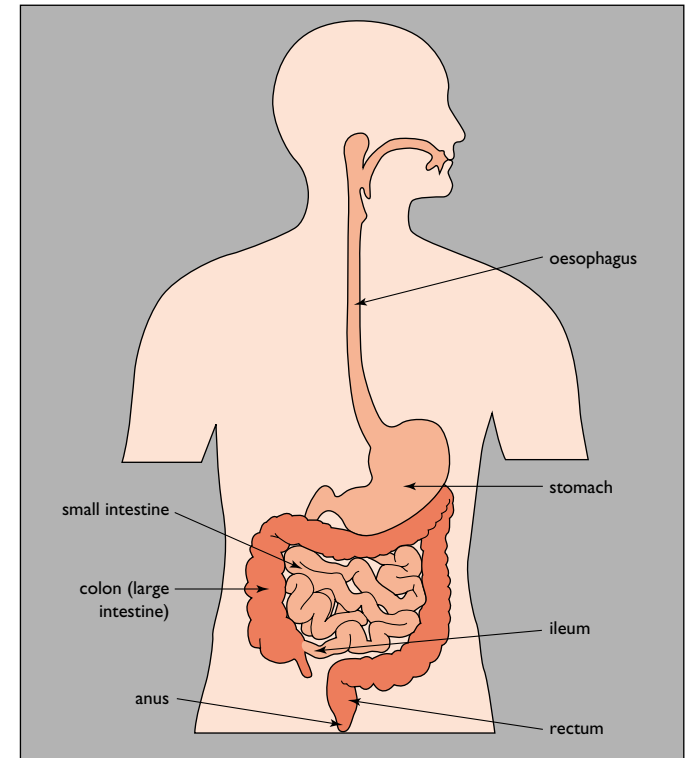
Sometimes people get confused between Inflammatory Bowel Disease (IBD) and Irritable Bowel Syndrome (IBS). The two conditions are quite different and so is the treatment.

What tests are used to confirm the diagnosis of UC or Crohn's?

There are no blood tests which will by themselves confirm the presence of Ulcerative Colitis or Crohn's Disease, but blood tests are used to look for anaemia, vitamin and mineral deficiencies, and to measure the severity of inflammation.

You will usually have x-ray examinations to help confirm the diagnosis by showing which part of your intestines is affected and how active the disease is. The doctor may also decide to examine your back passage using either a *sigmoidoscope*, which is a rigid or flexible illuminated tube that makes it possible to see into the rectum and the lower end of the large bowel, or a *colonoscope*, a longer flexible tube.

It can often take time to confirm the diagnosis of Ulcerative Colitis or Crohn's Disease as it is necessary to exclude other diseases such as specific bowel infections first.



What causes Ulcerative Colitis and Crohn's Disease?

Although there has been much research, so far the causes are not known. There have been many suggestions such as viruses, bacteria, diet, stress and smoking, but there is no definite evidence that any one of these is the cause of Inflammatory Bowel Disease.

Who is affected by these illnesses?

About 180,000 people in the UK suffer from UC or Crohn's. The illnesses can occur at any age, but most frequently start between the ages of 10 and 40 years. There are up to 18,000 new cases every year and research has shown that the number of people with Crohn's Disease has been rising, particularly among young people. Both conditions are found worldwide, but are more common in the Western World.

How is Ulcerative Colitis treated?

Treatment of Ulcerative Colitis depends on the extent and severity of the condition. Inflammation in the rectum may be treated with mesalazine or steroids applied directly into the back passage (by enema or suppositories). This treatment may be supplemented with aminosalicylates (mesalazine, olsalazine, balsalazide or sulphasalazine) or steroids given orally, to help reduce inflammation in the bowel. More extensive colitis is treated with oral aminosalicylates or steroids. Aminosalicylates are also frequently prescribed to reduce the chance of a relapse. Occasionally, painful constipation may be a problem and laxatives may be prescribed to give relief.

For severe attacks, treatment in hospital is sometimes necessary. Steroids may then be given directly into a vein, along with fluids if you have become dehydrated. If drug therapy does not work effectively and if the Ulcerative Colitis is very severe, surgery to remove part or the whole of the large bowel may eventually be suggested. There will usually be time for this to be discussed fully between the patient, their family and the doctor involved, and there may also be an opportunity to talk to a stoma-care nurse or a patient who has already undergone surgery.

Such an operation can eliminate the possibility of further symptoms, and some people find they can cope better with the alternatives of a 'stoma' (ileostomy) or a 'pouch' than the symptoms of Ulcerative Colitis they were previously experiencing. (More information about this is included in the NACC member booklet on Ulcerative Colitis.)

How is Crohn's Disease treated?

Treatment for Crohn's Disease depends on which part and how much of the gut is affected. Some people will only require treatment to control the symptoms of diarrhoea and may be prescribed tablets such as codeine phosphate.

Active inflammation is best treated with steroid drugs which reduce the swelling and the pain of inflammation. For some patients a steroid called budesonide may be suitable and may offer fewer side-effects than prednisolone. Mild inflammation may be treated with mesalazine or sulphasalazine.

Sometimes Crohn's Disease can cause blockages in the intestine and, if medical treatment is not working, surgery may be considered. There are two options: if sections of the intestine are severely inflamed, these can be removed and the healthy tissues joined together. This type of operation is called a resection. Other people may have areas of narrowing in the small intestine which can be surgically widened or stretched to relieve the obstruction.

There are a few people who may have severe Crohn's Disease in their colon (large intestine) and whose symptoms do not respond to drug treatment. Surgery to remove the colon may eventually be suggested as a way to eliminate such symptoms. (More information about this is available in the NACC member booklet on Crohn's Disease.)

How important is my diet?

Eating a healthy balanced diet is as important for a person who has Ulcerative Colitis or Crohn's Disease as it is for anyone else. During a severe attack, it is particularly important to eat well to replace lost nutrients. If you find that you can eat a normal mixed diet without any ill effects, then continue to do so.

You may find that some foods seem to make your diarrhoea worse, such as fruits, nuts, spicy or fatty foods. If these seem to affect you, it is worth reducing the amount you eat or avoiding them altogether.

There are some dietary differences between the management of Ulcerative Colitis and Crohn's Disease. In Crohn's sensitivity to certain foods may be an aggravating factor and some patients may be advised by their doctor to go on an exclusion diet for a while to see if there are any particular foods which worsen the condition.

Resting the colon does not help in Ulcerative Colitis, but it may help in Crohn's Disease. Special elemental liquid feeds are taken, which are so well absorbed that little residue

reaches the colon. This has the effect of resting the bowel and may help to reduce inflammation.

A few people with Crohn's Disease are liable to develop specific dietary deficiencies due to difficulty in absorbing particular nutrients. Once these deficiencies have been identified, they can be corrected through taking the right dietary supplements. In Ulcerative Colitis, blood loss can lead to anaemia (a reduction in oxygen-carrying haemoglobin in the red blood cells), which may be treated by an iron supplement if needed.

At present, there is no evidence to suggest that extra vitamins or special food supplements are needed by most people who have Ulcerative Colitis or Crohn's Disease.

Further information?

Having read this leaflet, you may wish to find out more about living with Ulcerative Colitis or Crohn's Disease. NACC has booklets on both conditions, Food and IBD and the drugs used. You can obtain these by joining NACC using the attached form.

Local contact:

The information given has been prepared by NACC as general advice on the subject and is not intended to replace specific advice from your doctor.

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Application form for membership of NACC

You must be at least 16 years of age to become a NACC Member in your own right. Parents are welcome to join on behalf of a child and can authorise us to print the Can't Wait Card in their child's name. To do this, simply enter details in the section at the bottom of this form.

BLOCK CAPITALS PLEASE

Your surname _____	
First names _____	Title _____
Address _____	
Postcode _____	
Telephone _____	Date of Birth _____
Occupation is/was _____	Date of Diagnosis _____
How did you hear of NACC? _____	

Please confirm that you give permission for us to inform the relevant NACC Groups of your membership, so they can send you details of their activities. Yes No

Are you:

a patient parent applying for a child other relative friend health professional

Illness:

Crohn's Disease Ulcerative Colitis proctitis Other _____

Membership Subscription

New members are asked to pay £12 for their first year to help cover the costs of the booklets provided. The renewal subscription is currently £10 per year. New members who are on lower incomes due to their health or employment circumstances may join at the lower rate of £10.

Additional donations to help the work of the Association are always welcomed.

(Overseas members are asked to pay £15 for the first year and £12 subsequently, by sterling draft.)

Subscription (£12.00 or £10.00)	£ _____	Please enrol me as a member of NACC. I authorise NACC to hold the personal data I have provided on this form and to use it in connection with my membership. I enclose a cheque/postal order payable to NACC.
Donation to NACC	£ _____	
Total	£ _____	
		Signed _____
		Date _____

Have you been a member of NACC before? Yes No

If you are a parent applying for a child, or if you are a relative of a patient, you may prefer to give their name to be printed on the Can't Wait Card. In the case of an adult, they will need to sign below to confirm that we may hold their personal data. Similarly, a parent must sign on behalf of their child.

Child or Patient's full name _____	Date of Birth _____
Illness _____	Date of Diagnosis _____
I confirm that NACC may hold the above information about me/my child. <input type="checkbox"/> Yes <input type="checkbox"/> No	
I confirm that NACC may pass the above information about me/my child to the relevant NACC Groups. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature: _____ (Patient named above, or parent of child.)	

Office use _____	Rec'd _____	Number _____	Area Group _____
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NACC needs the personal data requested on this form to enrol you as a member of the Association and to be able to send you information relevant to your membership. A statement of NACC's Data Protection Policy and Procedures can be obtained from the Director.