

Crohn's Disease

What is IBD?

'Inflammatory bowel disease', or IBD, is a general term that includes both Crohn's disease and ulcerative colitis. Both diseases cause inflammation (swelling and bleeding) in the digestive system. Ulcerative colitis affects the inner lining of the large intestine (colon and rectum), and Crohn's disease can affect any part of the digestive tract from the mouth to the anus. Both diseases are manageable, and with treatment most people are able to carry on living normal lives.

IBD affects different people in different ways, and no two people with IBD are alike. Here are some answers to some of the most common questions about IBD, to help you understand how it might affect you and how it is managed.

- **What are the symptoms of IBD?**

The most common IBD symptoms are abdominal pain, cramping, tiredness (fatigue), diarrhoea and weight loss. Other symptoms may include bloody diarrhoea, slight fever, anaemia (low levels of red blood cells in the blood which can make you feel tired, faint or breathless) and exhaustion (extreme tiredness).

Both Crohn's disease and ulcerative colitis are ongoing (chronic) diseases, with times when symptoms get worse (called flares, flare-ups, or attacks) and other times when symptoms get better (remission). Although the symptoms can make you feel unwell and may make your daily activities difficult, they can usually be managed with a combination of care, medication, hospitalisation and (sometimes) surgery. Many people find that in well managed IBD, making some simple adaptations to their everyday lives enables them to continue their normal activities.

- **Who gets IBD?**

IBD can start at any age. Both Crohn's disease and ulcerative colitis are found worldwide, although they are more common in the Western world. About 2.2 million people in Europe have IBD. Regional differences range from 1/1000 to 1/500, with the highest numbers in northern Europe.

IBD affects men and women equally, although ulcerative colitis is slightly more common in men and Crohn's disease is slightly more common in women.

- **What causes IBD?**

Although the exact causes of IBD are unknown, they are believed to be related to changes in the immune system brought about by an environmental trigger in people who are genetically prone to the disease. A combination of factors may play a role, including bacteria, viruses, genetics, smoking and over-the-counter pain medicines. Other factors, such as stress and diet, are not believed to cause IBD, although they may be involved in worsening symptoms for some people.

- **Is IBD contagious?**

Neither Crohn's disease nor ulcerative colitis is contagious, meaning you cannot catch it from someone else or spread it to anyone if you have it. This should not be confused with the fact that the tendency to develop the disease may be hereditary (passed on through the genes), since relatives of people with IBD are at a slightly greater risk of developing the disease. However, other factors (such as environmental triggers) are also believed to play a role in developing the disease for these people.

- **What else could happen?**

Both Crohn's disease and ulcerative colitis can have complications. With Crohn's disease, for example, scarring and thickening of the intestine walls can create a narrowing of the intestine wall, which is called a stricture, leading to constipation, bloating and pain. The intestine walls

may become fully blocked (called an obstruction), which can cause severe pain and vomiting that must be treated in the hospital. Nutritional problems can occur if the body is unable to absorb proteins, vitamins or minerals. Crohn's disease may also prevent the body from absorbing calcium and vitamin D, which can lead to osteoporosis (bone density loss).

With ulcerative colitis, severe bleeding may cause anaemia (low levels of red blood cells in the blood, which can make you feel tired, faint or breathless).

If such complications arise, they may also need specific treatment in addition to treating Crohn's disease or ulcerative colitis.

- **Can it affect other parts of the body too?**

Not everyone will have these problems, but for some people IBD may also affect other parts of the body, such as the joints, eyes, mouth, liver, gallbladder, skin or kidneys. Although some of these problems may improve with the treatment and management of IBD, specific treatment may also be needed.

In SEVERE cases

In severe Crohn's disease, another possible problem is a fistula, or tunnel caused by inflammation that goes from one part of the intestine to another or to the skin.

In severe ulcerative colitis, sudden, severe dilation of the colon (referred to as toxic megacolon) may result in a perforation.

- **How is IBD treated?**

The type of treatment you will be given depends on several things – such as whether you have ulcerative colitis or Crohn's disease, the extent of the disease, and the impact of your symptoms on your daily life. For people with Crohn's disease, especially mild to moderate symptoms, treatment with medicine is usually the first approach. Drugs that suppress the immune system (azathioprine, 6-mercaptopurine or methotrexate) are often used to help control the inflammation and as maintenance therapy to keep symptoms from coming back. Active Crohn's disease is usually treated with steroid tablets (eg, prednisolone) and sometimes antibiotics are also used. When other drug therapy does not work well, an anti-TNF drug may be given by infusion (drip) in the hospital or by injection at home.

For people with ulcerative colitis, similar treatment options are available. The lower part of the bowel may be treated with drugs given directly into the rectum with an enema or suppository. A medicine called mesalazine may be given by mouth.

With both diseases, surgery may be needed if medication does not work well or if there are complications. If you have any questions about the possibility of needing surgery, it is best to discuss your situation with your doctor. In general, surgery is usually only used in severe situations when other options are not possible or do not work.

In SEVERE cases

Severe disease may cause joint pain or arthritis, inflammation of the eyes and mouth, liver diseases, gallstones, skin rashes, anaemia (low red blood cell count) or kidney stones.

In severe cases of both diseases, complications can manifest as a blockage or leak in the bowel. In severe ulcerative colitis, some patients have their large intestine removed. Because ulcerative colitis can only affect the large intestine, their disease is considered 'cured'. However, with severe Crohn's disease, surgery is not considered to be a cure because the disease can return in another part of the digestive system later on.

Together, you and your doctor will develop a treatment plan that reflects your disease severity, past treatments, and any special needs and goals you may have. For more details on treatment options for Crohn's disease and ulcerative colitis, please see [Developing Your IBD Treatment Plan](#).