What is IBD?

'Inflammatory bowel disease', or IBD, is a general term that includes both ulcerative colitis and Crohn's disease. Both diseases cause inflammation (sores, swelling, bleeding and pain) 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?**

  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 diseases are ongoing (chronic) 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 changes to their everyday lives enables them to continue their normal activities.

- **Who gets IBD?**

  IBD can start at any age. It first develops in many people between the ages of 15 and 30. 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 it contagious?**

  Neither ulcerative colitis nor Crohn's disease 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 ulcerative colitis and Crohn's disease can have complications. With ulcerative colitis, for

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

With Crohn's disease, 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. Nutritional problems may also occur if the body cannot absorb vitamins or minerals properly.

Although not everyone will have these problems, if they do arise, they may also need specific treatment in addition to treating ulcerative colitis or Crohn's disease.

- **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.

- **How is IBD treated?**

  For most people with IBD, especially with mild to moderate symptoms, treatment with medicine is usually the first approach. 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 ulcerative colitis, the type of treatment depends on the amount of the large bowel affected and the severity of the inflammation. For example, disease in 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. Steroid tablets (such as prednisolone) may be given in more severe cases or if more of the bowel is affected. Immunosuppressants may also be used to help reduce the activity of the body's immune system, which causes a lot of the damage to the bowel. After symptoms are reduced, many people take medicine to keep symptoms from returning; this is called maintenance therapy.

  For Crohn's disease, there are generally the same options as those used for ulcerative colitis. However, with Crohn's disease, drugs that suppress the immune system (azathioprine, 6-mercaptopurine or methotrexate) are used more often to help control the inflammation and as maintenance therapy to help 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.

  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.

  For more details on treatment options for ulcerative colitis and Crohn's disease, please seeTreatment plan for ulcerative colitis

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

In severe Crohn's disease, if the intestine wall becomes fully blocked (called an obstruction) it must be treated in the hospital. 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 (for example, from the bowel to the skin near the anus).

Severe disease may be associated with 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 ulcerative colitis, some people have all or part of their large intestine removed. Because ulcerative colitis can only affect the large intestine, if it is removed, their disease is considered to be ‘cured.’

Not everyone will have these problems, which are usually associated with more severe disease.