

about IBD

what is IBD?

Inflammatory bowel disease (IBD) is an autoimmune disease. This means that your immune system mistakes part of your body as foreign. IBD is a chronic condition that causes parts of the intestine (bowel) to get red and swollen. This is called inflammation. **Chronic** means that you will have IBD your whole life. But, your symptoms may come and go. While IBD is chronic, it is treatable. You can have a normal, happy productive life!

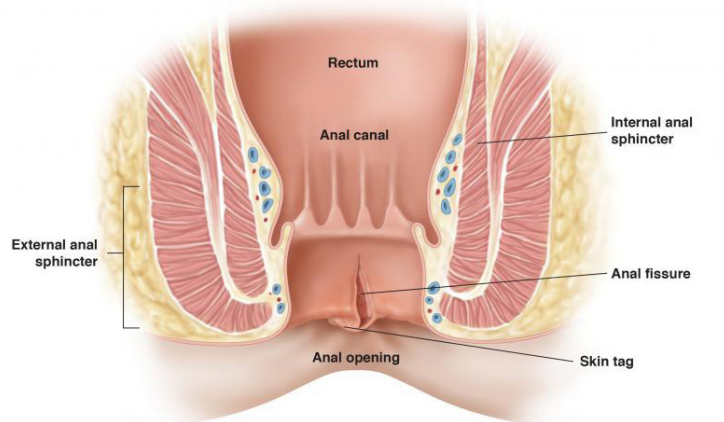
symptoms of IBD

- Diarrhea
- Blood in the toilet, on toilet paper or in the stool (poop)
- Weight loss
- Abdominal pain
- Fever
- Low energy
- Problems around the anus (see image to the right):

- **Skin tags:** A small, soft, flesh-colored benign growth of skin, often on a stalk

- **Fissure:** A split or tear in the tissue that lines the anus

- **Fistula:** An abnormal connection or passageway that connects two organs or vessels that do not usually connect (see picture on page 32)



IBD can also cause symptoms in other parts of your body. These are called **extraintestinal symptoms**. These happen when the disease is not well controlled or when a complication develops.

- Rashes
- Eye problems
- Joint pain
- Liver problems
- Kidney stones
- Poor growth
- Puberty may happen later than normal

potential complications

- Stricture
- Abscess
- Fistula
- Perforation

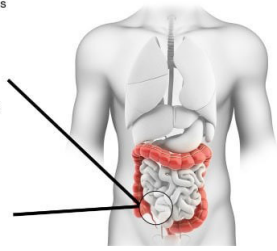
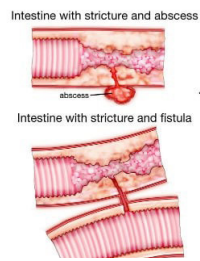
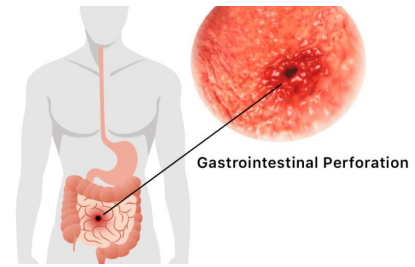


photo provided by Discover Therapies



<https://www.drugwatch.com/actemra/side-effects/>

types of IBD

The two classified types of IBD are **Crohn's disease** and **ulcerative colitis**. Overall, around 1.6 million Americans have IBD. Around 100,000 of those are children and teens.

Crohn's disease:

Crohn's disease is a **chronic** (never goes away) disease that causes redness, sores and swelling or inflammation in the lining of your digestive tract. The inflammation often affects the entire thickness of the bowel wall. Crohn's disease can affect any part of the gastrointestinal tract from the mouth to the anus. In Crohn's disease, the inflammation of the intestine can "skip" leaving normal areas in between patches of the diseased intestine.

Ulcerative colitis:

Ulcerative colitis (or UC) is also a chronic inflammatory bowel disease that mostly affects the large intestine (or colon). Ulcerative colitis causes sores called ulcers that affect the surface of the colon. Unlike Crohn's disease, the distribution of the inflammation is more continuous and uniform versus having "skipped" areas. The ulcers produce mucus or pus.

IBD unclassified:

IBD unclassified (also known as indeterminate colitis) is when it is not clear if inflammation is due to Crohn's or ulcerative colitis. About 15 percent of patients diagnosed with IBD have unclassified colitis. Over time, your GI provider may be able to determine what type of IBD you have (Crohn's or ulcerative colitis).

what causes IBD?

The exact cause is not clear. Researchers think that it may be a combination of genetics and/or environmental triggers that disrupt the immune system. This altering of the immune system can cause IBD. IBD can run in families.

is IBD different than IBS?

Yes. Irritable bowel syndrome (IBS) is also a problem related to the intestines and shares many symptoms of IBD, like abdominal pain and diarrhea. However, in IBS the muscles of the intestines either move too quickly or too slowly. IBS does not cause inflammation.

The treatments for these two conditions are also very different. IBS treatments include diet changes and stress management. While these things may help IBD symptoms, IBD treatment can also include medications, nutrition therapy, hospitalization or surgery.

flares/flare-ups

Since IBD is a chronic disease, there can be times after remission when you have symptoms again. These times when symptoms reappear are called flares, or flare-ups. Report your symptoms early so that your doctor can provide the best advice for you. Avoiding a flare is better than treating one. Taking your medications as recommended can help prevent a flare.

Different factors can increase the risk of flares or symptoms.

- Smoking is an unhealthy habit that can also increase the risk of having a flare.
- Drinking alcohol can:
 - Affect the GI tract and the liver
 - Increase the risk of developing nausea, vomiting, GI bleeding and diarrhea
 - Worsen IBD effects on the liver and lead to liver failure
 - Interact poorly with some IBD medications (like Methotrexate)
- Antibiotics can increase the risk of developing diarrhea, C difficile colitis and flares.
- Caffeine can cause diarrhea, which can be confused with symptoms of a true flare.
- Herbal teas or supplements may have hidden ingredients that could interact with your IBD medicines. Talk to your GI provider before you use these.
- Nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and naproxen (Advil(R), Aleve(R)) can trigger a flare.

Symptoms of a flare may include:

- Abdominal pain
- Cramping
- Blood in bowel movements
- Diarrhea/increased bowel movements
- Nausea/vomiting
- Fever, with no source of infection
- Joint pain
- Fatigue (extreme tiredness)
- Loss of appetite
- Weight loss