# treatment for IBD

## medications

<table>
<thead>
<tr>
<th>class/type</th>
<th>brand name</th>
<th>what it’s used for</th>
<th>things to consider</th>
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</table>
| 5ASA (aminosalicylates) | **Oral:**  
• Azulfidine (sulfasalazine)  
• Pentasa  
• Lialda  
• Delzicol/Asacol  
**Rectal:**  
• Canasa suppositories  
• Topical Rowasa enemas | • Mild to moderate disease  
• Can be used with another drug  
• Primarily indicated for management of ulcerative colitis | • Sulfasalazine may lower sperm count during use. |
| Corticosteroids | **Oral:**  
• Deltasone (prednisone)  
• Entocort (budesonide)  
• Uceris (budesonide-MMX)  
**Rectal:**  
• Hydrocortisone  
• Methylprednisolone  
• Cortenema  
• Proctofoam-HC  
• Uceris  
**IV forms:**  
• Solumedrol, Solucortef | Help decrease inflammation | Steroids may have the following side effects:  
• **Stomach irritation (take with food)**  
• High blood pressure  
• Rounding of the face  
• Weight gain  
• Acne  
• Mood swings  
• Increased risk for infection  
• Insomnia (can’t sleep)  

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Do not stop taking steroids without talking to your doctor.

*continued on next page*
avoiding NSAIDS

Nonsteroidal anti-inflammatory drugs, or NSAIDS, are used for treating conditions that cause inflammation, pain and fevers. Common examples of these include aspirin, ibuprofen (Motrin®, Advil) and naproxen (Aleve, Naprosyn®). People with IBD should not use NSAIDS because they can trigger a flare-up.

**Enteral Nutrition Therapy**

Enteral Nutrition Therapy is evidence-based and has been shown to help achieve remission in Crohn’s disease. On this diet, a majority of your intake consists of nutrition shakes with a small amount of regular foods. You can either drink the nutrition shakes, receive them by nasogastric tube (see section on Nutrition Support below), or a combination of the two. This diet has only minor side effects. Benefits include intestinal healing and improved growth. This diet can be used as a short-term or long-term option.

**surgery**

Each patient is different. Some patients may never need surgery, while others may need it right after diagnosis. This is a decision that you, your parent, and your provider should make together. This is called shared decision making. You and your provider will work closely together to determine if surgery is the best option, or if there are other ways to manage your symptoms. If you and your provider decide that surgery is needed, your surgeon will be a valuable member of your care team. If you have any questions about surgery, please talk to your provider.

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| Immunomodulators/Immunosuppressants | • 6 MP/azathioprine (Imuran)  
• Methotrexate | Adjust the activity of the immune system | Blood work may be needed before starting to help determine dosage. Immunomodulators may have the following side effects:  
• Pancreatitis (6MP/azathioprine)  
• Vomiting (methotrexate)  
• Decreased white blood cell count  
• Elevated liver enzymes |
| Biologics | • Remicade  
• Humira  
• Entyvio  
• Stelara | • Targets a chemical known to cause inflammation  
• Given by IV or injection  
• Used for more moderate or severe disease. | Biologics may have the following possible side effects:  
• Tiredness  
• Headache  
• Risk of infection  
• Development of antibodies |
nutrition support

It is possible that you may need nutrition support at some point during your journey with IBD. Nutrition support is considered if you are unable to meet your calorie and fluid needs through eating and drinking. There are two ways someone might receive nutritional support, either by enteral or parenteral infusion.

**Enteral nutrition** uses a thin, flexible tube that goes into your body through a nostril and empties into the stomach or small intestine. A nutrition supplement is given and will provide some or all of the nutrients your body needs on a daily basis.

**Parenteral nutrition** or “TPN” is administered by IV and would be needed when enteral nutrition is not possible. With TPN, the nutrients are delivered directly into the bloodstream rather than the stomach or intestines.

supplements & natural interventions

Children with IBD sometimes take natural supplements or therapies to help with symptoms. Talk to your doctor before adding these to your care plan. Do not stop taking your prescribed medications.

Common natural therapies include:

- Vitamins
- Supplements
- Herbal medicines
- Essential oils
- Acupuncture
- Special diets
- Megavitamins
- Probiotics
- Hypnosis

Discuss any thoughts of these complimentary treatments with your GI doctor.

probiotics

**Probiotics** are live bacteria that are similar to the bacteria that normally reside in your gut. Some studies show that people with IBD have less “good” bacteria in their bodies. Probiotics can help to restore the balance of bacteria in your gut. Probiotics are found in foods and in supplements, usually capsules or powders. Probiotic containing foods include: kefir, miso, tempeh, kimchi, sauerkraut, and some yogurts and juice beverages. Please consult your care team before starting a probiotic supplement.
general nutrition

overview

In general, a balanced diet is recommended for all children with IBD. Using the MyPlate method can be a great way to ensure that you are getting the nutrients your body needs. Have a meal or snack every few hours and try to incorporate all food groups throughout the day.

Depending on your growth and nutrition status, you may be asked to drink some nutrition shakes by your care team. Nutrition shakes help to boost your intake of calories and protein, and normally include vitamins and minerals as well.

Because IBD can impact absorption, you may need to take a multivitamin or single vitamin supplement such as Vitamin D or folic acid in order to ensure you are meeting your vitamin and mineral needs. Your gastroenterologist and registered dietitian will work together to determine an appropriate plan for you.

It is important to drink plenty of fluids, especially water, in order to stay hydrated. Talk with your team about your specific needs. Remember: Caffeinated beverages do not count toward your fluid goal.

diet to help manage symptoms

You may hear or read about different diets for IBD. In most cases, these are not based on research and may not be best for your child. There is no evidence to suggest that one existing diet helps with symptoms or achieves remission in all children with IBD. If you have questions about any diet for IBD, please contact your registered dietitian.

Specific Carbohydrate diet

The Specific Carbohydrate diet is an exclusion diet with limited research. This diet is not for all disease types. It excludes starches and grains, legumes, processed foods, and most dairy products. More research studies are currently being done on this diet.

eating during a flare

With IBD, you may find that eating certain types of food can cause your symptoms to get worse. These are called trigger foods. Every child is different, so there are no foods everyone should avoid. It may be helpful for you or your child to keep a food symptom journal. Keeping a food symptom journal can help you to track how your diet might relate to the symptoms you are having and identify trigger foods.

<table>
<thead>
<tr>
<th>if you are experiencing a flare, it may be helpful to eat foods that are easier on the stomach such as:</th>
<th>These foods may cause increased cramping, bloating, and diarrhea during a flare. Try to avoid:</th>
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<tbody>
<tr>
<td>• Refined or grains that are low in fiber (ex. White bread and pasta)</td>
<td>• Greasy, fried foods</td>
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<tr>
<td>• Soft, bland foods</td>
<td>• Foods high in lactose (ex. Milk and cheese)</td>
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<tr>
<td>• Lower fiber fruits</td>
<td>• Whole grain foods (ex. Wheat bread and brown rice)</td>
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<tr>
<td>• Lean meats</td>
<td>• Raw vegetables</td>
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<tr>
<td>• Cooked vegetables without skin</td>
<td>• Spicy foods</td>
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<tr>
<td></td>
<td>• Caffeinated foods or beverages</td>
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Doing regular physical activity is an important part of staying healthy. Exercising can help improve your mood, relieve stress, reduce depression and anxiety, and strengthen your immune system. It is recommended that children and adolescents age 7-17 years old do one hour or more of moderate to vigorous physical activity daily.

During periods of increased IBD symptoms, you may feel tired or unable to exercise. At these times, it is best to limit exercise and let your body rest. Ask your doctor if there are any restrictions on the type or amount of exercise you can do.