

F Newer Therapies

Infliximab is an antibody which binds with Tumour Necrosis Factor suppressing the inflammatory cascade. It is especially effective in severe Crohn's disease and in healing Crohn's fistulae.

Cyclosporin can be effective in very severe ulcerative colitis but its use is limited by possible kidney side effects.

Surgical Treatment

Ulcerative Colitis Most ulcerative colitis responds to medical treatment. If this fails, although surgery is a big step, removing the colon cures ulcerative colitis. Partial resection of the colon in ulcerative colitis is not recommended.

Crohn's disease Surgery is used only for complications of Crohn's disease. Crohn's disease cannot be cured surgically, as it can recur in a previously unaffected part of the bowel. Because some people need several operations to remove diseased, scarred or narrowed areas, the bowel may become significantly shortened.

For more information on this or other related topics contact The Gut Foundation

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BECAUSE YOU DON'T NEED A PAIN IN THE GUT



inflammatory bowel disease

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What is it?

The term inflammatory bowel disease is used to describe two chronic disorders which cause inflammation of the bowel.

Both conditions can also affect parts of the body outside the bowel and may be associated with poor general health.

Ulcerative colitis

Ulcerative colitis is inflammation of the mucous membrane or superficial lining of the large bowel (the colon). If only the last section of the large bowel (the rectum) is involved, it is called ulcerative proctitis.

Although less serious, it may respond less predictably to treatment.

Crohn's disease

Crohn's disease is inflammation of the full thickness of the intestine rather than just the superficial lining.



Unlike ulcerative colitis, Crohn's disease may involve any part of the digestive tract but frequently occurs in:

- the terminal ileum (the last section of the small bowel) and is called **ileitis**.
- the large bowel called **colitis**.
- both the small and large bowel called **ileo-colitis**.

As it involves all layers of the bowel wall, Crohn's disease may form:

- **strictures** which are narrowed areas,
- **fistulae** which are connections between the bowel and another loop of bowel, or between the bowel and other organs such as skin, bladder and vagina.

How common is it?

Incidence In Australia, the incidence of Crohn's disease is increasing whereas the incidence of ulcerative colitis is steady. There are up to 10 new cases of ulcerative colitis per 100,000 population each year, and half as many cases of Crohn's disease.

Geography Inflammatory bowel disease occurs worldwide but is more common in developed countries. It is uncommon in Africa, Asia and South America.

Age and sex The incidence of inflammatory bowel disease is similar in males and females. The disease can

start at any age but commonly occurs between 15 and 30 years. It is also increasingly seen in elderly people. Ulcerative colitis can occur in infants, but Crohn's disease is rare under the age of five.

Ethnic background Genetic, racial and cultural factors may influence susceptibility to inflammatory bowel disease.

What causes it?

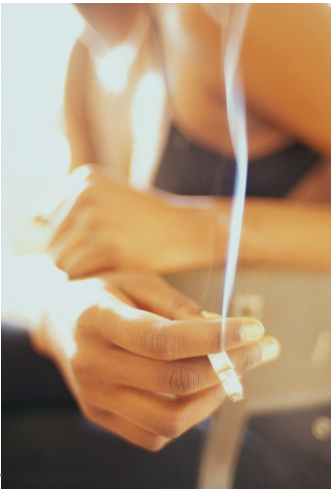
Genes Family and twin studies show an increased frequency of inflammatory bowel disease in related individuals.

Infectious agents There is no evidence that the disease is contagious. Active research is in progress investigating the role of bacteria and viruses in causing IBD. One such bacteria is *Mycobacterium paratuberculosis*.

Drugs (such as NSAIDs and COXIBs) Used to treat arthritis and rheumatism, may trigger a relapse.

Smoking Ulcerative colitis is less common in smokers. Crohn's disease by contrast, is more common in smokers.

Psychogenic factors There is no evidence that particular personality types or emotional stress cause inflammatory bowel disease, but emotional stress may increase suffering and the severity of symptoms.



Immune system The immune system is closely involved in inflammatory bowel disease and many therapies are targeted towards modifying the immune response.

Diet No specific dietary factors have been shown to cause inflammatory bowel disease.



The common symptoms

Ulcerative colitis

- diarrhoea
- rectal bleeding (bleeding from the bowel)
- passing mucus
- abdominal pain & discomfort

Crohn's disease

- abdominal pain
- diarrhoea
- fever, malaise
- nausea & vomiting
- loss of appetite and weight loss
- poor growth in children
- anal fistulae, fissures and abscesses

In both Ulcerative Colitis and Crohn's disease, symptoms outside the bowel may occur:

- arthritis
- skin & eye problems
- liver disease
- mouth ulcers

Diagnosis

The symptoms can suggest the possibility of inflammatory bowel disease, but an accurate diagnosis requires other investigations including:

Examination Of the stool to exclude parasites and other infections.

Blood tests May indicate anemia, the presence of inflammation or nutritional problems. However, it is possible to have normal blood tests even with severe disease. There is no specific blood test for inflammatory bowel disease.

Colonoscopy or sigmoidoscopy These are examinations which allow the lining of the large bowel to be inspected using a flexible tube inserted through the anus. In Crohn's Disease inspection may be necessary of the upper gastrointestinal tract by endoscopy.

Barium enema This examination has mostly been replaced by colonoscopy.

Small bowel x-rays Are used to outline the small intestine in Crohn's disease.

Wireless capsule endoscopy May demonstrate lesions not seen on small bowel x-ray.

Histopathology A pathologist can usually differentiate between the two conditions from a microscopic examination of tissue obtained by biopsy obtained at endoscopic inspection or surgery.



Medical Treatment

Drug therapy is usually needed for treating inflammatory bowel disease.

- A Cortisone**
[i] Cortisone derivatives (steroids) are almost always required for the treatment of acute attacks. Extensive disease will require intravenous or oral cortisone. Localised disease (Proctitis) may benefit from topical treatment with enemas, foam or suppositories. Long-term treatment with steroids should be kept to a minimum because of the potential side effects.
[ii] Budesonide is a new oral steroid preparation which avoids many side-effects. It is especially suited to treat ileal disease.
- B 5-Amino Salicylic Acid Compounds**
[i] Sulphasalazine (*Salazopyrin*)
[ii] Newer 5-ASA drugs (mesalazine, olsalazine)
(a) Mesalazine (*Mesasal*, *Salofalk*)
(b) Olsalazine (*Dipentum*)

These are used long-term to reduce the frequency of disease. *Mesasal* is available as enemas or suppositories for proctitis.

- C Immunomodulatory drugs**
[i] Azathioprine (*Imuran*) or mercaptopurine (*Purinethol*)
[ii] Methotrexate.
May be required in more severe diseases and allow cessation of steroid therapy.

- D Antibiotics**
[i] Metronidazole (*Flagyl*)
[ii] Ciprofloxacin. May be used for active Crohn's disease with fistulae.

- E Exclusion or elimination diets are not often useful in adults.**
Dietary modification, including elimination diets, may be useful in children with Crohn's disease. Reducing the dietary fibre content may be necessary in Crohn's disease with stricture formation.