

# INFLAMMATORY BOWEL DISEASE (IBD)

## WHAT IS INFLAMMATORY BOWEL DISEASE (IBD)?

Inflammatory Bowel Disease (IBD) is the term for a group of digestive disorders, including Crohn's disease and ulcerative colitis, the two most common forms. These two diseases are very similar and are often difficult to differentiate, especially when they are localized in the colon (large intestine). The main difference is in their sites of activity. Ulcerative colitis is confined to the colon, while Crohn's disease may affect the entire digestive system from the mouth to the anus. While Crohn's disease and ulcerative colitis are chronic disorders, they are typified by flare-ups of symptoms followed by periods of remission.

## WHAT ARE THE SYMPTOMS?

The most common symptoms of Crohn's disease are abdominal pain, diarrhea, rectal bleeding and bloody stools, fever, weight loss and anemia. Ulcerative colitis is associated with diarrhea

and rectal bleeding, rapid weight loss, and fever.

## ARE THERE ANY ASSOCIATED COMPLICATIONS?

Both Crohn's disease and ulcerative colitis are associated with an increased risk of colon and rectal cancer; the incidence is higher in patients with ulcerative colitis than in those with Crohn's disease. Patients with these diseases are at risk of dehydration as a result of rapid loss of fluids and essential nutrients through diarrhea. Arthritis and ankylosing spondylitis (inflammation of the spine), mouth ulcers, iritis (inflammation of the iris of the eye) and perianal fistulas (holes around the anus) are also common complications.

## WHAT ARE THE MOST COMMON TREATMENTS?

The three treatment options available for Inflammatory Bowel Disease (IBD) are nutritional support, drugs and surgery.

**Nutritional support:** Involves ensuring that the necessary amounts of nutrients is being received. This is particularly important in individuals who, for one reason or another, are not absorbing sufficient amounts of necessary vitamins and proteins from regular diet.

**Drugs:** The two types of medications that have been found to be the most useful are 5-aminosalicylic acid (5-ASA) compounds and corticosteroids. 5-ASA compounds are more useful in mild to moderate cases of IBD, and corticosteroids are used in more severe cases. Treatment with these agents should not continue for more than a few months, as serious side effects may occur.

**Surgical treatment of IBD:** Involves cutting out the diseased part of the intestine or, in more serious cases, removal of the rectum and part of the intestine and placement of an ileostomy or colostomy (the intestine protrudes from a small hole in the abdomen and waste is collected in a bag).