The ABCs of Inflammatory Bowel Disease

Jennifer Choi, M.D.
Associate Director
March 31, 2012
What Will This Talk Cover?

• What is IBD?
  – What causes it?
  – What are complications of it?
  – How do I find out if I have IBD?
  – How do we treat IBD?

• What is a colonoscopy?

• Checklist of things every IBD patient should do to maximize your health & care

This will NOT cover specific treatments, diets, surgeries, alternative or experimental therapies
What Is Normal GI Anatomy?

- Mouth
- Esophagus
- Stomach
- Small intestine
  - Duodenum
  - Jejunum
  - Ileum
- Large intestine = Colon
  - Cecum, ascending, transverse, descending, sigmoid
- Rectum
- Anus
Terms & Abbreviations

• **GI** = Gastrointestinal

• **___-itis** = “Inflammation of the _____”
  – **Colitis** = Inflammation of the **colon**
  – **Ileitis** = Inflammation of the **ileum**
  – **Proctitis** = Inflammation of the **rectum**

• **IBD** = Inflammatory **Bowel Disease**
  – **CD** = Crohn’s **Disease**
  – **UC** = Ulcerative **Colitis**
What Is IBD?

Inflammatory Bowel Disease = IBD

Crohn’s Disease (CD)
Ulcerative Colitis (UC)
Indeterminate Colitis
Who Gets IBD? How Common Is IBD?

• 1.5 million Americans have IBD
  – 150,000 are children

• 90,000 people in Los Angeles/Orange County have IBD
Who Are The Faces of IBD?
How Are Ulcerative Colitis & Crohn’s Disease Different?

- Colon only
- Continuous involvement upwards from rectum
- Rectum always involved
- Surgery cures this!

- Anywhere from mouth to anus, but often small bowel + colon
- Patchy
- Strictures, Perianal Fistulas, Fissures, Abscesses
- Surgery is not a cure
QUESTION #1: TRUE OR FALSE?
Ulcerative colitis involves only the colon, but Crohn’s disease can affect anywhere in the digestive tract from the mouth to anus.

1. True
2. False
What Are Signs or Symptoms of IBD?

- Rectal bleeding
- Abdominal pain/cramps
- Diarrhea
- Fevers
- Fatigue/weakness
- Low blood count = anemia
- Mouth sores
- Nausea/vomiting
- Delayed puberty
- Abdominal mass

- Growth failure
- Weight loss or Inability to maintain/gain weight
- Constipation
- Intestinal obstruction
- *OR* none of the above!
ExtraIntestinal Symptoms

- Joint aches/Arthritis of large joints
- Rash
  - Pyoderma gangrenosum
  - Erythema nodosum
- Eye pain
  - Episcleritis
  - Uveitis
Perianal Features of IBD

- Abscesses
- Fissures
- Fistulas
- Strictures or stenoses
Other Conditions Seen With IBD

- Ankylosing spondylitis
- Sacroiliitis
- Skin tags
- Kidney stones
- Blood clots (DVT)
- Primary sclerosing cholangitis (PSC)
- Gallstones
- Rheumatoid arthritis
- Psoriasis
- Hypothyroidism
- Celiac sprue
- Type 1 Diabetes
- Lymphoma
- Osteoporosis
- Colon cancer
QUESTION #2
Signs and symptoms of IBD might include:

1. Rectal bleeding
2. Abdominal pain or cramping
3. Diarrhea
4. Fatigue
5. Skin rash
6. Joint pain
7. All of the above
What Else Could It Be (Besides IBD)?

- Infections
  - Food poisoning (gastroenteritis)
  - Traveler’s diarrhea
  - CMV
  - C. difficile “C diff”
  - Tuberculosis (TB)
  - Parasite (Giardia)
- Medication-related
  - NSAIDs (ibuprofen, aspirin)
  - Antibiotics
- Diverticulitis or diverticular colitis
- Radiation colitis
- Diversion colitis
- Amyloidosis
- Sarcoidosis
- Behcet’s disease
- Sweet’s syndrome
- Lactose intolerance
- Microscopic colitis
- Ischemic colitis
- Irritable bowel syndrome (IBS)
- Bacterial overgrowth
- Celiac sprue
- Appendicitis
How Do I Know If I Have IBD?

• Go see your GI doctor
  – Episodic, progressive
  – Family history
• Physical exam
  – Rectal exam
• Stool tests
• Blood tests = “labs”
• X-rays (CT scans or MRI)
• Colonoscopy with biopsies
  – Flexible sigmoidoscopy w/biopsies
• Endoscopy with biopsies
What is a Colonoscopy?
What is a Colonoscopy?
What Does IBD Look Like?

NORMAL COLON

Ulcerative Colitis

Colonic Pseudopolyps
What Treatments Exist For IBD?

- **Mesalamine/Sulfasalazine (5-ASA)**
  - Azulfidine, Asacol, Pentasa, Colazal, Lialda, Apriso, Rowasa, Canasa

- **Corticosteroids**
  - Prednisone, prednisolone (Solu-Medrol), budesonide (Entocort), Cortifoam

- **Immunomodulators**
  - 6-mercaptopurine (Purinethol), azathioprine (Imuran), methotrexate

- **Biologics**
  - Infliximab (Remicade), adalimumab (Humira), certolizumab (Cimzia)
  - Natalizumab (Tysabri)
Other Therapies In IBD

• Diet
• Alternative therapies
• Cyclosporin, thalidomide
• Antibiotics (pouchitis, fistulas, or bacterial overgrowth)
• Probiotics (pouchitis)
• Vitamins, especially iron or Vitamin B$_{12}$
• Experimental therapies
• Surgery
Which Therapy is Right for Me?

• No 2 IBD patients are the same
• Talk to your GI or IBD doctor about which medication or surgery is best for you
• Don’t give up on medications quickly
  – Some take months to work!
## Reasons For Surgery

- Severe bleeding
- Perforation
- Abscess
- Fistulas
- Stricture or narrowing
- Obstruction

- Can’t stop steroids
- Can’t tolerate other medicines
- Can’t do a full colonoscopy
- Infection
- Cancer

---

**Surgery is not a failure**

**Surgery is not always a last resort**

**Surgery is a CURE for Ulcerative colitis**
Checklist of 5 Things Every IBD Patient Should Do To Maximize Your Health & Care
1. Collect your medical records for your GI or IBD doctor

- Colonoscopy & endoscopy reports
- Pathology
- Surgery/operative reports
- Radiology
- GI notes
- Discharge summaries from hospitalizations
Make lists and take notes

• List all the medications you’ve ever tried for IBD
  – Include dates, reasons why you stopped them
  – Calendar of your infusions or injections
  – Record if you’ve missed medications, too

• List all the surgeries you’ve had (with dates)

• Vaccinations card

• Symptom and food diary
2. Build a team of doctors you trust

- Primary care doctor = PCP or PMD
- GI doctor
- IBD doctor
- Surgeon (colorectal)
- OB/Gynecologist
- Nutritionist
- Social worker
- Psychiatrist/psychologist
Plan to see your medical team often

• Visit your doctor at least 2-3 times a year
  – Do a rectal exam!
  – Females should have a Pap smear & gynecologic exam
  – Get routine vaccinations

• Expect blood tests
  – Ask for pediatric tubes for lab draws when possible
Speak up!
Ask your doctors questions

• Be proactive
  – You need to let your doctor know if things don’t feel right or are getting worse
  – You will know before your doctor will
  – Don’t wait till it’s too late!

• Ask if you can call or email your doctor
3. Be honest with your doctors

Your doctor needs to know if you:

- Have side effects from your medicines
- Are not taking your medicines
- Are using drugs
- Are trying to get pregnant
- Are worried or afraid about something
- Can’t afford something
Tell your doctor about...

- Herbs
- Vitamins
- Prebiotics, probiotics
- Supplements
- Over-the-counter medications (ibuprofen, aspirin, cold medicine, etc.)
- New diet regimens, including teas & drinks
- Alternative therapies
3. Don’t make excuses

- Allow your doctor to do a rectal exam!

- Don’t fool yourself into thinking that what worked for your friend/neighbor/family will automatically work for you
  - No 2 IBD patients are exactly the same!

- IBD is usually long-term and chronic
  - Don’t ignore it and wait for complications

- There is no medication without potential side effects
When in doubt, go to the ER

• Go to the ER for:
  – Severe pain
  – Excessive bleeding
  – Fevers
  – Inability to eat
  – Problems breathing
  – Chest pain
  – Lightheadedness or blackouts
  – Weakness

• Know where your nearest local ER is

• Prepare a list of contacts (family & your team of doctors)
4. Do great colonoscopies

- Do the best bowel prep that you can!
- Make sure your GI doctor takes biopsies throughout your entire colon and small intestine (ileum)
- Remember colon cancers
  - IBD patients have a higher risk of colon cancer if colon involved
5. Take some time for yourself

- Managing IBD takes time
  - Doctor visits, tests, and procedures
  - Taking medications
  - Research

- Learning more about IBD is empowering
Learn more about IBD

- Do some research. Read about IBD
- Talk to others with IBD
- Attend local meetings (CCFA Los Angeles/Orange County chapters)
- Support your doctors’ research in IBD
Checklist Recap

1. Collect your medical records for your GI/IBD doctor
   - Make lists/take notes

2. Build a team of doctors you trust
   - Plan to see your team often
   - Speak up! Ask your doctors questions

3. Don’t make excuses
   - When in doubt, go to the ER

4. Do great colonoscopies
   - Remember colon cancer

5. Take some time for yourself
   - Learn more about IBD
Thank you!

Any questions?

jmchoi@mednet.ucla.edu
(855) IBD-UCLA / (855) 423-8252