

The ABCs Of IBD Treatments

(NAPSA)—Every year, some 70,000 Americans are diagnosed with an inflammatory bowel disease (IBD), such as Crohn's disease and ulcerative colitis. They're characterized by ongoing inflammation in the intestine and symptoms include:

- persistent diarrhea
- abdominal pain or cramps
- rectal bleeding
- fever and weight loss
- fatigue
- joint, skin or eye irritations
- delayed growth in children.

There's no known cure but there are treatments. Medical treatment has three main goals:

- A. Achieving remission (the absence of symptoms)
- B. Maintaining remission (prevention of symptoms or flare-ups)
- C. Improving quality of life.

To accomplish these, treatment is aimed at controlling the inflammation and your doctor will work with you to find the right medications for you. Managing Crohn's disease and ulcerative colitis involves dedication to taking your medications as prescribed and open communication with your doctor so you can work as a team toward the goal of remission.

IBD medications generally fall into five categories:

1. Aminosalicylates limit inflammation in the digestive (or gastrointestinal) tract. They can be pills, liquids or suppositories.

2. Corticosteroids work by lowering the activity of your immune system and limiting inflammation. They're mostly used for short-term treatments as they reduce inflammation in a few days to a few months but have a high potential of side effects. Corticosteroids can be taken orally, rectally or injected.

3. Immunomodulators are often used as a long-term treatment to calm your immune system over time. Since it may take several months before their effect is seen, immunomodulators are often started at the same time as faster-acting corticosteroids with the idea that you'll stop taking steroids once the immunomodulators take effect. These medications can be injected or taken in pill form.

4. Antibiotics are used to treat the infections that arise unexpectedly or for IBD patients who encounter certain complications including abscesses (pockets of pus) and fistulas, which are abnormal connections of the intestine to other parts of the body. Clostridium difficile (or C. diff) is a common bacterial infection that also requires anti-



When you're an active member of your health care team, you and your doctor can come up with the best treatment strategy for you.

biotic treatment. If an IBD patient has surgery, antibiotics will likely be used afterward. They can be taken orally or through an intravenous infusion.

5. Biologic therapies (also known as biologics) are proteins that block specific molecules in the body that cause inflammation. These medications are for people with moderate to severe active IBD who have not responded well to other types of medications, or for those at high risk of complications. Biologics can be delivered through injection or taken intravenously.

It's Important To Take Medications As Prescribed

Living with Crohn's disease and ulcerative colitis can be challenging as you face symptoms and cope with the effects on your daily living. You should know, however, that you have a major role in keeping your symptoms and inflammation under control.

Medications work best when taken consistently and as prescribed. That can help prevent complications such as surgery, hospitalization, flare-ups, and risk of cancer due to uncontrolled inflammation. Sometimes, a medication may not seem to be working, or new symptoms or complications may arise. What works at one stage of your disease may not work at another. If you experience symptoms while on treatment, tell your doctor. Discuss other available options, their benefits and risks. To help, the Crohn's & Colitis Foundation offers online tools that explain the pros, cons and trade-offs of various treatments.

Learn More

For further information, call Crohn's & Colitis Foundation's IBD Help Center at 888-MY-GUT-PAIN (888-694-8872) or visit www.crohnscolitisfoundation.org.