

# STRAIGHT TALK ABOUT IBD

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The causes, symptoms and  
treatments you need to know

# STRAIGHT TALK ABOUT IBD

## WHAT IS IBD?

Unlike many other disorders, Inflammatory Bowel Disease is not a single condition. It's actually a term for a family of conditions that involve inflammation of your gastrointestinal tract. When you have an IBD disorder, certain triggering events can cause your body to react in ways that produce unpleasant symptoms, including many that happen outside of your digestive tract.



IBD is classified as an **autoimmune disorder** because your immune system is producing an unhealthy response to your own cells, attacking them as if they were foreign invaders.

The most common forms of IBD are **Crohn's disease** and **ulcerative colitis**, also known as UC. Both of these often have similar symptoms, but they are very different.

## CROHN'S DISEASE

Most people tend to associate Crohn's disease with an urgent need to empty the bowels, but it's not limited to the lower parts of the digestive tract. It can actually affect you anywhere from mouth to anus, and its symptoms can be more varied than you might have realized:

- Severe diarrhea
- Abdominal pain
- Fever
- Fatigue

Outside of the digestive system, symptoms can include:

- Anemia
- Arthritis
- Inflammation of the eye
- Skin rashes

You may not experience all of these symptoms, and the ones you do experience may be mild or severe. They can even change from day to day, and it's not uncommon to go into periods of complete remission where you have no symptoms whatsoever. That doesn't mean that it can't come back, so it's important to stay under your doctor's care and follow your treatment routine at all times.

## ULCERATIVE COLITIS

Unlike Crohn's, which can occur anywhere along the digestive tract from entry to exit, UC occurs in your colon (the large intestine) or your rectum. What happens is that the lining becomes inflamed, and this inflammation creates small ulcers. UC is usually categorized by where exactly it occurs in the bowel, and this is important because treatments may vary based on your particular condition.

Some of the most common symptoms include:

- Frequent need to empty your bowels
- Loose stool
- Rectal bleeding or pus
- Abdominal pain
- Fever
- Weight loss

Like Crohn's disease, you can also experience symptoms outside of the intestine such as:

- Burning, redness, itching and other problems of the eyes
- Mouth ulcers and sores
- Skin conditions, including nodules or lesions formed on the legs
- Joint conditions, including various types of arthritis
- Liver conditions, including inflammation of the bile ducts
- Certain blood and endocrine disorders

Symptoms can vary from person to person and from time to time, but even if you have mild symptoms – or none at all! – it's essential that you stay under a doctor's care because UC is a progressive disease. That is, it can worsen with age, and in advanced cases, UC can even lead to life-threatening situations.

## WHAT IBD IS NOT!

Don't feel bad if you find all the different names and acronyms for digestive disorders confusing – there are a lot of conditions out there, and it's easy to get them mixed up. Many people, for example, confuse IBS and IBD, and many don't even realize that they're entirely separate disorders.

## What Causes IBD?

We aren't entirely sure what causes Crohn's disease or ulcerative colitis, but many believe that a virus or bacteria may trigger the onset of the disease. There does seem to be a genetic component to who comes down with it – both conditions are more common in people with a family history of the disorders – and most people with Crohn's are diagnosed by the time they turn 30 while most of those with UC get diagnosed before the age of 35.

<b>IBS</b>	<b>WHAT'S THE DIFFERENCE?</b>	<b>IBD</b>
IBS = IRRITABLE BOWEL SYNDROME	<b>WHAT DOES IT MEAN?</b>	IBS = INFLAMMATORY BOWEL DISEASE
A group of symptoms that include stomach pain, diarrhea and constipation	<b>WHAT IS IT?</b>	A group of inflammatory diseases including Chron's disease and ulcerative colitis
Twice as common in women as in men	<b>WHO CAN GET IT?</b>	Men and women equally, and it tends to run in families
Usually in late adolescence or early adulthood	<b>WHEN DOES IT HAPPEN?</b>	Usually before you're 30, but it can develop later
Food, stress, medicine, hormones and other factors	<b>WHAT TRIGGERS IT?</b>	There are often no clear triggers
Based on symptoms	<b>HOW IS IT DETECTED?</b>	Usually by colonoscopy, biopsy or other tests
YES	<b>ABDOMINAL PAIN?</b>	YES
YES	<b>CONSTIPATION OR DIARRHEA?</b>	YES
NO	<b>INFLAMMATION OF THE GUT?</b>	YES
NO	<b>ANEMIA?</b>	YES
NO	<b>FEVER?</b>	YES
NO	<b>WEIGHT LOSS?</b>	YES
NO	<b>INCREASED RISK OF CANCER?</b>	YES
Impaired quality of life	<b>COMPLICATIONS</b>	Joints, kidneys, eyes, skin and bones can all be effected
Management through diet, medication and various medical therapies	<b>HOW IS IT TREATED?</b>	Management through diet, medication and various medical therapies

IBD is NOT IBS. Irritable Bowel Syndrome, or IBS, is used to describe a group of symptoms that include abdominal pain, excess gas, changes in stool consistency and diarrhea or constipation, to name a few. It is not an inflammatory disease the way that IBD is, so the treatment path is often quite different.

IBD is also NOT Celiac disease, which is a sensitivity to gluten that can produce troubling digestive symptoms. Celiac disease does happen to be an inflammatory disorder like IBD, but because it's specifically linked to gluten, it's treatment path is usually far more straightforward: Eliminate gluten from your diet and you're likely to significantly reduce the number of episodes you experience.

### HOW COMMON IS IBD?

Having an IBD condition can feel isolating – it's not always easy to talk about, and many people suffer with symptoms for years before they work up the courage to visit a professional. But if this is something you're living with, know that you're not alone. According to the Centers for Disease Control, a little more than 3 million adults in the U.S. have IBD, which is enough to fill every

NFL stadium one-and-a-half times. That's a lot of people in the same boat!

It's most common to be diagnosed with Crohn's disease or ulcerative colitis when you're in your teens or 20s, though it can affect anyone at any time. Genetics may also play a role, though that may only be one of many factors that can influence whether or not you develop the disorder.

If you do have IBD, though, it's worth noting that you may also be more likely to develop other chronic conditions such as heart disease, cancer, diabetes and arthritis. Just one more reason to make sure that you're under a doctor's care!

## WHO DO I SEE FOR IBD?

Because of the broad range of symptoms that you can experience with IBD, there's a good chance that rather than being cared for by a single doctor you'll have a team of physicians working to get you well and keep you that way.

In most cases, your first stop be a gastroenterologist, a specialist who focuses on the digestive tract, and he or she will be the primary coordinator of your care. Don't be surprised if you're also recommended to visit a dietician, since diet plays such an important role in the way your condition presents itself.

If you have symptoms that go beyond the digestive tract, though, there are other physicians that your doctor may also want you to see:

- **Rheumatologist** – To address joint pain and skeletal symptoms
- **Dermatologist** – To treat any skin issues you may have
- **Ophthalmologist** – For eye problems, including itching, redness, inflammation and more
- **Endocrinologist** – To evaluate and address issues with hormones
- **Mental Health Professional** – To help you deal with the emotional challenges of IBD

## HOW IS IBD DIAGNOSED?

Because a whole range of bowel disorders and other diseases can have similar symptoms, and because those symptoms can be remarkably variable from one person to the next, your doctor will likely run a number of tests to diagnose your particular disorder and rule out other possibilities.

- **Blood tests** for anemia or infection
- **Stool studies** to see if there are any irregularities in your stool
- **Flexible Sigmoidoscopy** using a thin, lighted instrument to examine your rectum and part of your colon
- **Colonoscopy** to examine your colon for any signs of disease
- **Upper endoscopy** to examine your upper gastrointestinal tract, including the esophagus, stomach and first part of your small intestine



- **Capsule endoscopy** where you swallow a tiny capsule with a camera inside it
- **Balloon-assisted enteroscopy** using an instrument to examine portions of your small bowel that are usually out of reach with other forms of examination
- **X-rays** of your abdomen to help rule out certain serious conditions like a perforated colon.
- **CT scans** to capture a detailed picture of your entire bowel and surrounding tissue
- **MRIs** to examine organs and tissues around the anal area or in the small intestine.



## HOW DO I TREAT IBD?

There is no single treatment for IBD – the approach you take will depend on your particular condition, your symptoms and other factors. Fortunately, there are a number of time-tested, proven ways to address your problem, including many that you can begin on your own right away. You'll almost certainly find that you'll be implementing a number of the following strategies at the same time:

### LIFESTYLE

Since we're talking about a digestive disorder, you'll definitely want to take a look at how changes to your diet and lifestyle may be of benefit. Certain foods are triggers for symptoms, and by avoiding them, you may be able to prevent flare-ups. For example, dairy products are notorious for causing diarrhea, abdominal pain and gas in millions of people. Other culprits include high-fat foods, spicy foods, alcohol and caffeine, though that's just the tip of the iceberg when it comes to food sensitivity. A good way to help you identify those foods that set you off is to keep a food diary – [click here for your free copy downloadable food diary](#) – so you can track your diet and your symptoms to see if there are any noticeable correlations.

### MULTIVITAMINS

When you suffer from a digestive disorder, you may not be absorbing all the nutrients you should. Supplementation can help ensure that you're getting the building blocks you need to stay healthy – but do check with your doctor or dietician first to make sure that what you take is right for you.

### QUIT SMOKING

Need another reason to kick the habit? It turns out that smoking can also increase your risk of IBD or make symptoms worse.

## REDUCE STRESS

There's a lot of evidence to suggest that stress can aggravate your IBD, so it makes sense to do what you can to reduce it. Try exercise, meditation, mindfulness, hobbies, deep breathing or any other technique that you find helpful at lowering the anxiety and tension you feel.

## MEDICATIONS

There's a variety of medications regularly used to treat IBD, and what your physician prescribes will depend on what form of IBD you have, what your symptoms are, how severe and frequent they are, your health profile and other factors. The most common ones include:

- **Immunosuppressants** – These work on your immune system to reduce the inflammation that your body produces. Two categories of drugs that are commonly prescribed to suppress the immune system are corticosteroids and immunomodulators, but you'll want to take these under the close care of your doctor because they can produce significant side effects.
- **Biologics** are a class of treatments that neutralize the activity of certain proteins that cause inflammation. They're usually administered either as injections or through intravenous infusions.
- **Aminosalicylates** – Patients with mild-to-moderate UC often get real benefit from these inflammation fighters.
- **Small molecule medications** – These are fairly new for the treatment of moderate-to-severe UC. Rather than act on the immune system in general, they target specific areas, so they're more focused on intestinal inflammation.
- **Anti-diarrheal medications** – If diarrhea is one of your symptoms, over-the-counter products can be a real godsend!
- **Over-the-counter pain killers** – Ibuprofen, naproxen sodium and diclofenac are all frequently recommended as ways to help you deal with the discomfort of IBD. But it's important to note that some of these medications can actually aggravate symptoms, so watch how you respond to them to make sure that you're not inadvertently making things worse.
- **Antibiotics** – In conditions where there's a concern about possible infection – particularly some forms of UC – antibiotics may be prescribed.



## SURGERY

When lifestyle changes and medication aren't enough, some patients may opt for surgery to treat their condition. The type of procedure you have will depend on whether you have Crohn's or UC, how severe your condition is, where specifically it's located in the body and a range of other factors.



### Procedures for Crohn's disease

Many patients have gotten excellent results from a procedure called a bowel resection, where a surgeon removes a damaged portion of the bowel and connects the healthy portions together. While this is often successful, some patients may require a second procedure around 10 years after the first.

### Procedures for Ulcerative Colitis

The preferred surgery for UC today is the J-Pouch procedure, where the colon is removed and a pouch is created between the remaining intestine and the anus. This allows you to continue emptying your bowels as you normally would.

In some cases, more extensive measures are required. A proctocolectomy is where the colon, rectum and sometimes the anus is removed. The surgeon will create a small opening in the abdomen called an "ostomy," and a bag will be fit over this opening to collect waste.

Keep in mind that these are only some of the treatments your doctor may recommend. In addition to other approaches that may work for you, new treatments are constantly in development, and there's hope that there may be even more effective therapies available in the near future.

## DEALING WITH THE EMOTIONAL TOLL OF IBD

People living with digestive disorders can experience emotional symptoms that are every bit as troubling as their physical ones. Anxiety, worry, self-doubt and depression are all common among those with IBD, and no wonder – between the discomfort of the symptoms themselves, fears over embarrassment, concerns over finding restrooms, and shame about sharing details with others, IBD has countless ways to make us feel down.

The good news is that, just like your physical symptoms, there are a number of highly effective treatments for your emotional symptoms, as well. Many patients find that deep



breathing exercises, meditation, yoga, acupuncture, acupressure, prayer and other methods for concentration, focus and stress reduction can be particularly helpful. Others find value in cognitive-behavioral, since it's a type of therapy that's focused specifically on generating results and helping you develop real-world strategies to overcome your stressors.

For more information about these approaches and others, visit the NAFC online at [NAFC.org/coping-with-a-bowel-condition](https://NAFC.org/coping-with-a-bowel-condition).

## GETTING STARTED ON YOUR TREATMENT PATH

By now you know how important it is to talk with your doctor about your symptoms and get on a treatment journey that's right for you. But that doesn't make it any easier to have that conversation – issues around digestive disorders can be very difficult to talk about.

That's why here at the National Association for Continence we like to remind people that ***There's No Shame in Being Human***. As we mentioned earlier, there are millions of people out there just like you living with IBD, and there are thousands of doctors across the country who deal with these issues every single day. You are not alone.

If you don't know where to begin, a great way to start is to simply say to your doctor that you'd like to talk about IBD. Once the ice is broken, you'll find that the rest of the consultation usually moves along like most any other discussion you have with your physician.

And if you don't even have a physician to talk with, you can visit the free Doctor Finder at [NAFCFindADoctor.org](https://NAFCFindADoctor.org) to locate a qualified specialist near you.

Of course, you'll want to make sure that you have a thorough, productive conversation, so we've also put together a simple discussion guide with important questions that will help your doctor through the diagnostic process. You can download it by visiting [NAFC.org/IBD-discussion-guide](https://NAFC.org/IBD-discussion-guide).



Finding a qualified specialist near you is easy - simply use the NAFC Specialist Locator online by **clicking here**.

NATIONAL ASSOCIATION



FOR CONTINENCE

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