INFLAMMATORY BOWEL DISEASE CLINIC

What Is Inflammatory Bowel Disease?

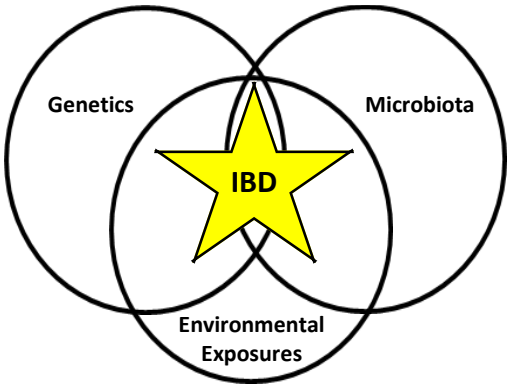
Inflammatory bowel disease (IBD) is a chronic inflammatory condition of the gastrointestinal tract. The two (2) main classifications of IBD are Crohn's disease (CD) and ulcerative colitis (UC). In a small number of patients, it is difficult to classify the disease as either Crohn's disease or ulcerative colitis, and is referred to as indeterminate colitis or IBD-Unclassified. Inflammatory bowel disease is often diagnosed in late childhood and early adulthood, and the incidence (or new diagnoses) of IBD in this age group is increasing.

Symptoms of IBD may include abdominal pain or cramping, diarrhea, blood in the stool, vomiting, fever, weight loss and change in appetite. Symptoms outside of the digestive system, called extraintestinal manifestations, may also be present and can include joint pain and swelling, rashes and other skin changes, and eye symptoms. IBD is characterized by periods of symptom relapse and remission, although significant inflammation may still persist when symptoms are absent or minimal.

In Crohn's disease, the inflammation can involve all layers of the intestinal wall and can affect any portion of the digestive tract. Because the inflammation does not occur in a continuous pattern, there will be areas of inflammation followed by areas of normal intestinal lining. The most common areas affected in Crohn's disease are the end of the small intestine (terminal ileum) and parts of the large intestine (colon).

In ulcerative colitis, the inflammation is generally limited to the inner lining of the colon and always starts in the rectum, progressing in a continuous manner along the colon. There are different subtypes of ulcerative colitis; some patients will have ulcerative proctitis meaning the disease only affects the rectum, whereas other patients with left-sided colitis and panulcerative colitis will have more extensive disease that affects a greater area of the colon.

The exact cause of IBD is still unknown, but is felt to result from the interaction of multiple factors such as genetics, environmental exposures, microorganisms in the gut, and immune factors. Much research is happening in Canada and around the world to understand these complex relationships that lead to the development of IBD.



Treatment Options for Inflammatory Bowel Disease

Inflammatory bowel disease treatment options are focused on:

- Inducing (*"bringing about"*) and maintaining remission, whereby there is a significant reduction in or absence of inflammation and/or IBD symptoms
- Minimizing treatment side effects and adverse events
- Preventing medical complications
- Decreasing emergency room visits, hospitalizations, and surgeries
- Improving and maximizing quality of life

Your healthcare provider may discuss the following IBD treatment options:

5-Aminosalicylic Acid (5-ASA; Aminosalicylates) and Sulfasalazine:

5-ASA and sulfasalazine are bowel-specific drugs that act locally in the colon (large intestine) and have limited systemic effects. By inhibiting certain chemicals involved in the inflammatory process, these drugs can be used for achieving and maintaining remission in mild-to-moderate inflammatory bowel disease.

Corticosteroids:

Corticosteroids have an anti-inflammatory effect on the body by interfering with the inflammatory process. They also have an immunosuppressive effect, by reducing the activity and effectiveness of the immune system. Corticosteroids are used to reduce inflammation and induce remission when an individual is having a flare of their IBD, but should never be used long-term as maintenance therapy.

Immunomodulators:

Antimetabolite immunomodulators and thiopurine immunomodulators modify the immune system, thereby suppressing the body's immune response which is thought to be overactive in inflammatory bowel disease. These drugs are used to maintain remission in moderate-to-severe IBD. They are often started with a tapering course of corticosteroids to induce remission during an acute IBD flare. They may also be prescribed to prevent antibody formation associated with the use of biological therapy.

Biological Therapy:

Biologics selectively target specific molecules or pathways in the inflammatory process, in order to control or eliminate the chronic inflammation of IBD and promote the healing of fistulas. They are used to induce and maintain remission in moderate-to-severe IBD.

Clinical Drug Trials:

Novel therapeutic options for IBD are being continually investigated in clinical drug trials.

Surgery:

Surgery may be necessary when a patient's IBD is no longer responsive to medical management or to treat acute complications such as bowel obstruction or hemorrhage.

Treatment options must be personalized to the needs and preferences of the individual, as well as the location and severity of his or her IBD.