

Frequently Asked Questions – Crohn's and Colitis (IBD)

What Is IBD?

An inflammatory bowel disease (IBD) is a chronic inflammatory condition that affects parts of the digestive tract, but most commonly involves the small and large intestines. The most common diseases are ulcerative colitis and Crohn's disease.

Ulcerative colitis affects the large intestine (colon), while Crohn's disease can affect any part of the gastrointestinal (GI) tract, from the mouth to the anus.

What Is Crohn's?

Crohn's disease is a chronic inflammatory condition of the gastrointestinal (GI) tract. It most commonly affects the last segment of the small intestine (ileum) and the first part of the large intestine (caecum), although it can occur in any part of the GI tract from the mouth to the anus and, very occasionally, in areas outside the intestine.

It is not uncommon for people with Crohn's disease to have patches of normal tissue in between areas of inflammation. This has implications for how Crohn's disease is treated, especially by surgery. Also, unlike ulcerative colitis, where the inflammation is limited to the innermost lining of the intestinal wall, Crohn's disease can affect all layers of the GI tract. This can lead to the development of complications that are quite specific to the condition.

What Is Colitis?

Ulcerative colitis is a condition that generally affects the innermost lining (mucosa) of the large intestine (colon). The lining becomes inflamed (red and swollen) and tiny open sores (ulcers) form on the surface of the lining. These ulcers might bleed – in fact, bleeding from the rectum is often a first sign that something's not quite right. The inflamed lining also produces a larger than normal amount of intestinal lubricant or mucus, which sometimes contains pus.

What Causes Crohn's And Colitis?

At this stage, no one knows for certain what causes Crohn's and colitis. The best explanation that experts can provide is that several factors come together at the same time to set off a first episode of Crohn's and colitis.

Firstly, there is likely to be a genetic susceptibility, where one or more inherited genes makes a person more prone to developing Crohn's and colitis. Should that person then encounter an environmental trigger—possibly, but not necessarily, a virus, bacterium, or protein—the immune system gets switched on and begins the very normal process of defending the body against a foreign substance. This process is known as inflammation, and this is where things start to go off course.

In most people, the immune response gradually winds down once the invading foreign substance has been destroyed. In others, however, the immune system is unable to recognise or react to signals telling it to switch off, and the inflammation continues unabated. This ongoing inflammation eventually causes damage to the intestinal tract and sets off the first episode of Crohn's and colitis.

How Is Crohn's And Colitis Treated?

There is no such thing as a typical case of IBD. The disease affects every person differently, depending on the actual location of the disease and the severity of the inflammation within the intestines. Some experience only occasional, mild symptoms, while others have frequent and severe flare-ups. Treatment programs are therefore tailored to meet the needs of each individual with IBD.

The major goals of treatment in IBD are:

- to relieve symptoms
- to achieve remission (i.e., absence of symptoms)
- to maintain remission
- to improve quality of life.

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Medications are almost always the first-line treatment strategy for those with IBD. They work by reducing the inflammation and allowing the intestines to heal. Over time, some people will no longer respond to medications, while others might develop extensive and severe disease that cannot be controlled by medications alone. In these cases, surgery could be an option. For some, surgery might in fact be the best option. By providing long-term relief of symptoms and reducing or even eliminating the need for ongoing use of medications, surgery offers many people with IBD an opportunity to lead a healthier and more active lifestyle.

Was The Trigger Something I Ate Or Drank Or Picked Up?

So far, no clear links have been established between IBD and any type of food or drink. Furthermore, IBD is not contagious so it is not possible to pick it up from someone else with the condition. It is also clear that IBD is not caused by stress or other psychological factors.

On the other hand, just as any other chronic illness, IBD causes physical stresses on the body which, in turn, can lead to emotional stress. This can make the symptoms worse for a time, and/or make dealing with the symptoms more difficult. But stress does not cause IBD to occur in the first place

Is Crohn's And Colitis Hereditary?

IBD appears to run in families to a certain extent, suggesting that genetics plays a role in developing the condition. About 20–25% of those with IBD also have a first-degree relative (first cousin or closer) with either ulcerative colitis or Crohn's disease, although current research shows that there is only a small chance that a person will pass on IBD down to his/her own children.

No specific pattern of genetic inheritance however has been identified. This means that even in families that have a history of IBD, there is no way to predict which, if any, other members of the family will develop the disease.

What's The Difference Between Ulcerative Colitis And Crohn's Disease?

Although ulcerative colitis and Crohn's disease share some similarities, they also differ in important ways.

These differences help doctors diagnose between the two conditions and subsequently choose the most appropriate treatment.

	Crohn's disease	Ulcerative colitis
Location	Any part of the digestive tract from the mouth to the anus	Limited to the large intestine (colon)
Pattern	There could be areas of normal intestine between areas of diseased intestine	Usually begins at the rectum and extends up the colon in a continuous manner
Inflammation	Affects the entire thickness (i.e., all layers) of the intestinal wall	Affects only the innermost lining (mucosa) of the colon

What Is Meant By The Term 'Complications'?

Complication is defined as 'an event that makes a simple matter more complex.' In the case of issues relating to health, a complication is defined as 'a disease that arises as a consequence of another.'

If these definitions are applied to IBD, they can best be explained as follows:

In IBD, the main underlying problem is inflammation in parts of the GI tract. Appropriate treatment of the inflammation leads to improvement; the signs and symptoms of IBD might lessen or disappear altogether, and the person feels better. That is uncomplicated disease. In some cases, however, there might be a delay in improvement or no improvement at all with treatment, or the disease might advance despite treatment, or there might be signs and symptoms of disease outside the GI tract. That is known as complicated disease.

In general, the complications of IBD can be divided into two main categories:

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- those that involve the intestine, sometimes called local or intra-intestinal complications
- those that involve parts of the body outside the intestine or the person as a whole, referred to as extra-intestinal or systemic complications, respectively

How Do I Know If I Have A Complication?

Several of the complications of IBD are internal, often making it difficult for a person to know that something is brewing until something goes wrong. Many of the possible complications are already well known by gastroenterologists and colorectal surgeons through years of experience in treating the condition. This knowledge is complemented by certain investigations that can identify internal abnormalities before they become more serious. Blood and urine tests, bone density scans, etc. all provide vital clues as to what's going on inside the body. Complications such as skin and eye disorders, or even symptoms of arthritis, can be easy for you to notice yourself should they ever develop.

The key is to act early. If you think something feels not quite right or different from normal, you should discuss your concerns with your clinical team as soon as possible. Early recognition and prompt treatment of complications can lead to better outcomes.

Are There Complications Of Crohn's And Colitis Specific To Children And Adolescents?

The presence of IBD in children and adolescents raises a new set of issues that might be related to the condition itself or to its treatment. In children with Crohn's disease in particular, a lack of adequate nutrition because of poor absorption of essential nutrients from food and/or prolonged treatment with high doses of corticosteroids can lead to delays in growth and the onset of puberty. Identifying which of these causes is mainly responsible for any delayed growth and pubertal development in a younger person with IBD is extremely important, as treatment can often be adjusted to correct any nutritional deficiencies and restore normal growth patterns.

Another issue specific to children and adolescents is that, while the extra-intestinal or systemic manifestations of IBD might be the same as those in adults, for unknown reasons they seem to predominate and even overshadow the intestinal symptoms. This can sometimes make diagnosis more difficult. It also highlights the importance of keeping a close watch on youngsters who are failing to grow or thrive, who frequently feel sick, have fever, and complain of general malaise and weakness, as these may be systemic manifestations of IBD.

Moreover, having a serious chronic illness such as IBD and having to deal with disturbing symptoms such as diarrhoea, bleeding, pain, fever, etc. can most definitely affect anyone with the condition, people are generally less equipped emotionally to cope with all of the issues and will need additional support from family, friends, and their clinical team.