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TREATMENT SMARTS:

A CLOSER LOOK AT

BIOLOGIC THERAPIES

PAGE 3

FIRST PERSON:

ONE BLOGGER SHARES HER

JOURNEY TO SYMPTOM-FREE LIVING

PAGE 10

HEALTHY EATING:

CROHN'S-FRIENDLY

DIET TIPS

PAGE 12



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THE LATEST ON

CROHN'S DISEASE

TOOTHPASTE INGREDIENT CAUSES TROUBLE

An antimicrobial ingredient called triclosan is in hundreds of products, from toothpaste to toys. Three in 4 Americans have detectable levels of triclosan in their bodies. Now scientists have discovered how this chemical ingredient may wreak havoc on your gut when you have Crohn's disease. Their studies show that your microbiome—the healthy bacteria and other microbes living in the human gut—interact with and activate triclosan in ways that make it more toxic. Blocking those bacteria helped to stop the gut inflammation the triclosan causes. The findings are a reminder of the importance of our microbiome—the collection of healthy gut microbes—for understanding how our bodies handle chemicals in the environment and what it means for our health. The best way to manage this risk for now? Check labels and steer clear of products with triclosan.

SOURCE: *Nature Communications*

1 in 3

Amount of people living with both Crohn's disease and symptoms of anxiety or depression.

SOURCE: *Scientific Reports*

2x

Increase in your chance of developing Crohn's disease when you have depression.

SOURCE: *Gut*

PREDICTING YOUR CROHN'S FUTURE

Some people with Crohn's develop more severe disease than others. Recently, a team of scientists discovered that a simple blood test could offer a cheap and easy way to predict your risk for more serious complications before it happens. The key indicator is the presence or absence of particular antibodies. They went on to show that those antibodies in people with Crohn's disease can disrupt healthy interactions between the immune system and bacteria living in the gut. They also found ways that they could restore the balance. The researchers say their discoveries could one day be used to predict when more complicated Crohn's is coming and develop a more personalized approach to treatment.

SOURCE: *Gastroenterology*



DOGS BOOST KIDS' GUT HEALTH

Want to protect your kids from developing Crohn's disease like you have? A recent study suggests it might help to bring a family dog into the picture. According to the study that included almost 4,300 close relatives of people with Crohn's disease, exposure to dogs from ages 5 to 15 was linked to a healthier gut, which the scientists say may help protect against Crohn's disease. Living with three or more family members early in life also seemed to help. Sorry, cat lovers. Those furry felines don't come with the same apparent benefits for gut health.

SOURCE: *Digestive Disease Week*



BIOLOGIC THERAPIES

LEARN MORE ABOUT HOW THIS TREATMENT OPTION MAY HELP YOUR CROHN'S DISEASE

By Rachel Reiff Ellis

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

If your Crohn's treatment isn't working as well as you or your doctor would like, your doctor may recommend trying biologics. Biologics are medicines isolated from natural sources and then developed into lab-made drugs. They stop certain proteins in the body from causing inflammation.

"In layman's terms, a biological drug suppresses [the body's] reaction to a perceived problem that causes inflammation and tissue breakdown," says John H. Marks, MD, chief of colon and rectal surgery at Main Line Health Lankenau Medical Center

in Wynnewood, PA.

Inflammation pathways originally developed in the body as a healthy process to fight infection, Marks says. But in certain diseases such as Crohn's, these pathways are "revved up" and cause damage instead.

"This is what the biologics suppress in order to treat the disease," Marks says.

A CLOSER LOOK

Some biologics suppress parts of your immune system by targeting specific proteins called tumor necrosis factor (TNF). These biologics are called anti-TNF drugs. They bind to TNF and block it from kicking off the inflammation process. "This is helpful in Crohn's disease because it blunts the body's immune attack on the intestinal wall," Marks says.

Biologics called integrin receptor antagonists prevent the cells that cause inflammation from moving out of blood vessels and into tissues by blocking a protein on the surface of those cells. Other biologics called interleukin antagonists target proteins called interleukins to stop inflammation. Integrins and interleukins are typically the option doctors choose if an anti-TNF drug won't work for you.

Though they have different methods,

all biologics are looking for chinks in the armor of inflammation.

"Basically, scientists have identified weaknesses in the inflammatory response and tried to capitalize on this for patients by triggering ways to suppress the inflammation with minimal side effects," Marks says.

Some biologics you get as an infusion through an IV. Others you get as a shot under the skin.

Anti-inflammatory drugs such as aminosaliclates and corticosteroids have traditionally been doctors' go-to options for treating Crohn's. But in recent years, research has begun exploring whether turning to biologics earlier in the disease course could be a better first-line treatment option.

PROS AND CONS

Because biologics pinpoint only certain parts of the inflammation process, they don't cause as many whole-body symptoms as other treatments can, such as corticosteroids.

They're also good at helping get people to remission, reducing the need for steroids, and reducing the risk of surgery and complications. But they don't work for everyone.

Like with most drugs, biologics come with a risk of side effects. Since your immune system is lowered while you're on them, your risk of infection goes up.

FOR ADULTS WITH MODERATE TO SEVERE CROHN'S DISEASE

SKYRIZI CAN HELP CROHN'S PATIENTS ACHIEVE:



SYMPTOM RELIEF



LASTING REMISSION AT 1 YEAR



ENDOSCOPIC IMPROVEMENT

Meaning at least a 50% visible improvement of the intestinal lining

Ask your gastroenterologist if SKYRIZI may be right for you.



Scan to learn more or visit
SkyriziCrohns.com

You could pay as little as \$5* per treatment

*Eligibility: Available to patients with commercial insurance coverage for SKYRIZI® (risankizumab-rzaa) who meet eligibility criteria. This co-pay assistance program is not available to patients receiving prescription reimbursement under any federal, state, or government-funded insurance programs (for example, Medicare [including Part D], Medicare Advantage, Medigap, Medicaid, TRICARE, Department of Defense, or Veterans Affairs programs) or where prohibited by law. Offer subject to change or termination without notice. Restrictions, including monthly maximums, may apply. This is not health insurance. **For full Terms and Conditions, visit [SKYRIZICDSavingsCard.com](https://www.skyrizi.com/savingscard) or call 1.866.SKYRIZI for additional information.** To learn about AbbVie's privacy practices and your privacy choices, visit <https://privacy.abbvie>

USE AND IMPORTANT SAFETY INFORMATION

SKYRIZI Use¹

SKYRIZI is a prescription medicine used to treat moderate to severe Crohn's disease in adults.

IMPORTANT SAFETY INFORMATION¹

What is the most important information I should know about SKYRIZI® (risankizumab-rzaa)?

SKYRIZI is a prescription medicine that may cause serious side effects, including:

Serious allergic reactions:

- Stop using SKYRIZI and get emergency medical help right away if you get any of the following symptoms of a serious allergic reaction:
 - fainting, dizziness, feeling lightheaded (low blood pressure)
 - swelling of your face, eyelids, lips, mouth, tongue, or throat
 - trouble breathing or throat tightness
 - chest tightness
 - skin rash, hives
 - itching

Infections:

SKYRIZI may lower the ability of your immune system to fight infections and may increase your risk of infections. Your healthcare provider should check you for infections and tuberculosis (TB) before starting treatment with SKYRIZI and may treat you for TB before you begin treatment with SKYRIZI if you have a history of TB or have active TB. Your healthcare provider should watch you closely for signs and symptoms of TB during and after treatment with SKYRIZI.

- Tell your healthcare provider right away if you have an infection or have symptoms of an infection, including:
 - fever, sweats, or chills
 - cough
 - shortness of breath
 - blood in your mucus (phlegm)
 - muscle aches
 - warm, red, or painful skin or sores on your body different from your psoriasis
 - weight loss
 - diarrhea or stomach pain
 - burning when you urinate or urinating more often than normal

Do not use SKYRIZI if you are allergic to risankizumab-rzaa or any of the ingredients in SKYRIZI. See the Medication Guide or Consumer Brief Summary for a complete list of ingredients.

Before using SKYRIZI, tell your healthcare provider about all of your medical conditions, including if you:

- have any of the conditions or symptoms listed in the section “What is the most important information I should know about SKYRIZI?”
- have an infection that does not go away or that keeps coming back.
- have TB or have been in close contact with someone with TB.

- have recently received or are scheduled to receive an immunization (vaccine). Medicines that interact with the immune system may increase your risk of getting an infection after receiving live vaccines. You should avoid receiving live vaccines right before, during, or right after treatment with SKYRIZI. Tell your healthcare provider that you are taking SKYRIZI before receiving a vaccine.
- are pregnant or plan to become pregnant. It is not known if SKYRIZI can harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if SKYRIZI passes into your breast milk.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

What are the possible side effects of SKYRIZI?

SKYRIZI may cause serious side effects. See “What is the most important information I should know about SKYRIZI?”

Liver problems in Crohn's disease: A person with Crohn's disease who received SKYRIZI by intravenous infusion developed changes in liver blood tests with a rash that led to hospitalization. Your healthcare provider will do blood tests to check your liver before, during, and up to 12 weeks of treatment and may stop treatment with SKYRIZI if you develop liver problems. Tell your healthcare provider right away if you notice any of the following symptoms: unexplained rash, nausea, vomiting, stomach (abdominal) pain, tiredness (fatigue), loss of appetite, yellowing of the skin and eyes (jaundice), and dark urine.

The most common side effects of SKYRIZI in people treated for Crohn's disease include: upper respiratory infections, headache, joint pain, stomach (abdominal) pain, injection site reactions, low red blood cells (anemia), fever, back pain, and urinary tract infection.

These are not all the possible side effects of SKYRIZI. Call your doctor for medical advice about side effects.

Use SKYRIZI exactly as your healthcare provider tells you to use it.

SKYRIZI is available in a 600 mg/10 mL vial for intravenous infusion.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

If you are having difficulty paying for your medicine, AbbVie may be able to help. Visit www.AbbVie.com/myAbbVieAssist to learn more.

Reference: 1. SKYRIZI [package insert]. North Chicago, IL: AbbVie Inc.

Please see the brief summary of the full Prescribing Information on the following pages.

abbvie

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Skyrizi
risankizumab-rzaa

SKYRIZI® (sky-RIZZ-ee) (risankizumab-rzaa) injection, for subcutaneous or intravenous use

Patient Information

Read the Medication Guide that comes with SKYRIZI before you start taking it and each time you get a refill. There may be new information. This brief summary is not comprehensive and does not take the place of talking with your doctor about your medical condition or treatment. For a copy of the full Prescribing Information visit www.SKYRIZI.com or call 1-866-SKYRIZI (1-866-759-7494).

What is the most important information I should know about SKYRIZI?

SKYRIZI may cause serious side effects, including:
Serious allergic reactions. Stop using SKYRIZI and get emergency medical help right away if you get any of the following symptoms of a serious allergic reaction:

- fainting, dizziness, feeling lightheaded (low blood pressure)
- swelling of your face, eyelids, lips, mouth, tongue, or throat
- trouble breathing or throat tightness

- chest tightness
- skin rash, hives
- itching

Infections. SKYRIZI may lower the ability of your immune system to fight infections and may increase your risk of infections. Your healthcare provider should check you for infections and tuberculosis (TB) before starting treatment with SKYRIZI and may treat you for TB before you begin treatment with SKYRIZI if you have a history of TB or have active TB. Your healthcare provider should watch you closely for signs and symptoms of TB during and after treatment with SKYRIZI. Tell your healthcare provider right away if you have an infection or have symptoms of an infection, including:

- fever, sweats, or chills
- cough
- shortness of breath
- blood in your mucus (phlegm)

- muscle aches
- warm, red, or painful skin or sores on your body
- different from your psoriasis

- weight loss or diarrhea or stomach pain
- burning when you urinate or urinating more often than normal

See “What are the possible side effects of SKYRIZI?” for more information about side effects.

What is SKYRIZI?

SKYRIZI is a prescription medicine used to treat:

- moderate to severe plaque psoriasis in adults who may benefit from taking injections or pills (systemic therapy) or treatment using ultraviolet or UV light (phototherapy).
- active psoriatic arthritis in adults.
- moderate to severe Crohn’s disease in adults.

It is not known if SKYRIZI is safe and effective in children under 18 years of age.

Who should not use SKYRIZI?

Do not use SKYRIZI if you are allergic to risankizumab-rzaa or any of the ingredients in SKYRIZI. See the end of this Brief Summary for a complete list of ingredients in SKYRIZI.

Before using SKYRIZI, tell your healthcare provider about all of your medical conditions, including if you:

- have any of the conditions or symptoms listed in the section “What is the most important information I should know about SKYRIZI?”

CONSUMER BRIEF SUMMARY
Consult Package Insert for full Prescribing Information

What are the possible side effects of SKYRIZI?

SKYRIZI may cause serious side effects including:

- See “What is the most important information I should know about SKYRIZI?”**
- Liver problems in Crohn’s disease.** A person with Crohn’s disease who received SKYRIZI by intravenous infusion (through a vein in the arm) developed changes in liver blood tests with a rash that led to hospitalization. Your healthcare provider will do blood tests to check your liver before, during, and up to 12 weeks of treatment with SKYRIZI. Your healthcare provider may stop treatment with SKYRIZI if you develop liver problems. Tell your healthcare provider right away if you notice any of the following symptoms:
 - unexplained rash
 - vomiting
 - nausea
 - tiredness (fatigue)
 - stomach (abdominal) pain
 - loss of appetite
 - yellowing of the skin and eyes (jaundice)
 - dark urine

The most common side effects of SKYRIZI in people treated for Crohn’s disease include:

- upper respiratory infections
 - injection site reactions
 - fever
- headache
 - stomach (abdominal) pain
 - back pain
- joint pain
 - low red blood cells (anemia)

The most common side effects of SKYRIZI in people treated for plaque psoriasis and psoriatic arthritis include:

- upper respiratory infections
 - headache
- feeling tired
 - fungal skin infections
- injection site reactions

These are not all the possible side effects of SKYRIZI.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store SKYRIZI?

- Store SKYRIZI in the refrigerator between 36°F to 46°F (2°C to 8°C).
- Do not freeze SKYRIZI.
- Do not shake SKYRIZI.
- Keep SKYRIZI in the original carton to protect it from light.
- SKYRIZI is not made with natural rubber latex.

Keep SKYRIZI and all medicines out of the reach of children.

General information about the safe and effective use of SKYRIZI.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use SKYRIZI for a condition for which it was not prescribed. Do not give SKYRIZI to other people, even if they have the same symptoms that you have. It may harm them. You can ask your pharmacist or healthcare provider for information about SKYRIZI that is written for health professionals.

What are the ingredients in SKYRIZI?

Active ingredient: risankizumab-rzaa.
SKYRIZI 150 mg/mL, 360 mg/2.4 mL, and 600 mg/ 10 mL inactive ingredients: glacial acetic acid, polysorbate 20, sodium acetate, trehalose, and Water for Injection, USP.

SKYRIZI 75 mg/0.83 mL inactive ingredients: sodium succinate, polysorbate 20, sorbitol, succinic acid, and Water for Injection, USP.

SKYRIZI is available in a 150 mg/mL prefilled syringe and pen, a 600 mg/10 mL intravenous infusion, and a 360 mg/2.4 mL single-dose prefilled cartridge with on-body injector.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

If you are having difficulty paying for your medicine, AbbVie may be able to help. Visit AbbVie.com/myAbbVieAssist to learn more.

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LAB-7490 MASTER

US-SKZG-220300



CROHN'S

GOALS

THE PATH TO REMISSION

By Rachel Reiff Ellis

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor



SCAN ME

Want to read this guide on the go? Use your mobile phone camera to activate the QR code.

TYPES OF TESTS

These methods can monitor disease activity and help direct your treatment course.

- + Balloon-assisted enteroscopy
- + Barium X-rays
- + Colonoscopy or sigmoidoscopy
- + CT scan
- + MRI
- + Video capsule endoscopy
- + Blood tests
- + Stool sample

Whether your Crohn's therapy involves medications, bowel rest, surgery, or a combination of strategies, your doctor focuses your treatment on reducing inflammation in your system so you have fewer flares and can get to remission.

Although treatments can be very effective on the disease, Crohn's doesn't have a cure. It's a chronic condition you'll manage your whole life.

"It has a kind of waxing and waning disease course," says Garth R. Swanson, MD, director of the Crohn's & Colitis Center at Rush University Medical Center in Chicago.

"You may have years where your disease is relatively inactive and quiescent and doesn't need a lot of treatment, but it may also have periods where it's very active and causing a lot of symptoms or other

complications. So our goal of treatment is to keep patients in an inactive or kind of quiet state of their disease."

BEYOND PHYSICAL SYMPTOMS

In the past, doctors measured whether your inflammation was active by looking for symptoms such as diarrhea, pain, and cramping. But as researchers have better understood the disease, their markers for remission have shifted to what's going on at a deeper level.

"Crohn's disease is like an iceberg, and the clinical symptoms are just the tip of that iceberg," says Jean-Frédéric Colombel, MD, director of the Susan and Leonard Feinstein Inflammatory Bowel Disease Clinical Center and director of research at the Leona M. and Harry B. Helmsley Inflammatory Bowel Disease Center at Mount Sinai Hospital in New York City.



For videos and additional articles on **Your Life With Crohn's Disease**, go to [WebMD.com/treat-crohns](https://www.webmd.com/treat-crohns).

These days doctors use endoscopy and cross-sectional imaging such as MRI to look closely at your bowel. They examine your level of inflammation with these tools to judge whether your Crohn's might still be active, even without physical symptoms.

"As we've gotten a little more sophisticated, the gold standard for Crohn's patients has become colonoscopy to look at mucosal inflammation to estimate how much disease activity there is," Swanson says. "Sometimes there can be situations where symptoms and mucosal inflammation don't exactly line up."

ENDOSCOPIC REMISSION

If you're not having symptoms, why is it important to monitor inflammation at a deeper level? Because any disease activity—even at a cellular level—can increase your chances of problems

down the line, Colombel says.

"If we are not able to control the disease at a deeper level and, for instance, to achieve endoscopic healing, the disease may still progress," he says. "This is why the current goal of therapy, both in clinical trials and clinical practice, is clinical remission and what we call 'endoscopic remission.'"

To get to this kind of remission, you need regular monitoring with endoscopy, MRI, blood samples, or other tests.

With regular monitoring, your doctor can see whether there's any new evidence of inflammatory activity and immediately adjust your treatment so that it doesn't translate into new symptoms.

"We don't want to treat the symptoms only, we want to block the progression of the disease towards complications," Colombel says.

BETTER CROHN'S MANAGEMENT

Garth R. Swanson, MD, offers tips for getting and staying in remission.

- + Communicate with your doctor.**
Follow up regularly, even when you're feeling well.
- + Be proactive.**
An ounce of prevention is worth a pound of cure.
- + Have hope.**
People with Crohn's have normal life expectancy. It's very treatable.

LIVING WITH CROHN'S DISEASE

HOW A CHILDHOOD DIAGNOSIS CHANGED THE COURSE OF MY LIFE

By Renee Welch

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

My Crohn's journey started differently than most. At only 9 years old I started having symptoms, not in my gastrointestinal tract, but in my wrist. My joint pain was soon followed by stomachaches, which my sister assured me was just growing pains. Eventually these "growing pains" were bad enough that they prevented me from going to school. My mom decided it was time to go to a doctor.

Inflammatory bowel disease can be hard to detect because it can look like so many other conditions. My doctors started running tests, but during that same time period, I developed hives on my legs, and then problems with my eyes. The doctors sent me to a chil-

dren's hospital, and eventually I got a Crohn's diagnosis.

IBD ISOLATION

Though it was good to know what I was dealing with, the diagnosis felt very isolating. I was so young. No one I knew had the disease. I wondered what was wrong with me. My life was forever changed.

As a teen, I had a lot of flares. I was severely underweight and missed a lot of school. Rumors swirled that I had anorexia. No one knew the truth because I didn't talk about my Crohn's, even with my close friends. I would just go missing for a while and come back thinner. In some ways it felt easier just

to let people make assumptions than to be labeled as a sick person with an incurable bowel disease.

Then when I was 17, I was admitted to the hospital because I could no longer eat at all. What was supposed to be a 3-day stay turned into a month. I had surgery to remove a section of my bowel, but complications from that surgery created even more issues.

The recovery period was traumatizing. I had the all-too-common experience people of color often do in the medical system: I wasn't listened to or taken seriously. I was in pain, but the doctors gave me nothing to ease it. Finally, a nurse—who was Black—believed me and convinced someone to help me.



DAVID SACKS/VIA GETTY IMAGES



Read an article on
How Crohn's Disease Changed My Routines
at [WebMD.com/crohns-routine](https://www.webmd.com/crohns-routine).



RENEE'S TIPS

- + **Advocate for yourself.**
You know your body best and how you feel.
- + **Connect.**
It's important to be heard and feel like you're not alone.
- + **Know your triggers.**
Steer clear of things that annoy, irritate, or flare your Crohn's disease.
- + **Put your health first.**
Don't stick your wellness on the back burner.

A 'LIVING DYING' PERSON

That surgery was supposed to get me at least 8 years of remission, but within a year my symptoms flared again. I was back on a chronic pain cycle. My doctors suggested ostomy surgery, but I wasn't ready. I was only 21, and I worried it would only deepen my feelings of isolation.

But I was barely living. As time went on, I started eating only once a day, or sometimes not at all. I depended on laxatives to use the bathroom. I could function at work, but I slept in my car at lunch so I'd have enough energy to finish the workday. Then, I would go home and sleep the entire night. I did nothing else. I was basically a living

dying person.

It was New Year's Eve when I finally realized I couldn't go through another year like that. I decided I'd have to come to terms with an ostomy. After that realization I started reaching out to people on social media, and then I started a blog. It was a way to process how my life was changing. And it helped.

Now 3 years post-ostomy, I'm symptom-free, aside from mild joint pain about once a year. And I continue to share my story, because I often think back to the isolation younger me felt. I didn't see anyone who looked like me. I want to be that person for someone else.

MEAL PLANNING

CROHN'S-FRIENDLY DIET TIPS THAT MAY WORK FOR YOU

By Kendall K. Morgan

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

When you have Crohn's disease, it's often tricky to know what to eat. The foods you eat don't give you Crohn's and won't cure it either, but your diet can help limit symptoms.

"Meal planning is very important, especially for people who have active disease," said Luis C. Garces, a clinical dietitian at the University of Miami's Miller School of Medicine in Florida. "It's interesting, too, that everybody with Crohn's is different."

If you have narrowing in your intestines or there's active inflammation, it's likely to change the foods and textures you can tolerate. Garces says you'll want to adjust your meal planning over time along with conditions in your gut.

WHAT DIET WORKS?

In the past, doctors often recommended a low-residue diet, Garces says. This diet includes refined grains and white rice. Any fruits or vegetables are skinned and seeds removed. Veggies and sometimes fruits are cooked until they're soft. But, he says, a low-residue diet isn't necessarily the most healthy.

While a low-residue diet is still something you could try temporarily during a flare-up, Garces now recommends a healthier alternative known as the anti-inflammatory diet. Unlike the traditional low-residue diet, this diet encourages soluble fiber. It's founded on good nutrition and a balanced microbiome, the collection of healthy bacteria in your gut.

It includes probiotic foods, such as yogurt, pickles, and honey, and prebiotic foods, including steel-cut oats, flax seeds, and all vegetables. Instead of avoiding healthy foods with hard-to-digest fiber, simply puree them first. Think smoothies and soups. Try nut butters instead of nuts, Garces says. Avoid processed and fast foods.

"Insoluble fiber like the skin of an apple may be poorly tolerated when you have active inflammation," Garces says. "Pureeing can improve your tolerance to such foods."



Read an article on
Crohn's Disease: Diet and Nutrition
at [WebMD.com/crohns-diet](https://www.webmd.com/crohns-diet).

EXPAND YOUR OPTIONS

Garces says that as your symptoms and inflammation improve over time and with treatment, it's a good idea to add even more healthy foods back into your meal plans. He acknowledges this may be difficult as you may worry, as many do, that foods you couldn't tolerate in the past will cause another flare.

"But," he says, "food isn't the cause for what's happened, it's the messenger. It tells you that there's something going on in your gut and you're not getting along right now."

When your Crohn's is in remission, it's a good time to open up and try more foods. Add back more fiber to reach a healthy recommended amount and more textures, too. Your ultimate goal, he says, is "to get back to a normal, healthy diet."

WESTEND61/VIA GETTY IMAGES