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TAKE ONE HOME

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THE LATEST ON

INFLAMMATORY BOWEL DISEASE

TECHNOLOGY TIP-OFF

You may not be able to eliminate flares completely, but wouldn't it be great if you could get some warning when one is on the way? A team of bioengineers has developed the technology to make that possible. The wristband warns you when it detects proteins in your sweat that can signal an oncoming flare. It won't diagnose or cure IBD, but it can help people who live with the condition feel a little more in control. The device needs more testing before it's ready for widespread use.

SOURCE: *Inflammatory Bowel Diseases*

UP TO **1 IN 6**

Estimated number of people with IBD who get a diagnosis after age 60.

SOURCE: Crohn's and Colitis Foundation

13 TO 35

Most common ages when people develop IBD.

SOURCE: Crohn's and Colitis Foundation

GENES THAT GIVE YOU THE BLUES

People who have IBD are three times more likely to live with depression than other people. But it's not simply that symptoms of IBD make you feel depressed. New research suggests that several of the genes that predispose you to IBD may also make you more prone to depression. What's more, these genes have key functions in the part of the brain associated with depression and in the colon, where IBD develops. If you think you may be depressed, treatment can help. Talk to your doctor.

SOURCE: *Cellular and Molecular Gastroenterology and Hepatology*

SAY NO TO UNHEALTHY SNACKS

If you're not sure which foods trigger your IBD, take a long, hard look at junk food and high-fat fare. A survey that tracked the eating patterns of 33,672 adults found that, though pretty much everyone eats junk foods, those who have IBD were more likely than those who don't to regularly eat French fries, cookies, and cheese and consume soft drinks and energy drinks. Added sugar, the saturated fat found in fried foods and full-fat dairy, and dairy products in general are all common IBD triggers.

SOURCE: *PLOS One*



GETTY IMAGES

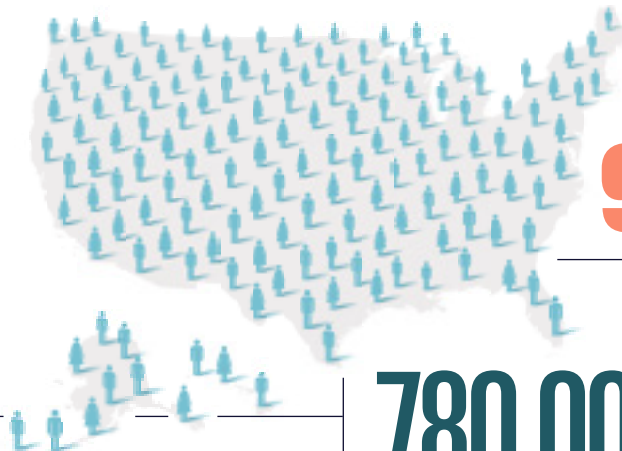
FACTS AND STATS

By Sonya Collins

Reviewed by Brunilda Nazario, MD, WebMD Lead Medical Director

1.6
million

Number of Americans who have inflammatory bowel disease (IBD).



Estimated number of Americans who have ulcerative colitis.

907,000

35

Age by which most people with IBD have a diagnosis.



1932

The year Burrill Bernard Crohn, MD, identified the condition that now bears his name.

780,000

Estimated number of Americans who have Crohn's disease.

up to 1 in 5

Number of people with IBD who have a close relative with Crohn's or colitis.

1875

The year two English doctors identified ulcerative colitis as a disease.



UP TO 80,000

Estimated number of U.S. children who may have IBD.



36%

Proportion of people who develop IBD when both their parents have it.



70,000

Number of new cases of IBD in the U.S. every year.



For adults with moderate to severe ulcerative colitis or Crohn's disease when current treatment isn't working well enough or cannot be tolerated.

WHEN YOUR HEAD SAYS ONE THING BUT YOUR GUT SAYS “NOT TODAY”

Ask your doctor about GI-focused ENTYVIO.

- Acts specifically in the gastrointestinal (GI) tract to help control damaging inflammation.
- The first and only biologic approved just for ulcerative colitis and Crohn's.

ENTYVIO is clinically proven to help many patients achieve long-term relief and remission.

Individual results may vary.

For more information, please see [ENTYVIO.com/info1](https://www.entyvio.com/info1)

Uses of ENTYVIO® (vedolizumab)

ENTYVIO is a prescription medicine used in adults for the treatment of:

- moderately to severely active ulcerative colitis
- moderately to severely active Crohn's disease

Important Safety Information for ENTYVIO® (vedolizumab)

- Do not receive ENTYVIO if you have had an allergic reaction to ENTYVIO or any of its ingredients.
- ENTYVIO may cause serious side effects, including:
 - Infusion-related and serious allergic reactions can happen while you are receiving ENTYVIO or several hours after treatment. You may need treatment if you have an allergic reaction. Tell your healthcare provider or get immediate medical help if you get any of these symptoms during or after an infusion of ENTYVIO: rash, itching, swelling of your lips, tongue, throat or face, shortness of breath or trouble breathing, wheezing, dizziness, feeling hot, or palpitations (feel like your heart is racing).
 - ENTYVIO may increase your risk of getting a serious infection. Before receiving and during treatment with ENTYVIO, tell your healthcare provider if you think you have an infection or symptoms of an infection, such as fever, chills, muscle aches, cough, shortness of breath, runny nose, sore throat, red or painful skin or sores on your body, tiredness, or pain during urination.
 - People with weakened immune systems can get progressive multifocal leukoencephalopathy (PML) (a rare, serious brain infection caused by a virus). Although unlikely while receiving ENTYVIO, a risk of PML cannot be ruled out. PML can result in death or severe disability. There is no known treatment, prevention, or cure for PML. Tell your healthcare provider right away if you have any of the following symptoms: confusion or problems thinking, loss of balance, change in the way you walk or talk, decreased strength or weakness on one side of the body, blurred vision, or loss of vision.
 - Liver problems can happen in people who receive ENTYVIO. Tell your healthcare provider right away if you have any of the following symptoms:

tiredness, loss of appetite, pain on the right side of your abdomen, dark urine, or yellowing of the skin and eyes (jaundice).

- The most common side effects of ENTYVIO include common cold, headache, joint pain, nausea, fever, infections of the nose and throat, tiredness, cough, bronchitis, flu, back pain, rash, itching, sinus infection, throat pain, and pain in extremities. These are not all the possible side effects of ENTYVIO. Call your healthcare provider for medical advice about side effects.
- Before receiving ENTYVIO, tell your healthcare provider about all of your medical conditions, including if you: have or think you may have an infection or have infections that keep coming back; have liver problems; have tuberculosis (TB) or have been in close contact with someone with TB; have

recently received or are scheduled to receive a vaccine; or if you are pregnant, breastfeeding, plan to become pregnant, or plan to breastfeed.

Please see full Prescribing Information, including the Medication Guide, for ENTYVIO and talk with your healthcare provider.

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

ENTYVIO.com/info1



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Entyvio[®]
vedolizumab

**MADE FOR THE GI TRACT
MADE FOR REMISSION
MADE FOR YOU**



COMMON CAUSES OF A FLARE

NOT EVERYONE FLARES UP IN RESPONSE TO THE SAME TRIGGERS. LEARN WHICH ONES MIGHT SPELL TROUBLE FOR YOU.

By Sonya Collins

Reviewed by Neha Pathak, MD,
WebMD Medical Editor

The triggers that cause inflammatory bowel disease (IBD) flares can vary from one person to the next. At first, it might be hard to figure out what exactly is triggering you.

“If you’ve just been diagnosed with Crohn’s or colitis, you may not understand what’s causing your flares,” says Edward V. Loftus Jr., MD, a gastroenterologist at Mayo Clinic in Rochester, MN. “But you’ll gain more insight over time.”

If the cause of your flares is still a mystery, consider some of these common culprits.

CIGARETTES

If you haven’t kicked the habit yet, a diagnosis with IBD—especially Crohn’s disease—is all the reason you need. “A patient with Crohn’s who smokes is twice as likely to have a flare, require hospitalization, or require surgery than someone who doesn’t smoke or who quit,” Loftus says. (There aren’t studies that show the same thing about ulcerative colitis, but of course, that’s no reason to keep smoking.)

NSAIDs

Over-the-counter painkillers called nonsteroidal anti-inflammatory drugs (NSAIDs) don’t agree with some people who have IBD. Ibuprofen and naproxen are a couple of examples. For headaches and other pains, try acetaminophen instead.

ANTIBIOTICS

These infection-fighting drugs kill bad bacteria. But sometimes, they kill helpful bacteria. “Antibiotics deplete some of the good bacteria in your colon and allow overgrowth of a bad bacteria called *Clostridium difficile*,” Loftus explains. An infection with this bad microbe can trigger IBD symptoms. Now, you might have to take antibiotics at some point. But if you start to have a flare, your doctor might want to test you for *Clostridium difficile*.

NOT TAKING YOUR MEDICINE

Once your condition is stable, you may think you don’t need your medicine. But if you stop taking it, you can find

ASK THE EXPERT

Here are some questions you might want to ask your doctor about flares.

- Could something besides IBD be causing my symptoms?
- How will we know if I need to change my medication?
- When are the symptoms of a flare an emergency?
- How can I manage a flare on my own?

yourself in a flare. “That’s actually one of the most common causes of flares,” Loftus says. It’s simple: If you take your medication, you’ll be less likely to have a flare.

FOOD

It can be tricky to figure out exactly which foods might set you off. In general, stick to a healthy diet and steer clear of junk food. “Less sugar, less grease,” Loftus says. “We know these can be inflammatory and make you gassy and bloated.”

STRESS

It may be unavoidable sometimes, but stress does spark flares in some people. You don’t have to eliminate all the stress from your life, and you couldn’t even if you tried. You just need an outlet for it.

“It can be whatever works for you—taking a walk, talking to a therapist or a priest, prayer, meditation or yoga—whatever helps reduce your stress,” Loftus says. Just make sure you’re not turning to unhealthy habits or triggers—like smoking or junk food—to relieve stress.

LIVING WITH CROHN'S DISEASE

A YOUNG PHYSICIAN TAKES ON IBD

By Jamie Horrigan, MD

Reviewed by Brunilda Nazario, MD, WebMD Lead Medical Director

Growing up, I thought it was normal to have frequent GI issues like diarrhea and stomach cramps. It wasn't until my pediatrician in middle school asked me about my bowel habits that I realized things were different for me in that arena.

My doctor thought I probably had irritable bowel syndrome (IBS) and suggested I stop eating dairy for a possible milk protein intolerance. That seemed to ease things for a few years, but then my sophomore year of college, my digestive symptoms worsened again. I was advised to go gluten-free, and after that, again, things weren't perfect but my symptoms were more manageable.

Then when I was a senior in college, my symptoms suddenly intensified. At one point, I experienced 9 days of relentless all-day and -night diarrhea. I was having trouble eating, was often nauseous, and my stomach would

become bloated after just a few bites of food. I also started having drenching night sweats two to five times a night. My knees became sore and swollen to the point where even laying in bed was really painful. I lost almost 20 pounds over the course of 2 ½ months—pounds I didn't really have to lose. My energy was poor, and I could not explain why things were suddenly so much worse.

I ended up seeing a GI doctor who was obviously concerned with my symptoms. He ran blood work, did stool studies, and had me undergo a gastric emptying study, which showed I had pretty significant gastroparesis—a term which technically translates to “paralyzed stomach and intestinal tract.” It was taking several hours for food to pass through my stomach.

Finally, a colonoscopy and upper endoscopy revealed my Crohn's disease. The diagnosis was a shock to me. And at

the same time, it was also a relief. I had been experiencing these symptoms for so long. It was encouraging to know that what I was dealing with had a name—and even better, treatments.

All I knew about Crohn's at that point in time was that it was a digestive condition a friend of a friend had. I remembered she followed a special diet, and that was about it. But as I learned more about my diagnosis, that “friend of a friend” and I became really close. She was the only person I knew who personally had Crohn's, and was a really great source of support, especially because we both had a shared interest in how our diet affected our Crohn's.

This focus on Crohn's nutrition led





JAMIE'S TIPS

- + **Take an active role in your health.** Alongside your treatments, focus on healthy habits. Eat well. Exercise regularly. Sleep. Laugh every day (or do something you love every day). And find ways to keep your stress low.
- + **It's OK to get a second opinion.** Academic medical centers or providers who specialize in IBD can be invaluable sources of care, if they're available in your area.
- + **It gets better.** The first year of diagnosis is often the hardest. You may go through several treatments before you find one that works. Stay positive. You're still figuring out life with IBD. And you will.

me to create an Instagram account (@sweetenedbynature) so I could share what I was cooking and also see what other people with Crohn's were eating. Quickly, it grew into a community of support and, soon after, a blog (sweetenedbynatureblog.com). Through that platform, I was able to share recipes, connect with other people with Crohn's, and encourage those struggling with their diagnosis.

One thing I want people to know is that nutrition really matters. That doesn't mean you have to drop everything and follow a particular diet, though some people do really well on these special diets. But at the end of the day, eating more "real food" and less processed "junk" will benefit not only

your Crohn's symptoms, but also your overall health.

A new, major diagnosis can feel very scary and isolating, especially when you don't know anyone else with the disease. It helps so much to have support and encouragement in that area, whether it's a medical professional, a book, blog, or online community, so you don't have to go through this disease on your own.

Since my diagnosis, I've graduated from both college and medical school. I'm currently a resident physician in internal medicine, and I think my Crohn's gives me a unique angle for treating not only IBD patients, but also those with other chronic diseases. I have a lot of compassion and empathy for what they're going through.

My disease is under good control for the most part these days. I take a biologic infusion every 8 weeks—a nurse comes to my house and administers the medication through an IV. Finding the right medication can certainly be a challenge. I've been lucky to respond to many of these medications but have still been on six different Crohn's medications.

Self-care is also very important. There's a lot of power in proper nutrition, rest, and managing your stress. As a resident, I often work up to 80 hours a week. So for me, making sure I get enough sleep, meal prep, sneak in some exercise, and make time for fun is what I need to do to feel my best at work. You have to do what's best for your body.

BIOLOGIC BENEFITS

HOW INFUSIONS CAN HELP TREAT YOUR IBD

By Rachel Reiff Ellis

Reviewed by Brunilda Nazario, MD,
WebMD Lead Medical Director

Biologics are drugs that scientists make in a lab using living organisms instead of traditional chemicals and compounds. They're antibodies that treat inflammatory bowel disease by reducing inflammation. They do this by blocking specific

pathways in your immune system that are most likely to trigger inflammation.

Because they work so precisely, biologics can target the exact cause of your IBD symptoms without affecting your whole system like oral medications do. They still have some side effects, but they aren't as commonly seen as the side effects for some corticosteroids. "Some of the newer biologics are designed to be so specific that their immune suppression and side effect risk is quite minimal," says Megan J. Walker, MD, gastroenterologist at Indiana University Health.

You take biologics either as a shot you give yourself at home with a preloaded pen, or through IV infusion you get at an infusion center or clinic. Depending on the biologic, you'll take them every 2 to 8 weeks. You can also take them in combination with other medications as needed, such as steroids for flares.

The goal of biologics is to get you to remission—periods of time where you have little to no IBD symptoms. However, alongside remission, you may experience other benefits too.

"When we look at biopsy samples under a microscope and [the] intestine on camera during a colonoscopy, we see that they can also lead to healing of the tissue," Walker says. Some biologics can also help treat effects of IBD outside your intestines, such as in your joints, eyes, and skin. "These extraintestinal symptoms often don't respond to some oral IBD medications, but biologics can control them," Walker says.

Around two-thirds of people who take biologics respond well to them, though it may take some trial and error to find the right one for you. "For some people, a certain biologic may not work at all from the beginning, while in others, the same medication may work for 10 years or more," she says.

Your doctor may not suggest a biologic immediately after your diagnosis, but they're no longer "last-line" treatments you turn to after all other choices have failed, and may even work as first-line treatments for moderate to severe ulcerative colitis or Crohn's, Walker says. Adding, "Data has shown that patients are more likely to respond well to biologics when they're introduced earlier in the disease course, within the first 2 years."

TIME TO TRY

Megan J. Walker, MD, shares a few reasons you might need a biologic.

Your IBD is severe at the time of your diagnosis, like Crohn's disease with fistulas.

You've had a bad flare such as ulcerative colitis that didn't respond to steroids or sent you to the hospital.

Other treatments have stopped working for your mild to moderate disease.

You have a coexisting autoimmune disease such as ankylosing spondylitis or rheumatoid arthritis that isn't under good control.

You're having bad side effects from other medications.



TYPES OF IBD SURGERY

Colectomy

Removes all or part of the colon.

Proctocolectomy

Removes both the colon and the rectum.

Ileostomy

Creates a hole in your abdomen so that waste can exit there instead of through your colon and collect in a bag called an ostomy bag. Can be temporary or permanent.

Strictureplasty

Widens narrow parts of your intestine.

Bowel resection

Removes parts of your bowel (small bowel and/or large intestine).

WHEN SURGERY MAY BE NECESSARY

ARE YOU A CANDIDATE?

By Rachel Reiff Ellis

Reviewed by Brunilda Nazario, MD,
WebMD Lead Medical Director

Up to 45% of people with ulcerative colitis and 75% of people with Crohn's disease will eventually need surgery to treat their disease. Sometimes IBD surgery is elective, meaning it's up to you when and whether to have it or not. Other times, your body makes the decision for you: Certain IBD complications can be life-threatening if you don't treat them with a surgical procedure.

Situations like a perforation, or rupture, anywhere in your colon or small bowel; any form of life-threatening bleeding in your GI tract; or a condition like toxic megacolon that dilates your colon and shows signs of infection—these all require surgery right away.

“Those are cases that you'd treat with emergency surgery like you would appendicitis,” says gastroenterologist Reezwana Chowdhury, MD, assistant professor of medicine at Johns Hopkins Medicine.

In other cases, surgery may not need to happen immediately, but soon. If you have a severe attack of ulcerative colitis that won't respond to medication, for example, surgery is the best treatment. “If we're not going to be able to get you into remission or to a place where you won't always require steroids, then we turn to surgery,” Chowdhury says.

Fistulas (ulcers that form tunnels from your bowel to other parts of your intestine), strictures (narrowing of your intestine), blockages, and abscesses (collections of pus in tissue) are all other complications that need urgent surgery. Depending on how severe or widespread your issue is, you may be a candidate for minimally invasive surgery using an endoscope (a long, thin, flexible or rigid tube with a light and a video camera attached).

“Using endoscopy is a case-by-case decision based on factors like where a stricture is, how big it is, or how bad inflammation in the area is,” Chowdhury says. Where you live also plays a part. If you're near a tertiary care center with endoscopists who are comfortable doing these procedures, you may have more options than someone in a more rural setting.

Even if you don't have an immediate or urgent need for surgery, you may choose it as a treatment option. One reason your doctor may suggest it is to lower

your risk of colorectal cancer. Your risk is highest if your disease affects most of your colon.

Sometimes surgery can be the right choice when your medical options seem to come with as many cons as pros. “Many people with ulcerative colitis may feel hesitant to try some medical therapies because of side effects or risks of cancer or infection,” Chowdhury says. “Instead, they opt to have their colon removed, because technically, if you take the colon out, you've cured the disease,” Chowdhury says, noting that the same isn't true for Crohn's disease, which can affect any part of the GI tract.

It's rare for people to go this route, she says, and it's also not one she necessarily recommends. “There are just so many different treatments out there right now,” she says. “There's so much more available than there were even just 20 years ago.”

At the same time, she recognizes that for some, it's the right choice. “If you're someone who's had the disease a long time and you don't want to deal with trying a new medication to see if it works or not, that's completely reasonable,” Chowdhury says.

URGENT
diarrhea

CAN THEY TELL
how much PAIN?
I'm in.

I'm
EXHAUSTED

Oh
there goes my
stomach,
AGAIN...

Ouch! My
JOINTS
are
killing me

Need help with your Crohn's disease or ulcerative colitis?

Talk with us.

Our IBD Help Center is one of many free services provided by the Crohn's & Colitis Foundation. Contact us and receive personalized guidance and support. We'll help you manage your IBD through every step of your journey.

The IBD Help Center is available M-F, 9:00 AM to 5:00 PM ET. We provide help in several languages!

- **Call toll-free:** 888-694-8872
- **E-mail:** info@crohnscolitisfoundation.org
- **Learn more:** crohnscolitisfoundation.org


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