SWITCHING TREATMENTS

WHEN IS IT TIME FOR A CHANGE?

By Rachel Reiff Ellis
Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

There are many reasons you might be ready to talk about moving to a new medication for your UC management. You may be having unpleasant side effects from your treatment, or the timing or method of your dosage may be difficult to keep up. The most common reason people with UC switch their treatment course is that their current option isn’t controlling their disease well enough.

Here are a few questions you can ask yourself and your doctor when considering a treatment change.

IS IT WORKING?
Your UC treatment is working well when it minimizes the effect the disease has on you. This includes both reducing symptoms and lowering inflammation in ways you can’t necessarily see.

“The goal of UC treatment is to improve daily function and quality of life, as well as improve symptoms and achieve healing of the intestines,” says Eric J. Mao, MD, a gastroenterologist who specializes in the care of inflammatory bowel diseases at UC Davis Health in Sacramento, CA.

In some cases, it’s easy to see your treatment isn’t working because you continue having flares. But inflammation can rage on even when you aren’t feeling symptoms, and that can cause problems later on.

“When you have persistent inflammation, it’s like having a cut on your skin that doesn’t heal well and becomes an ugly scar,” says Tauseef Ali, MD, a gastroenterologist at SSM Health in Oklahoma City, OK, and Oklahoma governor for the American College of Gastroenterology. “You don’t want your intestine to become scarred intestine.”

Persistent inflammation is also a risk factor for cancer, he says. “So our treatment goals have evolved to control inflammation and also avoid complications down the road rather than just control symptoms.”

Mao says in the past, doctors treated UC much more reactively, but now standard care is more proactive.

“In essence, we keep close tabs on the disease even when someone’s feeling well, because in some cases you can’t necessarily see the disease.”

ASK YOUR DOCTOR

Eric J. Mao, MD, lists some of the questions to take to your visit with your gastroenterologist.

+ Am I on the right medication for me?
+ Is my medication still working?
+ Is there another medication that might work better?
+ Are my inflammatory markers controlled?
+ Could I need a different dose of my current treatment?
+ Is there another way to optimize my current treatment, or is it time to switch?
cases of ulcerative colitis, the symptoms don’t always correlate with what’s occurring inside the intestines,” he says. “You may be feeling fine now, but uncontrolled inflammation can lead to progression of disease to the point where the intestines won’t respond to medication and may need surgery.”

ARE YOU HAVING UNPLEASANT SIDE EFFECTS?
Your doctor may suggest keeping a symptom diary so you can track how your treatment is affecting your symptoms. You can also use it to track whether you experience side effects from your treatment.

While some treatments have slightly better safety profiles than others, Mao says it’s important to think of your treatment with a cost-benefit analysis mindset.

“I think it’s easy to get fixated on all the potential rare side effects of these medications and then forget that the alternative of not taking medication and simply watching the disease creates higher risk of needing surgery to take out the entire colon or developing colon cancer,” he says.

Whether you need a change or not, the key is staying in close communication with your doctors so you’re on top of inflammation before it gets out of hand.

“Be proactive and engaged with your medical team about switching, alternat- ing, or adjusting the dose of your current medication in a timely fashion,” Ali says. “Remember, a stitch in time saves nine.”

IS IT EASY TO TAKE?
UC medications come in many different forms, including injectable medications, IV infusions, pills, or suppositories.

“In the past, the only options were IV and injection medications, but now they’re coming out with pill medications that are used to treat moderate to severe ulcerative colitis,” Mao says.

Some treatments, such as biologics, also require frequent blood tests to check for effects on your liver and pancreas. Others you can’t take at home and require trips to infusion centers. If you’re having a hard time with the way you get your medications, talk to your doctor about whether you might switch to another mode of delivery.

“Ultimately, if one of my patients has a lifestyle that doesn’t allow them to go to an infusion center every so many weeks, then there are often other options,” Mao says.
In clinical studies, RINVOQ helped people living with UC achieve remission at 8 weeks and 1 year, and get:

- **Rapid symptom relief** as early as 2 weeks*
- **Lasting, steroid-free remission** at 1 year
- **Visible colon lining repair**

*Based on the frequency of bowel movements and the amount of bloody stools.

**GUIDE**

For adults with moderate to severe ulcerative colitis (UC) in whom TNF blockers did not work well

RINVOQ may cause serious side effects, including:

- Increased risk of death in people 50 years and older who have at least 1 heart disease (cardiovascular) risk factor.
- Infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections. Your healthcare provider (HCP) should test you for TB before starting RINVOQ and check you closely for signs and symptoms of TB during treatment with RINVOQ. You should not start taking RINVOQ if you have any kind of infection unless your HCP tells you it is okay. If you get a serious infection, your HCP may stop your treatment until your infection is controlled. You may be at higher risk of developing shingles (herpes zoster).
- Allergic reactions. Symptoms such as rash (hives), trouble breathing, feeling faint or dizzy, or swelling of your lips, tongue, or throat, that may mean you are having an allergic reaction have been seen in people taking RINVOQ. Some of these reactions were serious. If any of these symptoms occur during treatment with RINVOQ, stop taking RINVOQ and get emergency medical help right away.
- Tears in the stomach or intestines and changes in certain laboratory tests. Your HCP should do blood tests before you start taking RINVOQ and while you take it. Your HCP may stop your RINVOQ treatment for a period of time if needed because of changes in these blood test results.
- Do not take RINVOQ if:
  - You are allergic to upadacitinib or any of the ingredients in RINVOQ.
  - Are being treated for an infection, have an infection that won’t go away or keeps coming back, or have symptoms of an infection, such as:
    - Fever, sweating, or chills
    - Shortness of breath
    - Warm, red, or painful skin or sores on your body
    - Muscle aches
    - Cough
    - Weight loss
    - Burning when urinating or urinating more often than normal
  - Have TB or have been in close contact with someone with TB.

Please see additional Important Safety Information on the following page of this advertisement.
- Pain or discomfort in your arms, back, neck, jaw, or stomach
- Shortness of breath with or without chest discomfort
- Breakout in a cold sweat
- Nausea or vomiting
- Feeling light-headed
- Shortness of breath in one part or on one side of your body
- Slurred speech

Tell your HCP right away if you have any signs or symptoms of flu-like illness, rash, increased blood cholesterol levels, and increased liver enzyme levels.

A separation or tear to the lining of the back part of the eye (retinal detachment) has happened in people with atopic dermatitis treated with RINVOQ. Call your HCP right away if you have any sudden changes in your vision during treatment with RINVOQ.

What are the possible side effects of RINVOQ?

These include upper respiratory tract infections (common cold, sinus infections), shingles (herpes zoster), herpes simplex infections (including cold sores), bronchitis, nausea, cough, fever, acne, headache, increased blood levels of creatine phosphokinase, allergic reactions, inflammation of hair follicles, stomach-area (abdominal) pain, increased number of certain types of white blood cells (neutropenia, lymphopenia), muscle pain, flu-like illness, rash, increased blood cholesterol levels, and increased liver enzyme levels.

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What are the common side effects of RINVOQ?

- Swelling
- Pain or tenderness in one or both legs
- Sudden unexplained chest or upper back pain
- Shortness of breath or difficulty breathing

Tell your HCP right away if you have a fever or stomach-area pain that does not go away, and a change in your bowel habits.
**Tell your healthcare provider about all the medicines you take,** including prescription and over-the-counter medicines, vitamins, and herbal supplements. Rinvoq and other medicines may affect each other causing side effects.

**Especially tell your healthcare provider if you take:**
- medicines for fungal infections (such as ketoconazole, itraconazole, posaconazole or voriconazole) or clarithromycin (for bacterial infections) as these medicines may increase the amount of Rinvoq in your blood.
- rifampicin (for bacterial infections) or phenytoin (for neurological disorders) as these medicines may decrease the effect of Rinvoq.
- medicines that affect your immune system (such as azathioprine and cyclosporine) as these medicines may increase your risk of infection.

Ask your healthcare provider or pharmacist, if you are not sure if you are taking any of these medicines.

Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

**How should I take Rinvoq?**
- Take Rinvoq exactly as your healthcare provider tells you to use it.
- Take Rinvoq 1 time a day with or without food.
- Swallow Rinvoq tablets whole. Do not split, crush, or chew the tablets.
- If you take too much Rinvoq, call your healthcare provider or poison control center at 1-800-222-1222, or go to the nearest hospital emergency room right away.

**What are the possible side effects of Rinvoq?**
Rinvoq may cause serious side effects, including:
- See “What is the most important information I should know about Rinvoq?”

Common side effects include upper respiratory tract infections (common cold, sinus infections), shingles (herpes zoster), herpes simplex virus infections (including cold sores), bronchitis, nausea, cough, fever, acne, headache, increased blood levels of creatine phosphokinase, allergic reactions, inflammation of hair follicles, stomach-area (abdominal) pain, increased weight, flu, tiredness, lower number of certain types of white blood cells (neutrophenia, lymphopenia), muscle pain, flu-like illness, rash, increased blood cholesterol levels, and increased liver enzyme levels.

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These about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**How should I store Rinvoq?**
- Store Rinvoq at 36°F to 77°F (2°C to 25°C).
- Store Rinvoq in the original bottle to protect it from moisture.
- Keep Rinvoq and all medicines out of the reach of children.

**General information about the safe and effective use of Rinvoq.**
Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use Rinvoq for a condition for which it was not prescribed.

Do not give Rinvoq 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 Rinvoq that is written for health professionals.

**What are the ingredients in Rinvoq 15 mg tablets?**
- **Active ingredient:** upadacitinib
- **Inactive ingredients:** colloidal silicon dioxide, ferrosferric oxide, hypromellose, iron oxide red, magnesium stearate, mannitol, microcrystalline cellulose, polyvinyl alcohol, polyethylene glycol, talc, tartaric acid and titanium dioxide.

**What are the ingredients in Rinvoq 30 mg tablets?**
- **Active ingredient:** upadacitinib
- **Inactive ingredients:** colloidal silicon dioxide, hypromellose, iron oxide red, magnesium stearate, mannitol, microcrystalline cellulose, polyvinyl alcohol, polyethylene glycol, talc, tartaric acid and titanium dioxide.

**What are the ingredients in Rinvoq 45 mg tablets?**
- **Active ingredient:** upadacitinib
- **Inactive ingredients:** colloidal silicon dioxide, hypromellose, iron oxide yellow and iron oxide red, magnesium stearate, mannitol, microcrystalline cellulose, polyvinyl alcohol, polyethylene glycol, talc, tartaric acid and titanium dioxide.

Manufactured by: AbbVie Inc., North Chicago, IL 60064, USA
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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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**US-RNQG-220124**

**ABBVIE INC.**

North Chicago, IL 60064, USA

**Rinvoq® Tablets**, 15 mg, 30 mg, or 45 mg tablets, with upadacitinib as the active ingredient.

**For complete list of ingredients in Rinvoq, See the end of this Consumer Brief Summary for a complete list of ingredients in Rinvoq.**

See what the most important information I should know about Rinvoq?

Before taking Rinvoq, tell your healthcare provider about all of my medical conditions, including:

- See “What is the most important information I should know about Rinvoq?”
- Do not take Rinvoq if you have a current or past smoker.
- Do not take Rinvoq if you have had risk of respiratory tract infections, including cold sores, bronchitis, nausea, cough, fever, acne, headache, increased blood levels of creatine phosphokinase, allergic reactions, inflammation of hair follicles, stomach-area (abdominal) pain, increased weight, flu, tiredness, lower number of certain types of white blood cells (neutrophenia, lymphopenia), muscle pain, flu-like illness, rash, increased blood cholesterol levels, and increased liver enzyme levels.

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STATS & FACTS

By Sonya Collins

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

1 million

Estimated number of people in the U.S. who have ulcerative colitis.

1 in 2

Estimated number of people with ulcerative colitis who are in remission in any given year.

15 to 30

Most common ages when ulcerative colitis begins.

4X

How much risk for ulcerative colitis increases when a next-of-kin has it.

18%

Estimated amount of people with IBD (Crohn’s or ulcerative colitis) who develop colorectal cancer after 30 years of disease.

1 in 5

Number of people with ulcerative colitis whose disease is moderate.

UP TO 1 in 50

Estimated number of people with ulcerative colitis whose disease is severe.

Sources: Stanford Medicine, Cedars-Sinai, Crohn’s & Colitis Foundation, National Center for Biotechnology Information
MY PATH

HOW EMBRACING ULCERATIVE COLITIS CHANGED MY COURSE FOR THE BETTER

By Katie Songer

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

When I was 35, I started having urgent, explosive diarrhea. I thought it was nothing. Then I started seeing blood in my stool, and that’s when I realized something was wrong. I went to the doctor hoping it was some sort of allergy. But instead, I got a quick referral to a gastroenterologist.

One colonoscopy later, I had a diagnosis of ulcerative proctitis—inflammation in the rectum. The doctor seemed dismissive about it, saying that of all the digestive diseases, this was the “best” one to get. He prescribed a steroid medication and a few days later, I left for my honeymoon in Morocco and Spain.

The meds didn’t work. I spent the trip suffering through horrible diarrhea and blood in my stools. [For more on Traveling When You Have UC, see page 12.] By the time I came home, I was desperate for relief. I saw a physician’s assistant who switched me to anti-inflammatory medication. This began a 6-month bout of trying different medications, none of which worked.

This was when it really started to sink in for me that I had a chronic disease I would deal with for the rest of my life. It was a huge blow, a shift in identity that I was going to wrestle with for the next few years.

DIET ADJUSTMENT AND MORE DIAGNOSES

As I dealt with medication trial and error, I also started experimenting with different diets. Everyone is different, but for me, a macrobiotic diet—focusing on nutrient-dense foods with no chemicals or artificial ingredients, and avoiding gluten, lactose, and added sugar/sweeteners—really turned things around. I also switched doctors and got on a differ-
ent medication that seemed to be improving my symptoms, too. I thought I’d figured out the secret to normalcy—a strict diet and the right meds. But I kept having flares. It wasn’t just physically hard when they hit, it was mentally tough, too, because each flare was a reminder that I was a sick person.

I finally fell off a big cliff about 2 years after my proctitis diagnosis. A combination of slacking off in my diet and exercise habits, plus life stress, led to a flare. Then a few weeks into the flare, I had a gum graft that caused an infection, which required antibiotics. This opened the door for a C. diff infection that made my weight plummet and put me in the hospital. In the ER, an MRI showed that my proctitis had spread to my colon.

A PATH TO ACCEPTANCE—AND REMISSION
Looking back, I think my resistance to seeing myself as a sick person after my proctitis diagnosis got in the way of my healing. But the C. diff crisis put my life in danger, and it shifted my thinking. And I had to really grieve to get to a place of acceptance of my diagnosis. When you’ve had your health all your life, you can’t help but take it for granted. It’s like the foundation under your feet. And when you lose it, it feels like your knees have been knocked out from under you. Accepting that I couldn’t take it for granted anymore helped me move on to being able to take care of myself better.

I’ve been on a biologic since 2016, and it’s been a key part of getting me to a deep remission. I’ve also been really great about my diet, exercise, and stress levels, because I’ve finally accepted that my body needs extra and different care than most bodies. UC doesn’t define me, but it has become a part of my identity, and I embrace it as a way to better understand my needs.
TRAVELING WHEN YOU HAVE ULCERATIVE COLITIS

TAKE THESE STEPS TO EASE ANXIETY AND AVOID TROUBLE

By Kendall K. Morgan
Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

Travel can be business or pleasure. And if you’re taking a trip for a week or more, it’s best if your condition is well controlled before you go, says Jami A. Kinnucan, MD, a gastroenterologist at Mayo Clinic in Jacksonville, FL.

“This doesn’t mean you have to be in remission before you can travel,” she says. But to avoid UC spoiling your plans, “good disease control is most important.”

ASK YOUR DOCTOR

Ask your doctor for travel advice and if they have any concerns. Some countries require vaccines that aren’t recommended when you’re taking UC treatments that suppress your immune system.

Get a letter to take with you stating the UC diagnosis and any medicines you’re taking. Ask for recommended doctors or clinics in the area where you’re going that might help your planning, especially if it’s a longer trip. Make sure you know how to reach your care team if questions or concerns come up while you’re away.

MIND YOUR MEDICINES

Take more medicine than you should need. “If you’re stuck in a foreign country, you’ll want to have extra medicine with you,” Kinnucan says.

If you take injectable therapies, make sure you know how to travel with them. If you need an infusion while you’re away, talk to your doctor before you leave. There are many options available. “Don’t delay a treatment and potentially get sick.”

WHERE’S THE BATHROOM?

Call the airline if you’re flying and ask to sit near the restrooms. Find out ahead of time where you can find bathrooms once you get to your destination during the trip. Get an “I Can’t Wait” card that explains why you need a bathroom fast. Many states have passed the Restroom Access Act to make this easier. You also can get these in multiple languages.

MAKE SURE TO PACK THESE ITEMS

- “I Can’t Wait” card
- Extra clothes
- Hand wash
- Wet wipes
- Toilet paper
- Sanitary pads
- Odor neutralizer

Make sure to pack these items in a bag that you can grab easily and always keep with you.

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MORE TIPS FOR SMOOTH SAILING

Gastroenterologist Jami A. Kinnucan, MD, readies you for the road.

Take a travel kit with everything you’d need for an emergency, including:

- “I Can’t Wait” card
- Extra clothes
- Hand wash
- Wet wipes
- Toilet paper
- Sanitary pads
- Odor neutralizer

Make sure to pack these items in a bag that you can grab easily and always keep with you.

ONLINE RESOURCES

IBD Passport (IBDPassport.com) is a good source for travel advice and resources, Kinnucan says. The website has a list of IBD clinics around the world and details on how to get care if needed while you’re away from home. Crohn’s & Colitis Foundation also has a searchable database of medical experts and lists of doctors in several countries who speak English.

Taking these steps can help you worry less and enjoy your trip more. And remember: when your UC is under good control, “you should be able to travel and experience the quality of life that comes with vacation with few or no limitations,” Kinnucan says.