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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

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."

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.

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, alternating, or adjusting the dose of your current medication in a timely fashion," Ali says. "Remember, a stitch in time saves nine."

TAKING A CLOSER LOOK

Your doctor may check for markers of inflammation with tests such as:

- + Colonoscopy to look at and maybe biopsy your colon
- + Sigmoidoscopy to look at the very end of your colon through a lighted tube
- + Stool tests that look for certain proteins
- + Blood tests that look at C-reactive proteins, oxygen saturation, and blood count
- + CT scan to see how much of the colon is inflamed
- + MRI to look for inflammation in the small intestine



Read an article on
Which Medicines Treat UC
at [WebMD.com/treatUC](https://www.webmd.com/treatUC).





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

PUT UC IN CHECK

with RINVOQ, a once-daily pill

Pill not actual size



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*

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

✓ **Lasting, steroid-free remission** at 1 year

✓ Visible **colon lining repair**



Talk to your doctor about RINVOQ

Learn more about RINVOQ by scanning the QR code or by visiting [RINVOQUCresults.com](https://www.RINVOQUCresults.com)

USE

RINVOQ is a prescription medicine used to treat adults with moderate to severe ulcerative colitis when 1 or more medicines called tumor necrosis factor (TNF) blockers have been used, and did not work well or could not be tolerated. It is not known if RINVOQ is safe and effective in children with ulcerative colitis.

IMPORTANT SAFETY INFORMATION

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

RINVOQ may cause serious side effects, including:

- **Serious infections.** RINVOQ can lower your ability to fight infections. Serious infections have happened while taking RINVOQ, including tuberculosis (TB) and 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).

- **Increased risk of death in people 50 years and older who have at least 1 heart disease (cardiovascular) risk factor.**
- **Cancer and immune system problems.** RINVOQ may increase your risk of certain cancers. Lymphoma and other cancers, including skin cancers, can happen. Current or past smokers are at higher risk of certain cancers, including lymphoma and lung cancer. Follow your HCP's advice about having your skin checked for skin cancer during treatment with RINVOQ. Limit the amount of time you spend in sunlight. Wear protective clothing when you are in the sun and use sunscreen.
- **Increased risk of major cardiovascular (CV) events, such as heart attack, stroke, or death, in people 50 years and older who have at least 1 heart disease (CV) risk factor, especially if you are a current or past smoker.**

- **Blood clots.** Blood clots in the veins of the legs or lungs and arteries can happen with RINVOQ. This may be life-threatening and cause death. Blood clots in the veins of the legs and lungs have happened more often in people who are 50 years and older and with at least 1 heart disease (CV) risk factor.
- **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.**

What should I tell my HCP BEFORE starting RINVOQ?

Tell your HCP if you:

- 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	- Muscle aches	- Cough
- Shortness of breath	- Feeling tired	- Weight loss
- Warm, red, or painful skin or sores on your body	- Blood in phlegm	- Burning when urinating or urinating more often than normal
	- Diarrhea or stomach pain	
- 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. Please see Brief Summary of Full Prescribing Information on the following pages of this advertisement.

IMPORTANT SAFETY INFORMATION (continued from previous page)

- Are a current or past smoker.
- Have had a heart attack, other heart problems, or stroke.
- Have or have had any type of cancer, hepatitis B or C, shingles (herpes zoster), blood clots in the veins of your legs or lungs, diverticulitis (inflammation in parts of the large intestine), or ulcers in your stomach or intestines.
- Have other medical conditions, including liver problems, low blood cell counts, diabetes, chronic lung disease, HIV, or a weak immune system.
- Live, have lived, or have traveled to parts of the country, such as the Ohio and Mississippi River valleys and the Southwest, that increase your risk of getting certain kinds of fungal infections. If you are unsure if you’ve been to these types of areas, ask your HCP.
- Have recently received or are scheduled to receive a vaccine. People who take RINVOQ should not receive live vaccines.
- Are pregnant or plan to become pregnant. Based on animal studies, RINVOQ may harm your unborn baby. Your HCP will check whether or not you are pregnant before you start RINVOQ. You should use effective birth control (contraception) to avoid becoming pregnant during treatment with RINVOQ and for 4 weeks after your last dose.
- Are breastfeeding or plan to breastfeed. RINVOQ may pass into your breast milk. Do not breastfeed during treatment with RINVOQ and for 6 days after your last dose.

Tell your HCP 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 HCP if you take:

- Medicines for fungal or bacterial infections
- Rifampicin or phenytoin
- Medicines that affect your immune system

If you are not sure if you are taking any of these medicines, ask your HCP or pharmacist.

What should I do or tell my HCP AFTER starting RINVOQ?

- Tell your HCP right away if you have any symptoms of an infection. RINVOQ can make you more likely to get infections or make any infections you have worse.
- Get emergency help right away if you have any symptoms of a heart attack or stroke while taking RINVOQ, including:
 - Discomfort in the center of your chest that lasts for more than a few minutes or that goes away and comes back
 - Severe tightness, pain, pressure, or heaviness in your chest, throat, neck, or jaw

- Pain or discomfort in your arms, back, neck, jaw, or stomach
- Shortness of breath with or without chest discomfort
- Breaking out in a cold sweat
- Nausea or vomiting
- Feeling lightheaded
- Weakness 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 blood clots during treatment with RINVOQ, including:
 - 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.

What are the common side effects of RINVOQ?

These 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 (neutropenia, lymphopenia), muscle pain, 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.

These are not all the possible side effects of RINVOQ.

How should I take RINVOQ?

RINVOQ is taken once a day with or without food. Do not split, crush, or chew the tablet. Take RINVOQ exactly as your HCP tells you to use it. RINVOQ is available in 15 mg, 30 mg, and 45 mg extended-release tablets.

This is the most important information to know about RINVOQ. For more information, talk to your HCP.

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.

Please see Brief Summary of Full Prescribing Information on adjacent pages of this advertisement.

RINVOQ® (RIN-VOKE) (upadacitinib) extended-release tablets, for oral use

Patient Information

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

RINVOQ can cause serious side effects, including:

1. Serious Infections.

- Your healthcare provider should test you for TB before starting treatment with RINVOQ.
- Your healthcare provider should watch 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 healthcare provider tells you it is okay. You may be at a higher risk of developing shingles (herpes zoster).
- Before starting RINVOQ, tell your healthcare provider if you:
 - are being treated for an infection.
 - have had an infection that does not go away or that keeps coming back.
 - have diabetes, chronic lung disease, HIV, or a weak immune system.
 - have TB or have been in close contact with someone with TB.
 - have had shingles (herpes zoster).
 - have or have had hepatitis B or C.
 - live or have lived, or have traveled to certain parts of the country (such as the Ohio and Mississippi River valleys and the Southwest) where there is an increased chance for getting certain kinds of fungal infections. These infections may happen or become more severe if you use RINVOQ. Ask your healthcare provider if you do not know if you have lived in an area where these infections are common.
 - think you have an infection or have symptoms of an infection such as:
 - fever, sweating, or chills
 - muscle aches
 - cough
 - feeling tired
 - blood in your phlegm
 - weight loss
 - shortness of breath
 - warm, red, or painful skin or sores on your body
 - diarrhea or stomach pain
 - burning when you urinate or urinating more often than usual

After starting RINVOQ, call your healthcare provider right away if you have any symptoms of an infection. RINVOQ can make you more likely to get infections or make worse any infections that you have. If you get a serious infection, your healthcare provider may stop your treatment with RINVOQ until your infection is controlled.

2. Increased risk of death in people 50 years of age and older who have at least 1 heart disease (cardiovascular) risk factor and are taking a medicine in the class of medicines

called Janus kinase (JAK) inhibitors. RINVOQ is a JAK inhibitor medicine.

3. Cancer and immune system problems.

RINVOQ may increase your risk of certain cancers by changing the way your immune system works. Lymphoma and other cancers, including skin cancers can happen in people taking RINVOQ. People taking a medicine in the class of medicines called Janus kinase (JAK) inhibitors have a higher risk of certain cancers including lymphoma and lung cancer, especially if you are a current or past smoker.

Tell your healthcare provider if you have ever had any type of cancer. Follow your healthcare provider’s advice about having your skin checked for skin cancer during treatment with RINVOQ. Limit the amount of time you spend in sunlight. Avoid using tanning beds or sunlamps. Wear protective clothing when you are in the sun and use a sunscreen with a high protection factor (SPF 30 and above). This is especially important if your skin is very fair or if you have a family history of skin cancer.

4. Increased risk of major cardiovascular events such as heart attack, stroke or death in people 50 years of age and older who have at least 1 heart disease (cardiovascular) risk factor and taking a medicine in the class of medicines called JAK inhibitors, especially if you are a current or past smoker.

Get emergency help right away if you have any symptoms of a heart attack or stroke while taking RINVOQ, including:

- discomfort in the center of your chest that lasts for more than a few minutes, or that goes away and comes back
- severe tightness, pain, pressure, or heaviness in your chest, throat, neck, or jaw
- pain or discomfort in your arms, back, neck, jaw, or stomach
- shortness of breath with or without chest discomfort
- breaking out in a cold sweat
- nausea or vomiting
- feeling lightheaded
- weakness in one part or on one side of your body
- slurred speech

5. Blood Clots (thrombosis).

Blood clots in the veins of your legs (deep vein thrombosis, DVT) or lungs (pulmonary embolism, PE) and arteries (arterial thrombosis) can happen in some people taking RINVOQ. This may be life-threatening and cause death. Blood clots in the veins of the legs (DVT) and lungs (PE) have happened more often in people who are 50 years of age and older and with at least 1 heart disease (cardiovascular) risk factor taking a medicine in the class of medicines called Janus kinase (JAK) inhibitors.

- Tell your healthcare provider if you have had blood clots in the veins of your legs or lungs in the past.
- Get medical help right away if you have signs and symptoms of blood clots during treatment with RINVOQ, including:

CONSUMER BRIEF SUMMARY

Consult Package Insert for full Prescribing Information

- swelling
- pain or tenderness in one or both legs
- sudden unexplained chest or upper back pain
- shortness of breath or difficulty breathing

6. 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.

7. Tears (perforation) in the stomach or intestines.

- Tell your healthcare provider if you have had diverticulitis (inflammation in parts of the large intestine) or ulcers in your stomach or intestines. Some people taking RINVOQ can get tears in their stomach or intestines. This happens most often in people who take nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, or methotrexate.
- Get medical help right away if you get stomach-area pain, fever, chills, nausea, or vomiting.

8. Changes in certain laboratory test results.

Your healthcare provider should do blood tests before you start taking RINVOQ and while you take RINVOQ to check for the following:

- **low neutrophil and lymphocyte counts.** Neutrophils and lymphocytes are types of white blood cells that help the body fight off infections.
- **low red blood cell counts.** Red blood cells carry oxygen. Low red blood cells means you may have anemia, which may make you feel weak and tired.
- **increased cholesterol levels.** Your healthcare provider should do blood tests to check your cholesterol levels approximately 12 weeks after you start taking RINVOQ, and as needed.
- **elevated liver enzymes.** Liver enzymes help to tell if your liver is functioning normally. Elevated liver enzymes may indicate that your healthcare provider needs to do additional tests on your liver.

You should not take RINVOQ if your neutrophil count, lymphocyte count, or red blood cell count is too low or your liver tests are too high. Your healthcare provider may stop your RINVOQ treatment for a period of time if needed because of changes in these blood test results.


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

What is RINVOQ?

RINVOQ is a prescription medicine that is a Janus kinase (JAK) inhibitor. RINVOQ is used:

- to treat adults with moderate to severe rheumatoid arthritis when 1 or more medicines called tumor necrosis factor (TNF) blockers have been used, and did not work well or could not be tolerated.
- to treat adults with active psoriatic arthritis when 1 or more medicines called tumor necrosis factor (TNF) blockers have been used, and did not work well or could not be tolerated.



<ul style="list-style-type: none"> to treat adults and children 12 years of age and older with moderate to severe eczema (atopic dermatitis) that did not respond to previous treatment and their eczema is not well controlled with other pills or injections, including biologic medicines, or the use of other pills or injections is not recommended. to treat adults with moderate to severe ulcerative colitis when 1 or more medicines called tumor necrosis factor (TNF) blockers have been used, and did not work well or could not be tolerated. to treat adults with active ankylosing spondylitis when 1 or more medicines called tumor necrosis factor (TNF) blockers have been used, and did not work well or could not be tolerated. <p>RINVOQ is safe and effective in children 12 years of age and older weighing at least 88 pounds (40 kg) with atopic dermatitis.</p> <p>It is not known if RINVOQ is safe and effective in children with juvenile idiopathic arthritis, with psoriatic arthritis, or with ankylosing spondylitis.</p> <p>It is not known if RINVOQ is safe and effective in children under 12 years of age with atopic dermatitis.</p> <p>It is not known if RINVOQ is safe and effective in children with ulcerative colitis.</p> <p>Do not take RINVOQ if you are allergic to upadacitinib or any of the ingredients in RINVOQ. See the end of this Consumer Brief Summary for a complete list of ingredients in RINVOQ.</p> <p>Before taking RINVOQ, tell your healthcare provider about all of your medical conditions, including if you:</p> <ul style="list-style-type: none"> See “What is the most important information I should know about RINVOQ?” have an infection. are a current or past smoker. have had a heart attack, other heart problems, or stroke. have liver problems. have kidney problems. have unexplained stomach (abdominal) pain, have a history of diverticulitis or ulcers in your stomach or intestines, or are taking NSAIDs. have low red or white blood cell counts. have recently received or are scheduled to receive an immunization (vaccine). People who take RINVOQ should not receive live vaccines. are pregnant or plan to become pregnant. Based on animal studies, RINVOQ may harm your unborn baby. <p>Females who are able to become pregnant:</p> <ul style="list-style-type: none"> Your healthcare provider will check whether or not you are pregnant before you start treatment with RINVOQ. You should use effective birth control (contraception) to avoid becoming pregnant during treatment with RINVOQ and for 4 weeks after your last dose of RINVOQ. Tell your healthcare provider if you think you are pregnant or become pregnant during treatment with RINVOQ. If you take RINVOQ during pregnancy, contact AbbVie Inc. at 1-800-633-9110, or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch to provide information about the health of you and your baby. are breastfeeding or plan to breastfeed. RINVOQ may pass into your breast milk. You and your healthcare provider should decide if you will take RINVOQ or breastfeed. Do not breastfeed during treatment with RINVOQ and for 6 days after your last dose of RINVOQ. 	<p>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.</p> <p>Especially tell your healthcare provider if you take:</p> <ul style="list-style-type: none"> 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. <p>Ask your healthcare provider or pharmacist, if you are not sure if you are taking any of these medicines.</p> <p>Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.</p> <p>How should I take RINVOQ?</p> <ul style="list-style-type: none"> 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. <p>What are the possible side effects of RINVOQ?</p> <p>RINVOQ may cause serious side effects, including:</p> <ul style="list-style-type: none"> See “What is the most important information I should know about RINVOQ?” <p>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 (neutropenia, lymphopenia), muscle pain, flu-like illness, rash, increased blood cholesterol levels, and increased liver enzyme levels.</p> <p>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 healthcare provider right away if you have any sudden changes in your vision during treatment with RINVOQ.</p> <p>These about side effects. You may report side effects to FDA at 1-800-FDA-1088.</p> <p>How should I store RINVOQ?</p> <ul style="list-style-type: none"> 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. 	<p>General information about the safe and effective use of RINVOQ.</p> <p>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.</p> <p>Do not give RINVOQ to other people, even if they have the same symptoms that you have. It may harm them.</p> <p>You can ask your pharmacist or healthcare provider for information about RINVOQ that is written for health professionals.</p> <p>What are the ingredients in RINVOQ 15 mg tablets?</p> <p>Active ingredient: upadacitinib</p> <p>Inactive ingredients: colloidal silicon dioxide, ferrousferic oxide, hypromellose, iron oxide red, magnesium stearate, mannitol, microcrystalline cellulose, polyvinyl alcohol, polyethylene glycol, talc, tartaric acid and titanium dioxide.</p> <p>What are the ingredients in RINVOQ 30 mg tablets?</p> <p>Active ingredient: upadacitinib</p> <p>Inactive ingredients: colloidal silicon dioxide, hypromellose, iron oxide red, magnesium stearate, mannitol, microcrystalline cellulose, polyvinyl alcohol, polyethylene glycol, talc, tartaric acid and titanium dioxide.</p> <p>What are the ingredients in RINVOQ 45 mg tablets?</p> <p>Active ingredient: upadacitinib</p> <p>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.</p> <p>Manufactured by: AbbVie Inc., North Chicago, IL 60064, USA RINVOQ® is a registered trademark of AbbVie Biotechnology Ltd. ©2019-2022 AbbVie Inc.</p> <p>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.</p> <p>If you are having difficulty paying for your medicine, AbbVie may be able to help. Visit AbbVie.com/myAbbVieAssist to learn more.</p> <p>Ref: 20071734 Revised: April 2022</p> <p>LAB-7085 MASTER</p> <p>US-RNQG-220124</p> <p></p>
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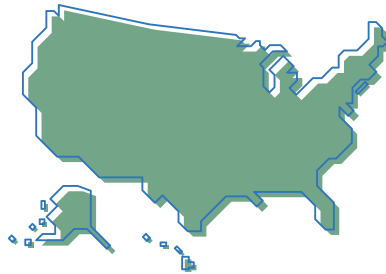
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By Sonya Collins

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

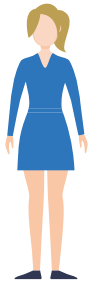
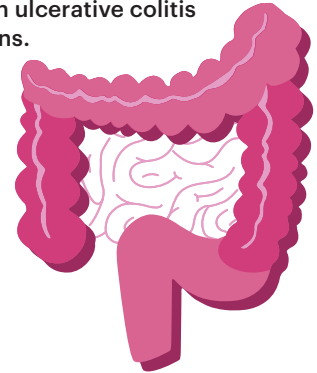
1 million

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



15 to 30

Most common ages when ulcerative colitis begins.



1 in 2

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



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 50

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.





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-



SAM BARNES/VIA GETTY IMAGES



SCAN ME

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KATIE'S TIPS

- + **Look at your diet.**
There isn't consistent science on very many dietary aspects of UC treatment, so find what works for you.
- + **Find a UC outlet.**
Groups are great, but even just a one-on-one connection can help you feel seen and understood.
- + **Let yourself process.**
UC isn't the end of the world, but it does change your life. It's OK to grieve what you've lost.

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.



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.

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 and 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.

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.