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# CHANGING YOUR IBD TREATMENT PLAN

DOING SOMETHING DIFFERENT MIGHT BE A PART OF YOUR JOURNEY. HERE, A SPECIALIST ANSWERS SOME COMMON QUESTIONS YOU MAY HAVE ALONG THE WAY.

By Rachel Reiff Ellis

Reviewed by Neha Pathak, MD, WebMD Medical Editor

**Your inflammatory bowel disease can change over time, and you may need to change your treatment to stay ahead of it. Khaled H. Abdeljawad, MD, gastroenterologist at Indiana University Health in Indianapolis, answers questions you may have for your doctor as you decide whether you need a switch.**

## Q. WHAT ARE THE SIGNS THAT IT'S TIME FOR A DIFFERENT TREATMENT?

You may be having side effects you can't tolerate or even severe side effects, such as an allergic reaction, serious infections, pancreatitis, bone marrow suppression, or kidney or liver injury. Another reason to switch is failure of your treatments to get you to remission or improve your symptoms. Your disease may be too severe, or your doctor is seeing a type of disease behavior that needs a different type of treatment, or your body may have developed antibodies that fight the medications and prevent them from working. Some people also need a switch simply because of financial and health insurance issues.

## Q. ARE THERE REASONS MY TREATMENT MIGHT NOT BE WORKING THAT I CAN TROUBLESHOOT ON MY END?

The first step is to be sure you're

taking your medications the right way and haven't missed doses. If that's not an issue, then we need to make sure you're not dealing with another disease or problem that could act like active IBD. This could be certain infections, abscesses, or an intestinal obstruction. Finally, you might just need a dose adjustment. Your doctor can decide by checking the levels of medication present in your blood. If they're low, they can try increasing your current dosage before changing to a different regimen.

## Q. WHAT PRECAUTIONS MIGHT I NEED TO TAKE WHEN SWITCHING TREATMENTS?

Your doctor will review the risks and benefits, your age, and your other health conditions to decide what you need and how to monitor it. They might also screen you for infections that could flare with immunosuppressive therapies, such as hepatitis B and tuberculosis infections. To come off steroids, you have to taper them down to allow your body to adjust. Also, some biological treatments require you to take them more frequently at the beginning to load your body with enough medicine. A group of medications called immunomodulators require starting the medicine at a lower dose and gradually increasing it, during which we monitor

you to be sure you can tolerate it and to catch any potential side effects early on.

## Q. COULD IT BE TIME FOR SURGERY INSTEAD OF A MEDICATION SWITCH? HOW DO YOU MAKE THAT CALL?

In general, we make the decision to move to surgery by reviewing your history and symptoms carefully. We look at what you've tried in the past and why it failed. We also do a physical examination that includes a rectal examination, blood and stool work, reviewing imaging, and potentially performing an endoscopy. Surgery for IBD isn't a failure. It can be part of the natural course of the disease. For example, 50% of patients with Crohn's disease require a surgical intervention within 10 years of their diagnosis. You may develop complications that don't respond to medical treatments. Also, ulcerative colitis may come on suddenly and severely, and aggressive medical therapy may fail. This requires hospitalization. You're at risk of fatal complications, and a surgery to remove the colon can be lifesaving.



GETTY IMAGES



# 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 in Indianapolis.

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 few 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.

## 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.

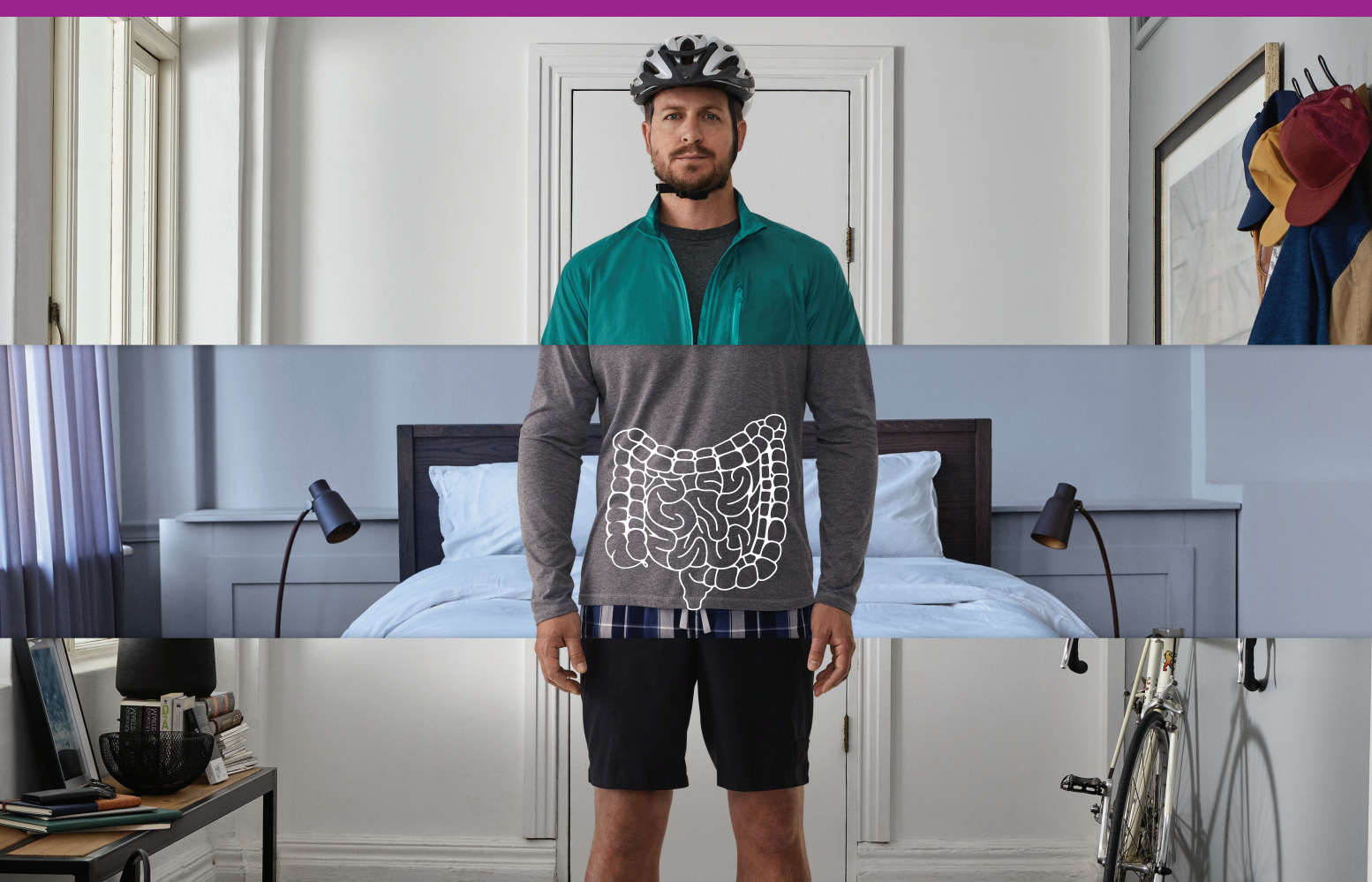
**Other treatments have stopped working** for your mild to moderate disease.

**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.

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. "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," Walker says.





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 the Important Facts for ENTYVIO on the adjacent page 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](https://www.fda.gov/medwatch) or call 1-800-FDA-1088.

**ENTYVIO.com/info1**



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vedolizumab

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MADE FOR REMISSION  
MADE FOR YOU**



## IMPORTANT FACTS

ENTYVIO (en ti' vee oh)  
(vedolizumab)

for injection, for intravenous use

### What is the most important information I should know about ENTYVIO?

#### ENTYVIO may cause serious side effects, including:

- **Infusion-related and serious allergic reactions.** These 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 medical help right away 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).
- **Infections.** ENTYVIO may increase your risk of getting a serious infection. Before receiving ENTYVIO and during treatment with ENTYVIO, tell your healthcare provider if you think you have an infection or have 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.
- **Progressive Multifocal Leukoencephalopathy (PML).** 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.** 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 stomach (abdomen), dark urine, or yellowing of the skin and eyes (jaundice).

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

### What is ENTYVIO?

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.

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

### Who should not receive ENTYVIO?

**Do not receive ENTYVIO if you** have had an allergic reaction to ENTYVIO or any of the ingredients in ENTYVIO.

**Before receiving ENTYVIO, tell your healthcare provider about all of your medical conditions, including if you:**

- have an infection, think you may have an infection or have infections that keep coming back (see “**What is the most important information I should know about ENTYVIO?**”).
- 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. Talk to your healthcare provider about bringing your vaccines up-to-date before starting treatment with ENTYVIO.
- are pregnant or plan to become pregnant. It is not known if ENTYVIO will harm your unborn baby. Tell your healthcare provider right away if you become pregnant while receiving ENTYVIO.

- **Pregnancy Registry:** There is a pregnancy registry for women who use ENTYVIO during pregnancy. The purpose of this registry is to collect information about the health of you and your baby. Talk with your healthcare provider about how you can take part in this registry or you may contact the registry at 1-877-825-3327 to enroll.

- are breastfeeding or plan to breastfeed. ENTYVIO can pass into your breast milk. Talk to your healthcare provider about the best way to feed your baby if you take ENTYVIO.

**Tell your healthcare provider about all the medicines you take,** including prescription and over-the-counter medicines, vitamins and herbal supplements. Especially tell your healthcare provider if you take or have recently taken Tysabri (natalizumab), a Tumor Necrosis Factor (TNF) blocker medicine, a medicine that weakens your immune system (immunosuppressant), or corticosteroid medicine.

### How will I receive ENTYVIO?

- ENTYVIO is given through a needle placed in a vein (intravenous infusion) in your arm.
- ENTYVIO is given to you over a period of about 30 minutes.
- Your healthcare provider will monitor you during and after the ENTYVIO infusion for side effects to see if you have a reaction to the treatment.

### What are the possible side effects of ENTYVIO?

**ENTYVIO may cause serious side effects, see “What is the most important information I should know about ENTYVIO?”.**

**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 of the possible side effects of ENTYVIO.

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

### General information about ENTYVIO

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. You can ask your pharmacist or healthcare provider for information about ENTYVIO that is written for health professionals.

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For more information, go to [www.ENTYVIO.com](http://www.ENTYVIO.com) or call 1-877-TAKEDA-7 (1-877-825-3327).

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# 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 of 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 as well. “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

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

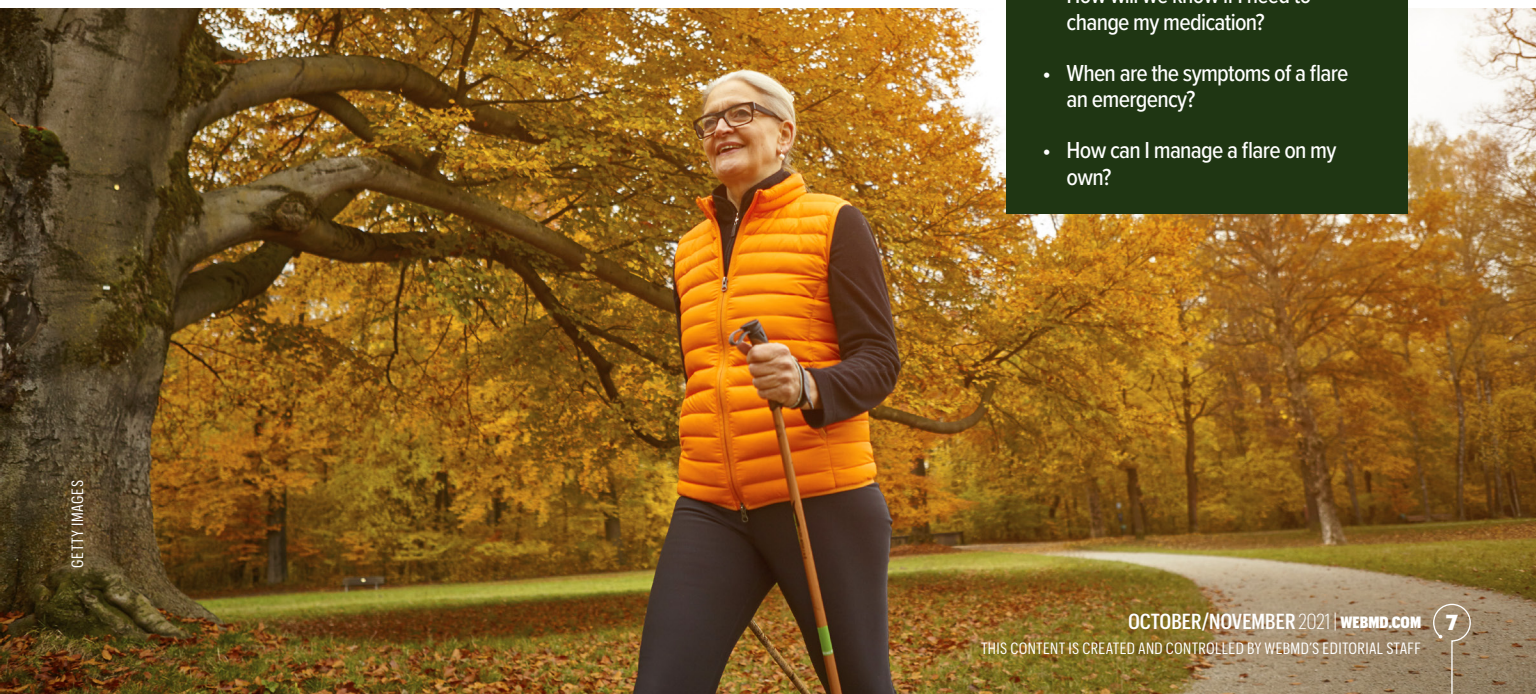
It may be unavoidable sometimes, but stress does spark flares in some people. You don’t have to eliminate all the stress from your life, and you couldn’t even if you tried. You just need an outlet for it.

“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.

## 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?





# 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 that 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 valuable 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.





# THE BENEFITS OF EXERCISE

## HOW MOVING YOUR BODY CAN HELP YOU HEAL

By Rachel Reiff Ellis

Reviewed by Neha Pathak, MD, WebMD Medical Editor

Regular exercise is critical for good health. If you feel like your IBD symptoms get in the way of workouts, talk to your doctor about ways you can get it in safely.

“Exercise can help people with IBD in particular because it theoretically may decrease inflammation and therefore promote healing of the gut,” says Erica J. Brenner, MD, pediatric gastroenterologist at UNC Health in Chapel Hill.

Fitting a fitness routine into your life can help you thrive with IBD in these key ways:

### LESS STRESS

When you're under stress, it can kick your IBD into high gear. “There's emerging evidence that stress may have a negative effect on the disease course and even trigger flares,” Brenner says. Exercise—any kind, from yoga to walking to aerobics—is a proven stress-buster. You'll boost your mood, quiet your mind, and help

your body fight inflammation with a fitness routine.

### LOWER WEIGHT

Carrying excess weight can increase IBD symptoms. Moving your body more may help you shed extra pounds that could be contributing to flares. “Exercise can decrease body fat, and body fat has been shown to increase inflammation in the intestine,” Brenner says. Talk to your doctor about what your goal weight should be and how to get there.

### IMPROVED MENTAL HEALTH

IBD can tax you not only physically but mentally. Depression and anxiety often come along with other IBD symptoms. Exercise releases “feel-good” hormones called endorphins into your bloodstream and reduces feelings related to depression and anxiety. Try to get 30 minutes of movement three to five times a week for the best effect.

### BETTER BONE HEALTH

Studies show regular exercise

## EXERCISE DOS AND DON'TS

Erica J. Brenner, MD, shares tips for working out safely.

**DO** talk to your doctor about the frequency and intensity with which you should exercise.

**DON'T** exercise during a flare. Concentrate on resting and recovering and postpone exercise until you feel well enough to work out.

**DO** start small and listen to your body.

**DON'T** get dehydrated. Drink plenty of water!

increases bone density, which makes for stronger bones. That's especially important when you have IBD, Brenner says. “People with IBD may have lower bone density both because of the disease itself and as a side effect of certain IBD medications such as steroids.” Weight-bearing and resistance exercises are best for building up bone strength.



# TEST YOUR IBD KNOW-HOW

**As someone living with inflammatory bowel disease, you likely know more than most about your condition. See if you have a handle on these bowel disease basics.**

By Rachel Reiff Ellis

Reviewed by Neha Pathak, MD, WebMD Medical Editor

- Over 10 million people in the U.S. have Crohn's disease or ulcerative colitis.  
☐ True ☐ False
- Most people are diagnosed with IBD before age 35.  
☐ True ☐ False
- You have to have a family member with IBD to be at risk of getting it yourself.  
☐ True ☐ False
- More people with ulcerative colitis need surgery to treat their condition than those who have Crohn's disease.  
☐ True ☐ False
- Stress causes IBD.  
☐ True ☐ False

- 
- False:** Around 1 million to 2 million Americans deal with some form of IBD—about 70 to 150 cases per 100,000 people.
  - True:** Most people get their IBD diagnosis in their young adult years, between ages 20 and 30.
  - False:** Only 5% to 20% of people with IBD have a first-degree relative with the disease. Environment and certain immune system reactions are other triggers for it.
  - False:** Only around one-third of people with UC need surgery to treat their symptoms, while up to 70% of people with Crohn's disease require it.
  - False:** Although stress can make symptoms worse when you have a flare, it doesn't give you the disease.





Want to learn more about Crohn's disease or ulcerative colitis?

### Register now for our MyIBD Learning Webinar Series!

Join us this fall as we host monthly education webinars covering hot topics in IBD. Each webinar is created for patients and caregivers of all stages of life—whether newly diagnosed with Crohn's or colitis or living with the disease for a long time.

#### New MyIBD Learning Webinars:

- **October 21, 8 p.m. ET:** Ostomy Tips & Tricks
- **November 18, 8 p.m. ET:** Navigating Eating Around the Holidays
- **December 16, 8 p.m. ET:** Feeling Well with IBD

Learn more: [crohnscolitisfoundation.org/myibdlearning](https://crohnscolitisfoundation.org/myibdlearning)

