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FEBRUARY/MARCH/APRIL 2023

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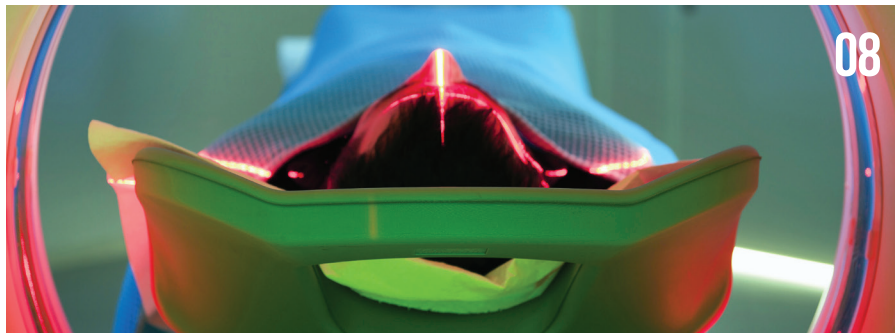
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## THE LATEST ON CROHN'S DISEASE

### GENE STUDY SHEDS NEW LIGHT

In one of the largest genetic studies on Crohn's disease to date, scientists have identified 10 genes previously not known to play a role in the condition. When researchers compared the DNA of 30,000 people with Crohn's disease to 80,000 people without it, they learned that mutations in some of these genes raise a person's risk for the disease and play a part in inflammation in the gut. This discovery could one day lead to new targeted therapies for Crohn's that might disable these disease-causing genes.

SOURCE: *Nature*

## 3 in 5

Number of people with Crohn's disease who have diarrhea in a given month. More for those with moderate to severe disease.

SOURCE: *Inflammatory Bowel Diseases*

# 183

Average number of days from diagnosis to starting biologic therapy in people with Crohn's disease who use biologics.

SOURCE: *Inflammatory Bowel Diseases*

### NOROVIRUS MAY POINT TO A CROHN'S TREATMENT

Researchers have long suspected that norovirus may trigger the start of Crohn's in people who are genetically inclined to get the disease. A new discovery may explain why this happens and inspire new Crohn's disease treatments. In Crohn's, the immune system attacks intestinal tissue as if it were a germ. In healthy people, a protein called API5 prevents these attacks. Norovirus infection, this new study finds, can deactivate API5 and trigger Crohn's disease. Early experiments in animals and in human tissue suggest that injecting extra API5-protected cells into people with Crohn's may help treat the condition.

SOURCE: *Nature*

### THE LINK BETWEEN CROHN'S DISEASE AND DEPRESSION

Living with Crohn's disease, you should know that you have a higher risk for depression, too. For 11 years, researchers followed people who had either depression or inflammatory bowel disease, which includes Crohn's disease and ulcerative colitis, and their siblings who had neither. People with IBD were nine times more likely than others to later develop depression. And people who had depression were more likely to later develop IBD. Even siblings of people with IBD had a higher risk for depression than people in the general population. Depression can take a toll on your quality of life, but it's very treatable. If you think you could be depressed, ask your doctor for help.

SOURCE: *Journal of Gastroenterology and Hepatology*

HELEN KING/VIA GETTY IMAGES





FOR ADULTS WITH MODERATE TO SEVERE CROHN'S DISEASE

# SKYRIZI CAN HELP CROHN'S PATIENTS ACHIEVE:



## SYMPTOM RELIEF



## LASTING REMISSION AT 1 YEAR



## ENDOSCOPIC IMPROVEMENT

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

Ask your gastroenterologist if SKYRIZI may be right for you.



Scan to learn more or visit  
**SkyriziCrohns.com**

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

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

## USE AND IMPORTANT SAFETY INFORMATION

### SKYRIZI Use<sup>1</sup>

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

### IMPORTANT SAFETY INFORMATION<sup>1</sup>

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

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

#### Serious allergic reactions:

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

#### Infections:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.**

**If you are having difficulty paying for your medicine, AbbVie may be able to help. Visit [www.AbbVie.com/myAbbVieAssist](http://www.AbbVie.com/myAbbVieAssist) to learn more.**

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

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

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**Skyrizi**  
risankizumab-rzaa



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

## Patient Information

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

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

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

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

- fever, sweats, or chills
- cough
- shortness of breath
- blood in your mucus (phlegm)
- muscle aches
- warm, red, or painful skin or sores on your body
- weight loss
- diarrhea or stomach pain
- burning when you urinate
- or urinating more often than normal

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

### What is SKYRIZI?

SKYRIZI is a prescription medicine used to treat:

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

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

### Who should not use SKYRIZI?

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

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

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

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

- have an infection that does not go away or that keeps coming back.
- have TB or have been in close contact with someone with TB.
- have recently received or are scheduled to receive an immunization (vaccine). Medicines that interact with the immune system may increase your risk of getting an infection after receiving live vaccines. You should avoid receiving live vaccines right before, during, or right after treatment with SKYRIZI. Tell your healthcare provider that you are taking SKYRIZI before receiving a vaccine.
- are pregnant or plan to become pregnant. It is not known if SKYRIZI can harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if SKYRIZI passes into your breast milk.
- If you become pregnant while taking SKYRIZI, you are encouraged to enroll in the Pregnancy Registry. The purpose of the pregnancy registry is to collect information about the health of you and your baby. Talk to your healthcare provider or call 1-877-302-2161 to enroll in this registry.

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

### How should I use SKYRIZI?

- See the detailed “Instructions for Use” that comes with SKYRIZI for information on how to prepare and inject a dose of SKYRIZI, and how to properly throw away (dispose of) a used SKYRIZI prefilled pen, prefilled syringe, or prefilled cartridge with on-body injector.**
- Use SKYRIZI exactly as your healthcare provider tells you to use it.
  - Your healthcare provider will tell you how much SKYRIZI is right for you and how often you should receive it.
  - Before self-injecting with SKYRIZI prefilled pen, prefilled syringe, or prefilled cartridge with on-body injector, your healthcare provider should show you how to inject SKYRIZI.
  - If you miss your SKYRIZI dose, inject a dose as soon as you remember. Then, take your next dose at your regular scheduled time. Call your healthcare provider if you are not sure what to do.
  - If you inject more SKYRIZI than prescribed, call your healthcare provider right away.

Adults with plaque psoriasis or psoriatic arthritis will receive SKYRIZI as an injection under the skin (subcutaneous injection) using the prefilled pen or prefilled syringe.

Adults with Crohn’s disease will receive their starter doses with SKYRIZI through a vein in the arm (intravenous infusion) in a healthcare facility by a healthcare provider. After completing the starter doses, patients will receive SKYRIZI as an injection under the skin (subcutaneous injection) using the prefilled cartridge with on-body injector.

## CONSUMER BRIEF SUMMARY

Consult Package Insert for full Prescribing Information

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

**SKYRIZI may cause serious side effects including:**

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

- unexplained rash
- nausea
- vomiting
- stomach (abdominal) pain
- tiredness (fatigue)
- loss of appetite
- yellowing of the skin and eyes (jaundice)
- dark urine

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

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

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

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

These are not all the possible side effects of SKYRIZI.

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

### How should I store SKYRIZI?

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

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

### General information about the safe and effective use of SKYRIZI.

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

### What are the ingredients in SKYRIZI?

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

**SKYRIZI 75 mg/0.83 mL inactive ingredients:** sodium succinate, polysorbate 20, sorbitol, succinic acid, and Water for Injection, USP.  
SKYRIZI is available in a 150 mg/mL prefilled syringe and pen, a 600 mg/10 mL intravenous infusion, and a 360 mg/2.4 mL single-dose prefilled cartridge with on-body injector.

**You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://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](http://AbbVie.com/myAbbVieAssist) to learn more.**

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# A CROHN'S PRIMER

## BASIC FACTS ABOUT YOUR DISEASE

By Rachel Reiff Ellis

Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer

Crohn's disease is an inflammatory bowel disease, which means it causes inflammation and irritation in your intestines. Unlike ulcerative colitis, which only happens in your large intestine, Crohn's disease can affect any part of your gastrointestinal (GI) tract, from your mouth to your anus.

### HOW DOCTORS DIAGNOSE IT

It may take some time to get a correct diagnosis for your Crohn's disease, because there are a wide range of symptoms that vary from person to person.

"Crohn's disease is the master of disguise," says David N. Armstrong, MD, a colorectal surgery specialist in Atlanta and author of *A Cure for Crohn's: The Untold Cause and Emerging Treatment for Crohn's Disease*. "Often diagnoses

come late because there's no real positive, definitive test for it."

Doctors use a combination of data points to narrow it down, says Eugene F. Yen, MD, a gastroenterologist at the Northwestern Medicine Digestive Health Center in Chicago.

"A lot of people may have symptoms that sound like Crohn's disease, but they don't have Crohn's disease," Yen says. "It's important from a diagnostic standpoint to get a colonoscopy to look for inflammation and ulcers, take biopsies, and sometimes even use imaging such as CT scans to confirm the diagnosis."

### COMMON SYMPTOMS

Because Crohn's can cause inflammation anywhere in your GI tract, your symptoms may look different from

someone else's. The location of the inflammation determines the type of symptoms you have.

Your disease can be mild or severe and may switch between flaring and remission. But when you're having a flare, two symptoms are most common: diarrhea and blood in your stool.

"When you have disease of the colon, you don't absorb water properly, which causes diarrhea," Yen says. "And when there's ulcers, the colon is very fragile, so when you touch it, it bleeds."

Other typical symptoms include belly pain and cramping, fatigue, fever, and even symptoms outside the GI tract, such as inflammation of the skin, eyes, and joints.

### CROHN'S CAUSES

Doctors aren't exactly sure what causes

Crohn's disease, although they have identified some things that play a role, such as genes and certain immune system triggers like bacteria.

"Crohn's disease historically has been labeled idiopathic, which is Greek for 'we don't know,'" Armstrong says. "Only in the last few decades has it been identified as likely caused by a bacterium."

You're more likely to have Crohn's if you have a family member with it, but most people with Crohn's don't have a genetic link to the disease. The most common age to get a diagnosis is around 30 years old, and you're at a higher risk of getting it if you're white.

### OUTLOOK

Crohn's disease doesn't yet have a cure,

but Armstrong says emerging evidence about Crohn's causes will help revolutionize treatment in the near future.

"We're not there yet, but it's hopeful," he says.

In the meantime, there are many types of medications and other therapies to help you manage your symptoms and have a good quality of life.

"Too often, people take a Crohn's diagnosis as a death sentence, but I always tell my patients I expect them to have a normal life," Yen says. "It's important to make sure you're treating it properly to make sure that the ulcers are healed and everything looks clean on the inside, because then we know you're going to feel normal."



SCAN ME  
For more information, read this article on **When You're New to Crohn's Disease**: use your mobile phone camera to activate the QR code

## TYPES OF CROHN'S

A look at some of the places you may have the disease.

### + Ileocolitis (most common):

Small intestine and colon

### + Ileitis:

Ileum only

### + Jejunoileitis:

Jejunum only

### + Gastroduodenal:

Stomach and duodenum

### + Crohn's (Granulomatous) colitis:

Colon



# LIVING WITH CROHN'S

## I AM MORE THAN MY DISEASE

By Jesse Pringle  
Reviewed by Melinda Ratini, DO, MS,  
WebMD Medical Reviewer

I was diagnosed with Crohn's when I was just 13. At the time, I played hockey, badminton, volleyball, and basketball. I was the picture of athleticism and health. But I started having severe stomach pains, and then blood in my stool. Neither my family nor I thought my issues were anything serious at first, maybe just food poisoning. At that age, you can't imagine that you'd have a long-term illness.

But then the amount of blood in my stool increased so much that at one point, I actually passed out and was rushed into emergency surgery. I woke up and saw that I was getting a blood transfusion—and learned that they had

removed my entire large intestine in a procedure called a colectomy.

**NARROWING DOWN THE DIAGNOSIS**

Initially, doctors thought I had ulcerative colitis, which only affects the large intestine. For some people, a colectomy cures colitis. During surgery, the doctors also created a temporary opening in my abdomen and attached a bag to it outside my body, so that my intestines could have a break and adjust to my large intestine being gone.

The bag collected my waste for about 14 months, during which I was symptom-free. It seemed as though ulcerative colitis was the right diagnosis.

But although my symptoms subsided while stool wasn't sitting in my intestines to irritate them and cause ulcerations, flares came back after my next surgery. I started getting ulcerations in my J-pouch, the colon-like area surgeons created from part of my remaining intestines. I was having flare-ups and strictures—places where inflammation was narrowing my intestines—outside of my large intestine. That pointed to a new diagnosis: Crohn's disease.

**TREATMENT TRIALS**

Before the Crohn's diagnosis, I'd only taken oral steroids as treatment for

symptoms, but when the inflammation flared in my J-pouch, doctors put me on a biologic. I took it for 5 years and was in remission for 4½ of those years. Then my body just stopped accepting the drug. I had built up antibodies to it, and even after increasing my dose, it no longer worked for me.

So at that point, they switched me over to a different biologic. Although it managed the disease for about 5 years, it never really got me into remission. It just kept things from getting worse.

I decided to stop that treatment, too, and focus instead on lifestyle changes

like quitting alcohol, taking probiotics, and improving my diet by incorporating turmeric and cutting gluten and dairy.

**OWNING MY CROHN'S**

A recent sigmoidoscopy showed my inflammation has increased since going off treatment, so I've started oral steroids again to bridge the gap until I can start another medication. But even though my symptoms continue to affect my every day, my disease doesn't define who I am. At 13, I thought, "Why me?" But I've grown up since then. If anything, it allows me to share a story that empowers others.

### JESSE'S TIPS

- + **Practice acceptance.**  
It will help you get past the "why me?" stage and on to the rest of your life.
- + **Connect with others.**  
You'll be surprised how many people live with Crohn's or are close with someone else who does.
- + **Work on your wellness.**  
Eating healthy foods and exercising can help with symptoms.



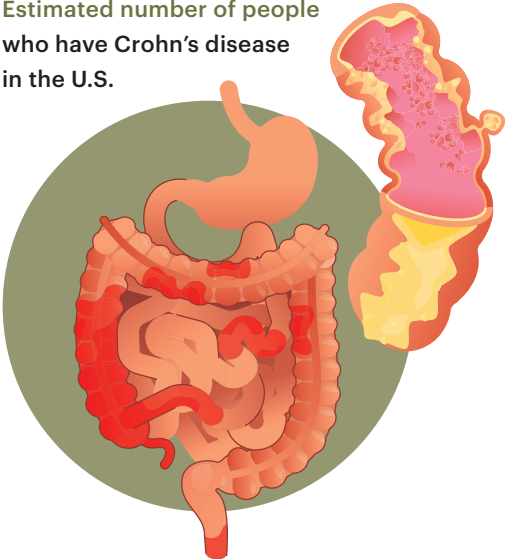
# STATS & FACTS

By Sonya Collins

Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer

785,000

Estimated number of people who have Crohn's disease in the U.S.



1 in 2

Number of people with Crohn's disease who have bloating in a given month.

UP TO 1 in 5

Number of people with Crohn's disease who have a family member that has the condition, too.

4 IN 11

Number of people with Crohn's disease who report anxiety, depression, or general low mood in a given month.

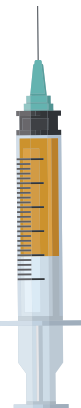


9.36

Average number of sick days a person with Crohn's disease takes every year—almost double what other people take.

<30 years old

Age when most people with Crohn's disease get the diagnosis.



26%

How much biologic therapy reduces your odds of needing surgery for Crohn's disease.

# BIOLOGIC THERAPIES

## UNDERSTANDING HOW THEY WORK TO HELP EASE YOUR CROHN'S DISEASE

By Sonya Collins

Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer

When you have moderate to severe Crohn's disease, your doctor might recommend medications called "biologics." This treatment doesn't just help relieve symptoms of Crohn's disease. It can also stop the processes inside your body that cause those symptoms and help heal tissue damage. "Since biologics became available, the need for surgery in Crohn's disease has come down, including in people who are ill enough to be in the hospital," says Ashwin Ananthakrishnan, MBBS,

director of the Crohn's and Colitis Center at Massachusetts General Hospital in Boston. "When used properly, biologics are very effective."

**BIOLOGICS PREVENT INFLAMMATION** Crohn's disease, Ananthakrishnan says, "is an immune response that won't shut off." This leads to high levels of inflammation, and eventually damage, in your digestive tract.

Biologics latch onto specific cells or proteins that help promote this inflammation and stop them from doing their damaging work. "They don't completely knock out the immune response, but they dampen it," he says.

It's not just one type of cell that carries out inflammation. Many different cells and proteins are involved in the process. Different types of biologics block different inflammatory cells or proteins.

**SERIOUS SIDE EFFECTS ARE RARE** Medications that reduce immune system activity come with certain risks. First, biologics may hurt your body's natural ability to fight off infection. Second, one type of biologic, anti-TNF agents, slightly raises your risk for a cancer called lymphoma. But the risks for each of these are low.

"These side effects are incredibly uncommon," Ananthakrishnan says. "But that's not the impression patients have after they see the TV ads. There is a huge gap between patient perception of risk and how common these side effects actually are."

Other possible but rare side effects of biologic therapy for Crohn's disease include liver problems, arthritis, lupus-like symptoms, and skin problems.

**WHICH BIOLOGIC IS RIGHT FOR YOU?** Several classes of biologics are available to treat moderate to severe Crohn's disease. Your doctor might recommend anti-TNF agents, integrin receptor antagonists, or interleukin-12 and -23 antagonists. Some of these drugs come through an IV that you get at an infusion center every few weeks or so. Others come in the form of a shot that you give yourself or get from a health care provider.

One of these treatments may work better for you than another. "Just having access to biologics is not enough," Ananthakrishnan says. "You have to get started on the right biologic at the right time—early in the disease course—and continue to monitor to make sure that it's remaining effective."



SCAN ME

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



SOURCES: Inflammatory Bowel Diseases, Mayo Clinic, NEJM Journal Watch, Journal of Medical Economics



# LIFESTYLE CHANGES FOR CROHN'S

## HOW TO BETTER MANAGE YOUR DISEASE EVERY DAY

By Rachel Reiff Ellis  
Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer



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For more information, read this article on Tips to Avoid Crohn's Disease Flare-Ups: use your mobile phone camera to activate the QR code

The medications and procedures your doctor prescribes for treating your Crohn's are important for good disease management. Here are six ways you can support your medical care with lifestyle choices that boost your gut health.

### TRACK YOUR SYMPTOMS

Knowing what you're eating, the medications you're on, and how your stress levels are when a flare happens can help you keep tabs on what's happening in your body.

"The first step in making lifestyle changes to support your Crohn's care is to understand what your current lifestyle is and how it affects your symptoms," says Eric Ibegbu, MD, an endobariatric gastroenterologist at Atlantic Medical Group in Jacksonville, NC.

Keep a journal of your meals and snacks, how much sleep you're getting, medications you're taking (and whether you've skipped a dose), and other things in your life that could be causing stress.

### FOCUS ON YOUR DIET

The foods you eat don't cause Crohn's, and they can't cure it. But your diet can play a part in how you feel from day to day.

"In general, increasing fruits and vegetables intake while limiting processed sugars and saturated fats appear to help people with Crohn's disease in small observational studies," says Vu Nguyen, MD, a gastroenterologist at University Hospitals in Cleveland, OH.

Because Crohn's can affect your digestion, you're at a higher risk of malnutrition and unintentional weight loss. Be sure the foods you choose pack a nutritional punch. Get plenty of low-fiber fruits, lean proteins, and fully cooked vegetables, which are easier on your stomach.

### STOP SMOKING

Smoking is unhealthy for anyone, but research shows it's especially harmful for people with Crohn's disease.

"Smoking is one of the most well-studied risk factors for Crohn's disease," Nguyen says.

"Smokers have an increased risk for disease flares, corticosteroid requirements, and surgery."

Ask your doctor about ways to help you kick the habit.

PROSTOCK-STUDIO/VIA GETTY IMAGES

### CALM YOUR STRESS LEVELS

Doctors used to think that stress caused IBD. They now know it can't bring on IBD for the first time, but periods of high stress are related to symptom flares.

You can help control your stress by practicing prevention, Ibegbu says.

"Stress management techniques include exercise, yoga, meditation, journaling, listening to calm music, and talk therapy," he says.

### SKIP THE NSAIDS

Studies have linked nonsteroidal anti-inflammatory drugs such as ibuprofen and naproxen to an increase in Crohn's disease flares. Doctors aren't exactly sure why, but they typically advise people with the condition to choose different methods for pain relief.

"One theory is that NSAIDs may inhibit tissue healing by inhibiting a mucosal protective substance like prostaglandin in the gastrointestinal tract," Nguyen says.

For pain relief, you can try acetaminophen, or you can ask your doctor for other non-NSAID options.

### GET GOOD SLEEP

It's common for people with Crohn's disease to have trouble sleeping, and a lack of quality sleep can up your chances of a flare. Good sleep hygiene practices can help your body get in a better rhythm and improve your overall quality of life.

Try to move your body during the day so you're tired. Set a schedule for going to bed and waking up, and stick to it. Sleep in a dark room with no distractions, and try not to eat heavy meals before bedtime.

## POSSIBLE DIET TRIGGERS

- These foods may cause Crohn's flares for some people.
- + **Insoluble fiber foods**  
Fruits with skin and seeds, raw green vegetables, whole nuts, and whole grains
  - + **Dairy**  
Milk, cream cheese, soft cheeses
  - + **High-fat foods**  
Fried and greasy foods, butter, cream



# TEST YOUR CROHN'S DISEASE IQ

## How Much Do You Know About This Chronic Condition?

By Kendall K. Morgan

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1. Crohn's disease mainly affects your large intestine, also known as the colon.  
☐ True ☐ False
2. When you have Crohn's disease, you should take tried-and-true, older medicines first to see if they work for you before moving on to newer biologics.  
☐ True ☐ False
3. Crohn's disease and ulcerative colitis are types of inflammatory bowel disease (IBD) and are really about the same.  
☐ True ☐ False
4. To help with your Crohn's disease, you'll need to follow a special diet and get good rest.  
☐ True ☐ False
5. Crohn's disease is more common than it used to be.  
☐ True ☐ False



times the inflammation from Crohn's disease will look patchy, too, and that doesn't happen in ulcerative colitis. The symptoms may look similar, but that varies, too. In fact, your Crohn's symptoms can look really different even from those of another person who also has Crohn's disease.

4. **False.** Your doctor might suggest you limit fiber, milk, caffeine, and any foods that specifically bother you. But you really shouldn't need to follow any special diet when you have Crohn's disease. Your goal should be to eat healthy, just like anyone else. OK, so what about rest? It turns out that part is true. Good sleep habits may help you keep those flares at bay. So make sure you get plenty of ZZZs. It's a good idea also to go to bed and wake up at about the same time each day.

5. **True.** More people have Crohn's disease now than they did in the past. That's true in the U.S. and around the world. But doctors don't really know why this is or what causes Crohn's disease.

1. **False.** Crohn's disease varies from one person to the next, but it can affect you from your mouth all the way to your anus. The most common type of Crohn's affects the end of your small intestine and your large intestine. But other types of Crohn's disease will affect other parts of your digestive system.

2. **False.** Doctors actually now recommend you start biologic medicines early on. This is especially true when your Crohn's disease is moderate or severe. You don't need to wait until other, older medicines fail to move on to these newer and better treatments.

3. **False.** It's true that people often lump these together under the name IBD. But Crohn's disease and ulcerative colitis really aren't the same. Some differences are that ulcerative colitis is always in the large intestine, or colon, while Crohn's disease can affect other parts of your digestive system. The changes in ulcerative colitis are only in the inner lining of the colon. But Crohn's can affect your intestines all the way through. Some-