

# MY VISIT. OUR PLAN.

INFLAMMATORY BOWEL DISEASE

**WORKBOOK**  
Tools for today's  
appointment

FALL 2024

## TREATMENT TALK: **WEIGHING YOUR OPTIONS**

page 9



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**STRENGTH IN NUMBERS:** YOUR CROHN'S CARE SQUAD page 14



## PATIENT'S GOALS

### TARGETS TO WORK TOWARD.

What are your short-term and long-term goals? An example of a short-term goal could be fewer bouts of diarrhea or reduced stomach pain. A long-term goal could be the ability to work a regular, full-time schedule or to start a family. Write down your goals here:

GOAL	✓/x
1.	
2.	
3.	
4.	
5.	
6.	

Scan or copy this spread before you fill it in to use for two or three months

# DOCTOR'S RECOMMENDATIONS

## TREATMENT STEPS TO FOLLOW.

Your health care team's goal is to not only improve your symptoms but also to improve the health of the lining of your gut and to maintain that health for long-term remission. They can also help reduce any side effects from medications you may have. Write down your doctor's goals for you here:

GOAL	✓/x
1.	
2.	
3.	
4.	
5.	
6.	

KUPICOO/VIA GETTY IMAGES



FOR ADULTS WITH MODERATE TO SEVERE  
ULCERATIVE COLITIS OR CROHN'S DISEASE

# IT'S NOT TOO SOON TO ASK ABOUT ENTYVIO

Symptoms not under control?  
Current treatment not working well enough?  
Wondering if another treatment would  
work for you?

Then it may be time to ask your  
healthcare provider about ENTYVIO.

In clinical trials, ENTYVIO helped many  
people achieve long-term relief and  
remission at Week 52 when certain other  
treatments hadn't worked well enough.

 **Entyvio**<sup>®</sup>  
vedolizumab



Scan or visit  
[ENTYVIO.com/get-started](https://www.entyvio.com/get-started)  
for help talking to your  
healthcare provider

Patient portrayal

## Important Safety Information

- **Do not receive ENTYVIO<sup>®</sup> 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).
  - **Infections.** 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.
  - **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** 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, pain in extremities, and with injections under the skin: pain, swelling, itching, hives, bruising, rash, or redness at the injection site. 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.
- **Tell your healthcare provider about all the medicines you take, especially if you take or have recently taken** Tysabri (natalizumab), Tyruko (natalizumab-sztn), a Tumor Necrosis Factor (TNF) blocker medicine, a medicine that weakens your immune system (immunosuppressant), or corticosteroid medicine.

**Please see the Important Facts for ENTYVIO on the following page and talk with your healthcare provider.**

**ENTYVIO is available for:**

- **intravenous (IV) infusion: 300 mg vedolizumab.**
- **subcutaneous (SC) injection: 108 mg vedolizumab.**

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.

## What is ENTYVIO?

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

- moderately to severely active ulcerative colitis (UC).
- moderately to severely active Crohn's disease (CD).

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



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## IMPORTANT FACTS

<b>ENTYVIO® (en ti' vee oh) (vedolizumab) for injection, for intravenous use</b>	<b>ENTYVIO® (en ti' vee oh) (vedolizumab) injection, for subcutaneous use</b>	<b>ENTYVIO® (en ti' vee oh) PEN (vedolizumab) injection, for subcutaneous use</b>
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### 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 (UC).
- moderately to severely active Crohn’s disease (CD).

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. See the end of the Medication Guide for a complete list of 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.
- 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), Tyruko (natalizumab-sztn), a Tumor Necrosis Factor (TNF) blocker medicine, a medicine that weakens your immune system (immunosuppressant), or corticosteroid medicine.

### How should I use ENTYVIO?

#### When given in a vein (intravenously):

- You may receive ENTYVIO 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.

#### When given under the skin (subcutaneously):

- You may receive ENTYVIO as an injection under your skin (subcutaneous) every 2 weeks. You may receive your first subcutaneous injection after at least 2 intravenous infusions in place of the next scheduled intravenous infusion.
  - **See the detailed Instructions for Use that comes with ENTYVIO about the right way to prepare and give ENTYVIO.**
  - ENTYVIO is provided as single-dose prefilled syringe or single-dose prefilled pen (ENTYVIO PEN) for subcutaneous use. Your healthcare provider will prescribe the type that is best for you.
  - If your healthcare provider decides that you or your caregiver can give your injections of ENTYVIO at home, you or your caregiver should be shown the right way to prepare and inject ENTYVIO.
  - Do not inject ENTYVIO until you or your caregiver have been shown the right way by your healthcare provider.
  - Always check the label of your prefilled syringe or prefilled pen to make sure you have the correct medicine before each injection.
  - Do not shake ENTYVIO.
  - ENTYVIO is injected under your skin (subcutaneously) 1 time every 2 weeks.

- Inject ENTYVIO under the skin (subcutaneous injection) in your upper legs (thighs) or stomach area (abdomen). The upper arms may also be used if a caregiver gives the injection.
- Use a different injection site each time you use ENTYVIO.
- Do not give an injection into moles, scars, bruises, or skin that is tender, hard, red, or damaged.
- If you are not able to inject ENTYVIO at your regular scheduled time or you miss a dose of ENTYVIO, inject the dose as soon as possible. Then, inject your next dose every 2 weeks thereafter. If you are not sure when to inject ENTYVIO, call your healthcare provider.
- If you take more ENTYVIO than you were told to take, call your healthcare provider.

### 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, pain in extremities, and with injections under the skin: pain, swelling, itching, hives, bruising, rash, or redness at the injection site.

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. Do not use ENTYVIO for a condition for which it was not prescribed. Do not give ENTYVIO 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 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-TAKEDA7 (1-877-825-3327).

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# CHECKING IN

USE THIS PAGE TO TAKE STOCK OF HOW YOU'RE FEELING ABOUT YOUR IBD AND WHERE TO GO FROM HERE.

The image shows a corkboard with six sticky notes arranged in a 2x3 grid. Each note has a colored header and a white body with a prompt and three dotted lines for writing. The notes are:

- Top-left: Purple header, white body. Prompt: "I feel good when ..."
- Top-right: Yellow header, white body. Prompt: "Today I'm feeling ..."
- Middle-left: Yellow header, white body. Prompt: "I could feel better if ..."
- Middle-right: Teal header, white body. Prompt: "I plan to ..."
- Bottom-left: Teal header, white body. Prompt: "I feel in control when ..."
- Bottom-right: Purple header, white body. Prompt: "I'm grateful for ..."

# WEIGHING YOUR OPTIONS

## CONVERSATIONS WITH YOUR DOCTOR CAN HELP YOU DECIDE WHAT COURSE TO TAKE

By Sonya Collins | Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor



GIL Y. MELMED, MD

**W**hen it comes to treatment for your Crohn's disease or ulcerative colitis, you have a lot of options. Gil Y. Melmed, MD, director of Inflammatory Bowel Disease Clinical Research at Cedars-Sinai in Los Angeles, explains how doctors and patients make treatment choices.

*Q: There are many treatment options available for people with IBD. What factors figure into treatment choice?*

**MELMED:** First is severity. Some drugs work better in milder patients and others in more severe patients. Next is positioning. How well a drug works sometimes depends on what you've already tried. Another factor is patient preferences. Some are squeamish about needles. Others don't want to take a pill every day. Next, we consider inflammation outside the intestines, like in the joints, skin, or eyes. Certain drugs might work better for people that have inflammation in other areas. Finally, unfortunately, what your insurance will cover is an important factor, too.

*Q: One of the treatment options is biologics. What sets these apart from other drugs?*

**MELMED:** These are antibodies engineered in a lab to latch onto signals in the body that might drive inflammation. When these first came out, we saw healing of the bowel that had not been seen before. For some people, the bowel may start to look completely normal with biologic therapy. That's not always achievable, but that's the goal.

*Q: How do patients know whether it's time to try something new?*

**MELMED:** No drug is guaranteed to work for everybody. In the first few weeks, we want to see their symptoms start to get better. Within 3 to 4 months, they should be off steroids. We should see some changes in markers of inflammation, either in blood tests, stool, or on ultrasounds. At 6 to 12 months, we want imaging to show that the bowel is healing. If someone clearly isn't achieving those goals, it may be time to change the management plan.

*Q: What should patients know before asking about switching treatments?*

**MELMED:** Patients don't have to just accept the drug that's being prescribed without engaging in a conversation. With these treatments, we are dealing with quality of life. So it's important that patients share their preferences and their concerns about risks and side effects, and that they get to a good understanding of the implications of their decisions about treatment. Patients should come to the doctor's office prepared to talk about these things.



# TIME IS PRECIOUS

## HERE'S WHY ULCERATIVE COLITIS WON'T STOP ME

By Joshua Denton  
Reviewed by Neha Pathak, MD,  
WebMD Lead Medical Editor

I had my first endoscopy and colonoscopy before I turned 30. After losing my dad to colon cancer when he was 49, I was determined to find out the cause of my digestive issues.

### SIDELINED BY SYMPTOMS

I was a healthy kid growing up with no real issues. I played lots of sports including football. During my senior year of high school, I started noticing blood in my stool. I assumed it was football-related so I didn't speak up. One day, I went for a weigh-in at football camp and an error in the scale made it seem like I had lost a lot of weight. I freaked out, thinking my digestive symptoms had finally come to light. It was an error, but I ended up telling my parents and then began my journey to find answers.

### ADVANCING TOWARD AN ANSWER

For years, my symptoms slowly progressed from blood in my stool to sharp abdominal pain and weight loss. I continued to play running back on my college team, which I loved. But my coach threatened to cut me from the team if I didn't gain weight. I was so stressed. Doctors said I had acid reflux and gave me medications for that. But those weren't helping.

Then, my dad was diagnosed with late-stage colon cancer. I was crushed, and dealing with everything up until his passing took a toll on me. At my lowest, I bled for 300 days straight and had severe pain. I would go to the bathroom more than 20 times per day, and I had anxiety in my new job as a young professional. I slipped into depression.



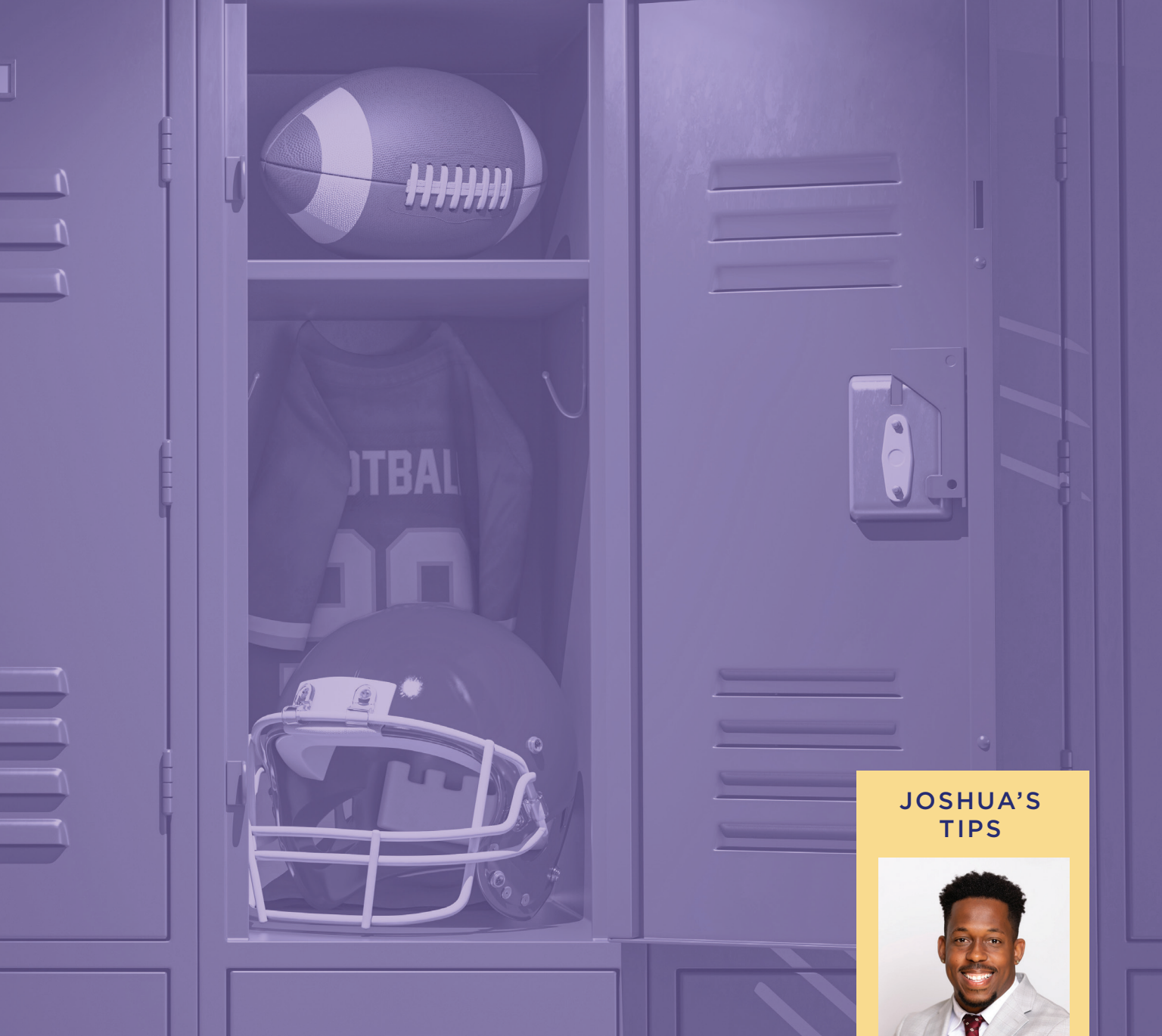
Then in 2015, more than a decade after my initial symptoms, I received tests that finally diagnosed me with ulcerative colitis.

### A WINNING TEAM

**Since being diagnosed, my health care team has made all the difference for me.** It includes both doctors and nondoctors.

After years of seeing primary doctors who couldn't help me, I saw a gastro doctor who focused on my digestive issues. I also started seeing a counselor in college and have continued as needed. Chronic illness can cause you to be in a low place. I did my own research, but if I could turn back time, I'd also see a nutritionist. Your boss is also an important member of





BET:NOIRE/VIA GETTY IMAGES; INSET PHOTOGRAPHY BY JPIX STUDIO

your care team. I've had understanding bosses and those who weren't. I'm glad that Crohn's and ulcerative colitis were listed under ADA guidelines recently. I've also found support through organizations like Color of Gastrointestinal Illnesses.

### ONWARD

Today, my symptoms are minimal. I'm very careful

about what I eat. I eat smaller meals, avoid dairy and red meat, and eat a lot of healthy fats. I still work out and I do my best to destress after work like watching comedies or talking to friends. I'm a new dad, so I'm very aware of my health. I keep my tribe close, and they understand that I might have moments where my digestive system runs the show. In fact, I have

an "Oh, sh\*\*!" bag with a change of clothes, wet wipes, medications, and bland snacks for emergencies. I'm not worried about what other people think. Losing my dad has taught me the value of time. I pour into my health and I'm embracing the opportunity to pour into my son. I want to be a grandfather one day. I know that time is precious.

### JOSHUA'S TIPS



- + New diagnosis?**  
Take time to process your feelings.
- + Losing track?**  
Write down your pain, emotions, foods, and triggers.
- + Missing sweets?**  
Know your diet and when you can bend.

# ADVICE WORTH TAKING

YOU CAN LEARN A LOT FROM PEOPLE JUST LIKE YOU WHO'VE BEEN ON THIS JOURNEY A LITTLE LONGER.

By Sonya Collins | Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

It should bring some comfort to know that you are not the first person to have Crohn's disease or ulcerative colitis (UC). You can get a wealth of knowledge, support, and advice from others living with IBD. Check out these words of wisdom from some of your peers and jot down your ideas on how you might follow their advice.

## Words of Wisdom



***"I wish I had learned earlier that I don't have to accept my symptoms as part of my life. It's not complaining to ask for medication to stop your symptoms. I wish I'd done it sooner."***

—Cara Weiner, diagnosed with UC in 2002



***"Joining a support group changed the trajectory of my mental well-being with this disease. It gave me confidence and connected me to people when I was at my lowest."***

—Alicia Aiello, has lived with Crohn's for 20 years and runs Girls With Guts, an IBD support group for women



***"IBD is more than just a 'gut disease.' It affects me physically, mentally, and in my relationships. I've learned that I need support for all of those areas of my life."***

—April Harris, author of the IBD self-help book *I Pooped My Pants: Removing the Stigma of IBD One Pair of Trashed Underwear at a Time*, was diagnosed with UC in 2009



***"Seek out people who share or understand your situation. Connect with people who offer empathy, compassion, support, and understanding."***

—Damien Gibson, has had Crohn's since 2006 and shares his journey on Instagram @CrohnsOstomyLife



***"It's a process to learn what your body wants and doesn't want. Listen to your body. It takes time."***

—Evander Robinson, diagnosed with Crohn's in 2021



## Patient Notes

Dotted lines for writing patient notes.

# LIVE YOUR BEST LIFE NOW

## PRO TIPS FOR A HEALTHIER, HAPPIER YOU

By Kendall K. Morgan | Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

**Y**our lifestyle didn't cause your IBD, but a healthy lifestyle may ease your symptoms. Healthy living can lower your risk for disease flares and make it easier to cope with your chronic condition, says Siddharth Singh, MD, a gastroenterologist at the University of California San Diego Health.

### EXERCISE

Experts recommend at least 30 minutes of moderate-intensity endurance or resistance exercises three times each week when your IBD symptoms are mild to moderate. Singh explains that exercise has positive effects on your immune system while lowering inflammation.

"I recommend maintaining an active lifestyle with a regular mix of cardiovascular exercises—such as brisk walking, jogging, or swimming—and strength training to all my patients with IBD," he says.

### EATING

There's no IBD diet. Singh most often recommends a Mediterranean diet rich in fresh fruits and vegetables, healthy fats, complex carbohydrates, and lean proteins. Limit red and processed meats, ultraprocessed foods, added sugar, and salt. Aim for a healthy diet that works for you, he says, without excessive dietary restrictions.



### KEY TIP

“*A healthy lifestyle can decrease the risk of disease flares, and in patients experiencing symptoms due to IBD, help with coping mechanisms.*”

—Siddharth Singh, MD,

a gastroenterologist at UC San Diego Health

### SLEEP

Trouble sleeping with IBD often leads to fatigue, worsened mental health, and more IBD flares.

"In this day and age with smartphones and social media, concerted efforts to disconnect are important," he says. He advises a consistent sleep schedule and a relaxing bedtime routine with limited screen time.

### STRESS

Stressful life events and your perception of feeling stressed also impact IBD

activity and encourage flares, Singh says. Studies show that stress and IBD are interconnected. We are still learning more about how stress management strategies like therapy, yoga, deep breathing, and meditation may play a role in IBD management.

### MOOD

Mental health concerns, including depression, anxiety, social isolation, and difficulty with intimacy, are more common when you have IBD. To protect your mental health, "I recommend staying connected with friends and family, engaging in physical activity, focusing on nutrition and sleep, mindfulness and relaxation techniques, limiting exposure to negative news and social media, volunteering and joining community groups, and seeking professional help if needed," Singh says.

### PEER SUPPORT

If it feels too overwhelming or you're not sure what to do next, consider joining a support group.

"Peer support groups and communities can be immensely helpful in dealing with this chronic disease," Singh says. "It can foster a sense of belonging and purpose while providing opportunities to meet new people and learn about the disease and managing it."

# YOUR CROHN'S SQUAD

## TOP CARE COMES FROM A TEAM. WHO'S ON YOURS?

By Sonya Collins | Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

**C**rohn's disease can affect organs besides those in your GI tract. The condition can have an impact on mental health, too. Treatment may involve complex medications, lifestyle changes, frequent follow-up, and sometimes surgery. That's why a team-based approach to care is best.

Let's take a look at the members of your Crohn's disease care team.

### GASTROENTEROLOGIST

A gastroenterologist will lead your care.

"Before prescribing medication, they take many steps to ensure your safety," says Bincy P. Abraham, MD, director of the Inflammatory Bowel Disease Program at Houston Methodist in Texas.

The gastroenterologist will make sure first that you don't have any infections and that you are up-to-date on vaccines before you start medications that might weaken your immune system.

"Once medications are prescribed, the gastroenterologist needs to monitor for healing as clinical symptoms alone are not enough to ensure the disease is in remission," Abraham says. Monitoring might include imaging and blood and stool tests.

### DIETITIAN

Some people with Crohn's disease have pain after they eat. This can limit what you eat and lead to weight loss and malnutrition.

"An IBD-specialized dietitian can help significantly with malnutrition, nutritional deficiencies, and strategies that help reduce eating- and food-related symptoms," Abraham says.



### PRIMARY CARE DOCTOR

It's critical to stay on top of your overall health, not just your Crohn's disease. You want to do your best to avoid other health problems in general, and you also want to stay in the best possible health to manage your GI condition.

Your primary care doctor will coordinate your routine preventive care, including vaccines, cholesterol and blood pressure checks, and referrals for cancer screenings, skin checks, and bone density scans, since people with Crohn's have a higher risk for osteoporosis.

Primary care is also your go-to for any new health concerns that aren't directly related to your inflammatory bowel disease.

### THERAPIST OR GASTROINTESTINAL PSYCHOLOGIST

Crohn's disease and mental health are closely tied. For starters, living with a chronic disease can take a toll on your emotional health and raise the risk for anxiety and depression. What's more, stress can trigger flares. Finally, you might need to make emotionally difficult decisions about surgery or ostomy. A mental health professional can help with all of these.

"Maintaining and improving mental health is of utmost importance," says Abraham, "in a disease that is lifelong, like Crohn's."

## LISTEN UP

### EXPERIENCED IBD MEDICAL PROFESSIONALS SHARE THEIR HOPE, ADVICE, AND ENCOURAGEMENT

*“While it’s true—and may feel disheartening—that IBD is lifelong, it can be well managed with ongoing treatment. That’s why it’s so important to have a doctor you feel comfortable with. Honesty and good communication are crucial keys to effective IBD care.”*

—**Julia Hughes, MD**, gastroenterologist,  
Wake Gastroenterology, Raleigh, NC

*“The goal of treatment is to reduce the number and severity of your flares, but it’s good to have an action plan you can implement when flares do strike. Go over it proactively with your gastroenterologist at a regular visit before you need it.”*

—**Kristen Farwell, MD**, gastroenterologist,  
Lahey Hospital & Medical Center, Burlington, MA

*“Many people feel apprehensive about having to take their IBD medication as an injection or infusion. But in many cases, the potential side effects of biologic drugs are less than some other oral medications used for IBD.”*

—**Aran Laing, MD**, gastroenterologist,  
Guthrie Health, Cortland, NY

*“The future is bright for IBD management. With the exciting developments in clinical trials, as well as the very interesting and ongoing active comparative effectiveness research that is ongoing, the future of IBD treatment over the next few years is likely to be very different from the landscape we currently have available to us today.”*

—**Gil Y. Melmed, MD**, director of inflammatory  
bowel disease clinical research medicine,  
Cedars-Sinai, Los Angeles

*“It’s normal to feel overwhelmed after an IBD diagnosis, but in addition to your gastroenterology team, there are online resources with helpful information and support groups that connect you with other people living with IBD. I always recommend my patients go to the Crohn’s & Colitis Foundation website to start. They have fact sheets, practical tips, and even IBD-friendly recipes you can try.”*

—**John Brandt, MD**, gastroenterologist, Arkansas Gastroenterology Associates & Endoscopy Center, Hot Springs, AR

# WHEN HELPING PEOPLE WITH IBD, THERE'S NO SUCH THING AS TMI.

IBD is uncomfortable to talk about—but not as uncomfortable as it is to suffer from it, every day.

Dealing with debilitating fatigue. Not knowing if urgent diarrhea will strike at a time when a bathroom isn't nearby. Anxiety about dating with an ostomy.

We're not afraid to "go there." In fact, "there" is where we live.

We are igniting conversations on what it means to live with IBD. We're also the source patients and caregivers can trust, every step of the way, to provide support and community. All of our resources are based on research and science, and 85% of Foundation-connected patients say the organization has positively impacted their IBD journey.

**We won't stop until we find cures.  
And we're closer than ever.**

**Discover how much better life can be—  
visit [crohnscolitisfoundation.org](https://crohnscolitisfoundation.org).**

**LET'S GO THERE.**

 **CROHN'S & COLITIS  
FOUNDATION**