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SUMMER/FALL 2023

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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

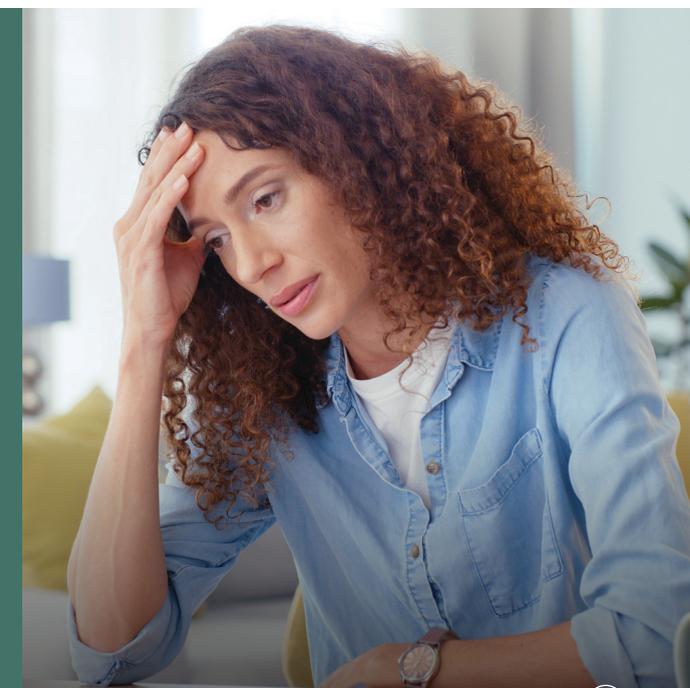
Researchers have long suspected that norovirus may trigger the start of Crohn's in people who are genetically inclined to get the disease. A new discovery may explain why this happens and inspire new Crohn's disease treatments. In Crohn's, the immune system attacks intestinal tissue as if it were a germ. 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*



FOR ADULTS WITH MODERATE TO SEVERE CROHN'S DISEASE

CONTROL IS EVERYTHING

THE OPPORTUNITY TO TAKE CONTROL OF CROHN'S MEANS EVERYTHING

Skyrizi®
risankizumab-rzaa



SEE HOW SKYRIZI CAN HELP CROHN'S PATIENTS ACHIEVE:



**Significant symptom relief
as early as 4 weeks**



Long-lasting remission at 1 year
Clinical remission was measured at 52 weeks.



Endoscopic improvement at 12 weeks
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of the intestinal lining.

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\$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](https://www.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 USE¹

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

IMPORTANT SAFETY INFORMATION¹

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

Please see the brief summary of the full Prescribing Information on the following pages and discuss with your doctor.

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.
- become pregnant while taking SKYRIZI. You are encouraged to enroll in the Pregnancy Registry, which is used 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.

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 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 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 and a 180 mg/1.2 mL or 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 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 to learn more.

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

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Skyrizi®
risankizumab-rzaa

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

CONSUMER BRIEF SUMMARY Consult Package Insert for full Prescribing Information

Patient Information		
<p>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 or call 1-866-SKYRIZI (1-866-759-7494).</p>		
<p>What is the most important information I should know about SKYRIZI?</p> <p>SKYRIZI may cause serious side effects, including:</p> <p>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:</p> <ul style="list-style-type: none"> • 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 <p>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:</p> <ul style="list-style-type: none"> • 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 • psoriasis • weight loss • diarrhea or stomach pain • burning when you urinate or urinating more often than normal <p>See “What are the possible side effects of SKYRIZI?” for more information about side effects.</p>	<p>Before using SKYRIZI, tell your healthcare provider about all of your medical conditions, including if you:</p> <ul style="list-style-type: none"> • 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. • 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. <p>Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.</p>	<p>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.</p>
<p>What are the possible side effects of SKYRIZI?</p> <p>SKYRIZI may cause serious side effects including:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • unexplained rash • nausea • vomiting • stomach (abdominal) pain • tiredness (fatigue) • loss of appetite • yellowing of the skin and eyes (jaundice) • dark urine <p>The most common side effects of SKYRIZI in people treated for Crohn’s disease include:</p> <ul style="list-style-type: none"> • upper respiratory infections • joint pain • stomach (abdominal) pain • injection site reactions • low red blood cells (anemia) • fever • back pain • urinary tract infection <p>The most common side effects of SKYRIZI in people treated for plaque psoriasis and psoriatic arthritis include:</p> <ul style="list-style-type: none"> • upper respiratory infections • headache • feeling tired • injection site reactions • fungal skin infections <p>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.</p>		
<p>How should I store SKYRIZI?</p> <ul style="list-style-type: none"> • 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. <p>Keep SKYRIZI and all medicines out of the reach of children.</p>		
<p>General information about the safe and effective use of SKYRIZI.</p> <p>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.</p> <p>SKYRIZI is available in a 150 mg/mL prefilled syringe and pen, a 600 mg/10 mL intravenous infusion, a</p>		
<p>How should I use SKYRIZI?</p> <p>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.</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>Adults with Crohn’s disease will receive their starter doses with SKYRIZI through a vein in the</p>		

<p>180 mg/1.2 mL single-dose prefilled cartridge with on-body injector and a 360 mg/2.4 mL single-dose prefilled cartridge with on-body injector.</p>	<p>Manufactured by: AbbVie Inc., North Chicago, IL 60064, U.S.A. US License Number 1889 SKYRIZI® is a registered trademark of AbbVie Biotechnology Ltd. © 2019-2022 AbbVie Inc.</p>
<p>What are the ingredients in SKYRIZI?</p> <p>Active ingredient: risankizumab-rzaa. SKYRIZI 75 mg/0.83 mL inactive ingredients: sodium succinate, polysorbate 20, sorbitol, succinic acid, and Water for Injection, USP. SKYRIZI 150 mg/mL, 180 mg/1.2 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.</p> <p>You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.</p> <p>If you are having difficulty paying for your medicine, AbbVie may be able to help. Visit AbbVie.com/myAbbVieAssist to learn more.</p>	<p>Ref: 20072970 Revised: September, 2022</p> <p>LAB-8069 MASTER</p> <p style="text-align: right;">US-SKZG-230006</p> <p style="text-align: right;"></p>



SCAN ME
For more information,
read this article on
**Expert Answers to
Questions About
Crohn's Disease.** Use
your mobile phone
camera to activate
the QR code.



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."

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
- + **Jejunoleitis:**
Jejunum only
- + **Gastroduodenal:**
Stomach and duodenum
- + **Crohn's (Granulomatous) colitis:**
Colon

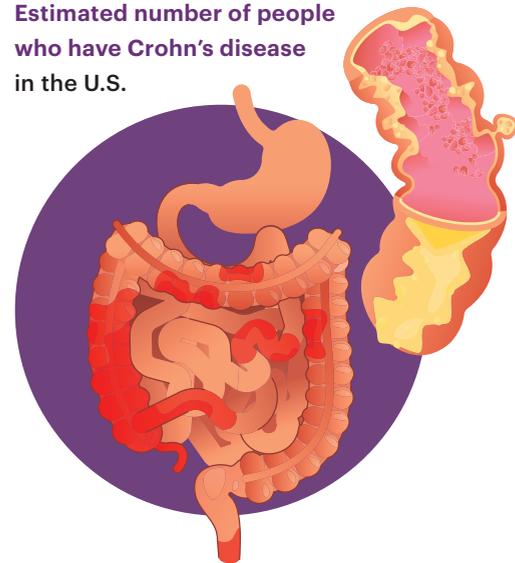
STATS & FACTS

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.



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

ARE YOUR CROHN'S SYMPTOMS CHANGING?

HERE'S WHAT YOU NEED TO DISCUSS WITH YOUR DOCTOR

By Kendall K. Morgan

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

With treatment advances including biologics, you'll have a better chance than ever before to get your inflammation and Crohn's symptoms under control and live life to the fullest. But your Crohn's disease won't go away, and changes over time are likely.

"[Changing symptoms] might be something you'd want to discuss with your primary care doctor," says Kian Keyashian, MD, a gastroenterologist at Stanford Health Care in Palo Alto, CA. "But your gastroenterologist has expertise that your primary doctor may not—particularly as it relates to Crohn's. If the change is significant enough to reach out to primary care, then send a message to your GI office, too, so that they might provide guidance."

IS IT CROHN'S DISEASE?

The first thing to figure out is whether your changing symptoms are related to your Crohn's disease.

"Classic Crohn's symptoms include abdominal pain that's chronic or bowels that are more or less frequent with urgency," Keyashian says. "Whenever that changes, there are clearly two questions to ask: Is this related to Crohn's or something else? And what could the 'something else' be?"

Keyashian notes that changing symptoms don't always mean your Crohn's disease has gotten worse or treatment isn't working. Talk to your doctor about any shifts in medicines you're taking, your diet, or other habits that may play a role.

GET TESTED

Ask your doctor if you need any tests to get to the bottom of your new or worsening symptoms. Your doctor can look for signs of worsening inflammation and active disease.

"If tests show those lab values are still normal, additional diagnostics may be worthwhile to rule out other causes," Keyashian says.

For instance, if you have symptoms of narrowing in your intestine or an obstruction, such as pain, belly distension, nausea, or vomiting, your symptoms may be a sign of Crohn's-related complications. Your doctor may suggest imaging tests to look for changes in the structure of your intestines or fistulas (abnormal connections between organs) that may explain your symptoms.



TREATMENT OPTIONS

If there are signs your Crohn's is active or worsening, it's a good time to discuss your treatment options.

"We go back to the mantra of is the current treatment optimized or are there ways to optimize it," Keyashian says, whether that's changing the dose or adding an additional medication. "Ultimately, if treatment is not achieving what you need it to, changing therapies is something to consider."

OTHER SYMPTOMS

Crohn's disease can come with symptoms you might not expect. Kian Keyashian, MD, says it's "never a bad idea to make your GI doc aware" of symptoms outside your GI tract, too, including:

- + Joint pain
- + Eye problems
- + Skin changes
- + Fatigue
- + Mental health problems

FREEPIK.COM/GETTY IMAGES

DAVID DE LOSSY/VIA GETTY IMAGES

MY TREATMENT JOURNEY

WHY I'M MAKING THE SWITCH TO BIOLOGICS

By Shani Benezra

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

I speak three languages fluently: English, Hebrew, and Spanish. But the word Crohn's wasn't one that was on my radar.

I was a college graduate working in DC for a job I loved with an active and full life. I was happy and healthy and could not have predicted how things would unfold in a short time.

FROM TRAVEL TO TURMOIL

In January 2023, I joined my mom and sister on a cruise. Unfortunately, I remember being sick the whole time! When I returned home with my mom, things got worse. My diarrhea turned to unbearable abdominal pain and blood in my stool. All of this was a shock because I was very healthy with no history of digestive issues in my family.

I consulted my doctor and even went to urgent care for treatment including several rounds of antibiotics and pain medication. By the end of January, I was so sick I had lost 10 pounds. I knew something wasn't right.

HARD DAYS

By the time I made it to a gastro doctor, I was so sick that I couldn't keep food down. My doctor ran some tests, did a CT of my abdomen, a colonoscopy, and noted inflammation.

It was around that time I started hearing the C-word: Crohn's.

My worst moment happened about a month or so after this diagnosis. I had been hospitalized on and off during this ordeal, but this night in the hospital was one of the hardest. I was so weak and bleeding heavily. I remember sobbing because it was all so much. I didn't recognize my body with the bruises and needle pricks, but I knew I had to fight through it all. I relocated to Florida to be closer to my family who helped take care of me. My mom and sister were great. My dad even drove my dog (who was still in DC) to be with me in the Sunshine State.

HOPE ON THE HORIZON

It was in the hospital that my care team suggested I should start biologics. They thought my symptoms were severe enough to give them a try. I've had ups and downs on prednisone, so I look forward to a treatment that might offer more relief.

As I wait for this treatment, I'm also making changes in my lifestyle. I'm on a low-fiber diet. I eat a lot healthier, and I've given up alcohol. I've started going to counseling for my mental health, I'm doing acupuncture, and I've

traded my cold winters for an apartment on the beach. It's all been worth it as my body heals and I return to myself.



SCAN ME

For more on the importance of having a support system, read **How Crohn's Affects My Relationships**. Use your mobile phone camera to activate the QR code.



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.

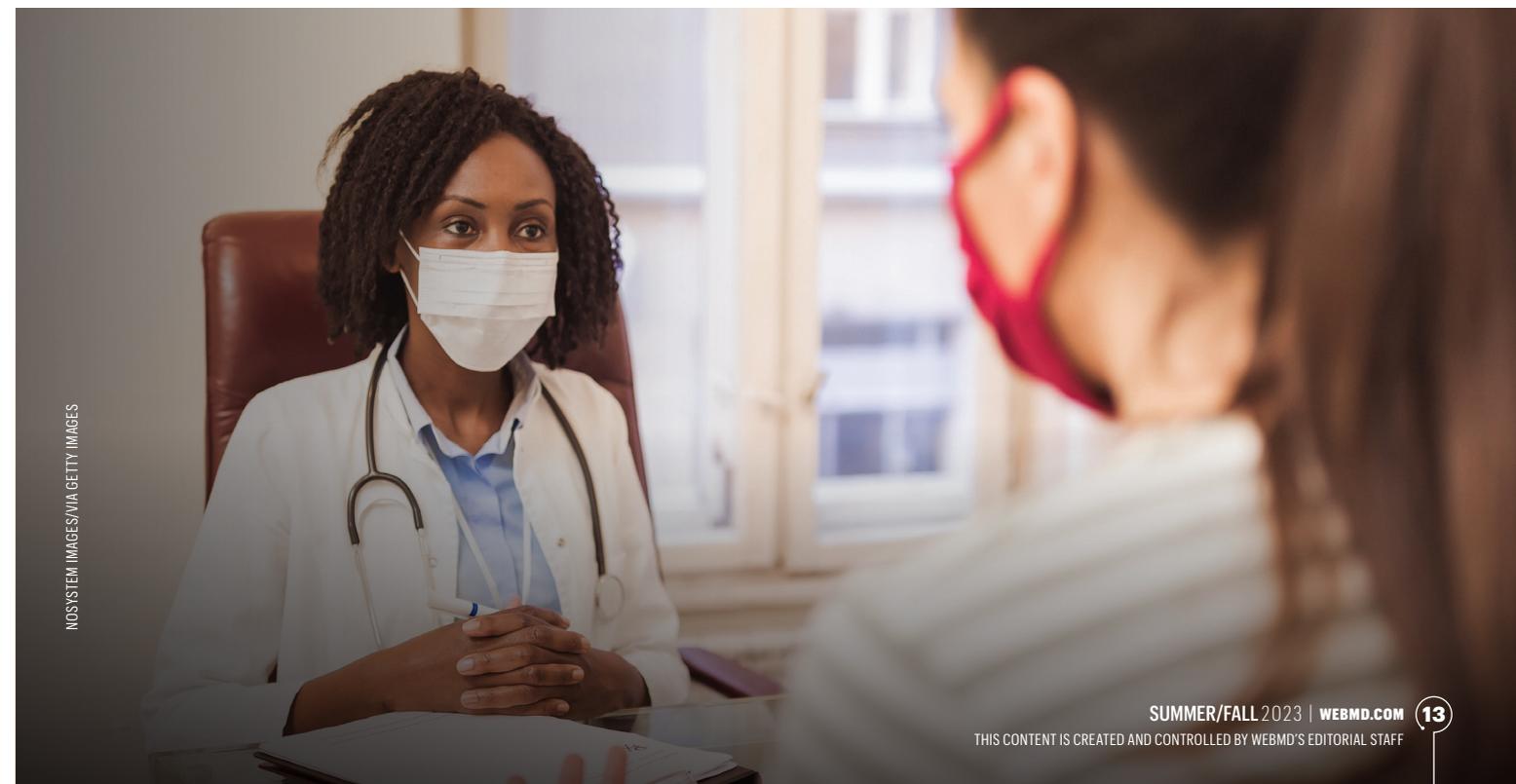
"Just having access to biologics is not enough," Ananthakrishnan says. "You have to get started on the right biologic at the right time—early in the disease course—and continue to monitor to make sure that it's remaining effective."



SHANI'S TIPS

- + Listen to your body.
- + Track symptoms in a journal to review with your doctor.
- + Rest if you need to rest. Cry if you need to cry.

SUZANNE MARSHALL/VIA GETTY IMAGES; INSET PHOTOGRAPHY BY SHANI BENEZRA



NOSYSTEM IMAGES/VIA GETTY IMAGES

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



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

TRACK YOUR SYMPTOMS

"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 meals and snacks, sleep, your medications (including skipped doses), 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. Pick foods that 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.

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.

Control your stress by practicing prevention.

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

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.

Practice good sleep hygiene: 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.

MYKHAILO LUKASHUK/VIA GETTY IMAGES

TREATMENT OPTIONS

LEARN HOW YOU CAN REDUCE INFLAMMATION, PREVENT FLARE-UPS, REACH REMISSION, AND MORE

By Kendall K. Morgan

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

Your Crohn's treatment may include medical therapy, surgical therapy, and dietary therapy, says Uma Mahadevan, MD, a gastroenterologist and director of the University of California San Francisco Colitis and Crohn's Disease Center.

"Generally, these can be used together rather than each one alone," she says, depending on your specific needs.

EARLY STEPS

For mild Crohn's disease, a course of steroids for a period of weeks may be enough. When Crohn's is moderate or severe, steroids taken orally or through an IV may be "used as a bridge to a more effective therapy, such as a biologic," Mahadevan says.

Keep in mind that steroids come with side effects. You shouldn't take them for long.

AMINOSALICYLATES FOR CROHN'S?

Drugs in this class also may be an option. But, Mahadevan says, these medicines aren't proven or approved for treating Crohn's disease. When Crohn's is mild, though, your doctor might suggest giving them a try.

TARGET YOUR IMMUNE SYSTEM

The inflammatory trouble in Crohn's is sparked by your immune system, and doctors used to treat Crohn's with immune suppressant drugs. In some places they still do, but newer biologics work better with fewer side effects, Mahadevan says.

"Biologics are first-line therapy for moderate to severe Crohn's disease," she says. You'll have choices to make about which biologic to try first.

DIET AND THERAPY

Diet can help as an add-on to medical therapy for Crohn's disease. Ask your doctor about a Crohn's Disease Exclusion Diet (CDED). It's a whole-foods approach designed to avoid or limit foods that may harm the beneficial microbes in your

gut and your gut lining.

Mahadevan says CDED may be a good option when biologics work only partially. On the other hand, dietary supplements aren't proven for treating Crohn's. It might be OK to try alternative approaches along with medical and diet therapy, but ask your doctor first.

WHAT ABOUT SURGERY?

When you have an obstruction, a fistula (an abnormal connection between two organs), or other changes in your intestine, you may need surgery.

Some people might view surgery as a last resort or a sign that other treatments have failed. "Surgery is a very effective therapy for fibrostenotic or fistulizing Crohn's disease," Mahadevan says. "It is not a failure, but rather another tool in the armamentarium to treat Crohn's."

WORK TOWARD REMISSION

There's no cure for Crohn's disease, but remission is within reach. Keep in mind that your needs and treatment options may change over time. Clinical trials testing potentially promising new medicines are now ongoing. If your treatment isn't working for you, don't give up.

"I encourage my patients to ask me every year if they are still on the right therapy for them," Mahadevan says.



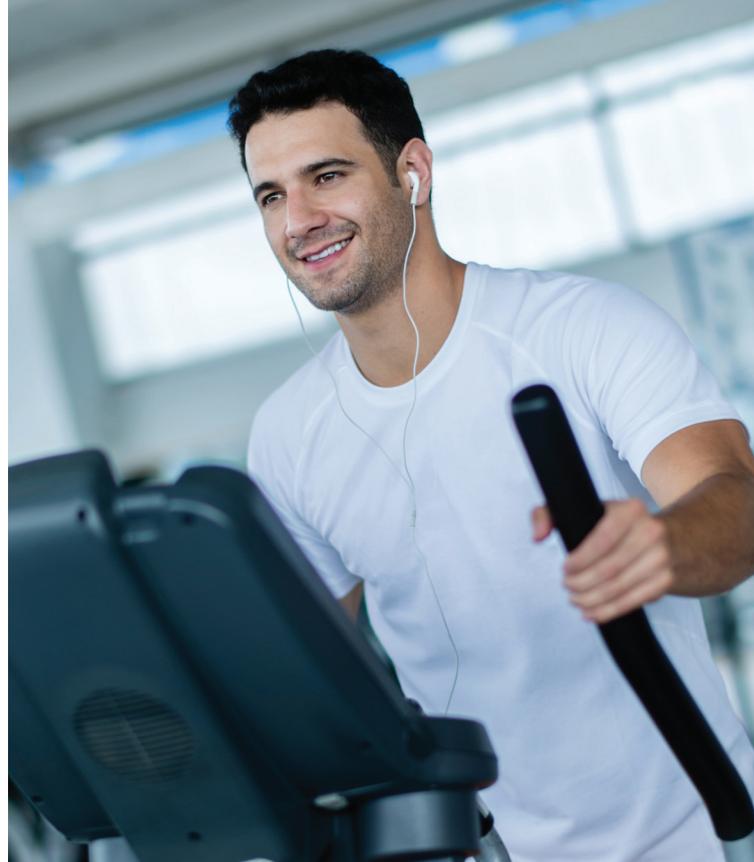
RICHARD T. NOWITZ/VIA GETTY IMAGES

LESSEN THE IMPACT

TIPS TO EASE THE DISEASE

By Kendall K. Morgan

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor



When you have Crohn's disease, you'll want to think through all related symptoms and how they're affecting you. Remember, each person with Crohn's experiences the disease differently, says Jami A. Kinnucan, MD, a gastroenterologist at the Mayo Clinic in Jacksonville, FL.

Kinnucan recommends meeting with a gastroenterologist, preferably one who specializes in inflammatory bowel diseases including Crohn's. Start by going over your diagnosis in detail and reviewing your treatment options.

MANAGE YOUR INFLAMMATION AND OTHER SYMPTOMS

Getting the inflammation in your gut under control is an important goal. But think about any other symptoms you're experiencing, too.

"While many patients will have resolution of inflammation and thus symptoms with the initiation of FDA-approved medical therapies, some symptoms can still linger, and so we also have to consider alternative approaches to improve symptoms," Kinnucan says.

For example, many with Crohn's disease also have fatigue, which may stem from an iron deficiency. Your Crohn's treatment may help to boost your iron levels and reduce fatigue gradually over time. But it may help to address your iron levels directly, too.

DIET MATTERS

While your diet doesn't cause Crohn's disease, Kinnucan says that "diet absolutely matters." Your diet influences the microbes living in your gut, called the microbiome. It also may trigger immune responses or alter your gut lining.

Your Crohn's disease may make it hard to get the nutrients you need. Kinnucan recommends talking to a registered dietitian to help you think through what's best to

eat. Find out if you should limit fiber or give your bowel a rest. There's no single diet that works for everyone, but she generally recommends plenty of fruits and vegetables, nourishing your own body along with your microbiome.

MENTAL HEALTH

Don't forget your mental health. Kinnucan says many people with Crohn's disease also have anxiety, depression, or posttraumatic stress disorder (PTSD).

"Often these go undiagnosed or unaddressed," she says. Work closely with your team to consider all the ways in which Crohn's is affecting your life.

"It is important to partner with a health care team that understands the impact that your Crohn's disease is having on your quality of life," Kinnucan says. "If they don't ask—tell them. Let them know that you are missing school,

MOVE MORE

Exercise can help your physical and mental health, but it also can be a struggle when you have Crohn's disease. Jami A. Kinnucan, MD, suggests low-to-moderate impact movements such as:

- + Walking
- + Biking (indoor or outdoor)
- + Swimming
- + Yoga
- + Elliptical machine

work, [and] social events due to your symptoms. Come up with a plan to address not only the inflammation but some very important impacts that Crohn's disease can have on your day-to-day life."