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TREATMENT Options

Though it can be overwhelming at first, learning about treatment options is an important step in being a proactive patient. Every patient is different, and keeping yourself informed about treatments and how they affect you will help you and your doctor decide on the best approach.

Each person's treatment strategy is unique.

The overall goals of treatment are to:

- 1 **Achieve remission** (elimination or significant reduction of symptoms)
- 2 **Control inflammation**
- 3 **Prevent symptoms from returning** (maintain remission)
- 4 **Prevent and manage complications**
- 5 **Maximize quality of life**

The primary treatments for IBD are medication and surgery. Nutritional methods and alternative therapies can also play a role in managing your disease. Each case of IBD is different, so there is not a single solution. Each person's treatment strategy will be unique.

All treatments have potential side effects and risks. You will need to weigh those risks against the benefits of each treatment. However, **it is important to realize that the most risky situation is uncontrolled inflammation.** The risks associated with nearly all treatments are quite small in comparison to the dangers of living with untreated disease.



Medications

The table below is a summary of the most common medications for IBD. Taking your medications as prescribed is very important. There are many tools, such as pill boxes and smartphone apps, to help remind you to take them. Learn what works for you. For more information on medication options, please visit www.cffa.org.

Antibiotics

OVERVIEW

Researchers believe that antibiotics help control symptoms of IBD by reducing bacteria in the intestine and by indirectly reducing activation of the immune system. Antibiotics are most commonly used in the treatment of CD. They are also used in patients with complications of CD such as infection in the abdomen. Antibiotics are generally not considered useful for UC.

EXAMPLES

- Metronidazole (Flagyl®)
- Ciprofloxacin (Cipro®)

SIDE EFFECTS

Side effects of antibiotics vary, and can include nausea and headaches. Talk with your doctor if you experience increased severity of symptoms while on antibiotics.

Aminosalicylates (5-ASAs)

OVERVIEW

These medications are used primarily to treat UC, both to reduce symptoms and to maintain remission. They work by decreasing the inflammation in the lining of the colon. The choice of aminosalicylate is often determined by the location of the disease. Some people take a combination of enemas or suppositories and pills.

EXAMPLES

- Mesalamine (Apriso™, Asacol®, Canasa®, Lialda®, Pentasa®, Rowasa®)
- Sulfasalazine (Azulfidine®)
- Olsalazine (Dipentum®)
- Balsalazide (Colazal®)

SIDE EFFECTS

Since aminosalicylates have few side effects, the dosage can be increased when necessary. Headache, heartburn, and nausea can occur. Some people experience increased severity of symptoms, but this is rare.

Corticosteroids

OVERVIEW

Corticosteroids have powerful anti-inflammatory properties. Steroids work by suppressing the immune system throughout the body and are generally used as a short-term solution to induce remission.

The goal is to quickly reduce inflammation so that another medication can then be used to control the disease over the long term.

EXAMPLES

- Prednisone
- Budesonide (Entocort®)
- Hydrocortisone (Cortenema®, Cortifoam®)

SIDE EFFECTS

Steroids increase the risk of certain infections as well as skin, eye, bone, and muscle disorders, weight gain, and diabetes.

Immunomodulators

OVERVIEW

Immunomodulators suppress the immune system, and can be used to replace steroids, or to achieve or maintain remission on their own. Immunomodulators can take several months to start working. They are commonly used along with other medications, at least at the beginning of treatment.

EXAMPLES

- Azathioprine (Imuran[®], Azasan[®])
- 6-mercaptopurine (6-MP) (Purinethol[®])
- Methotrexate (MTX) (Rheumatrex[®], Mexate[®])

SIDE EFFECTS

While immunomodulators have a relatively low risk of long-term side effects, they require periodic blood tests. Immunomodulators can reduce the ability of your immune system to fight infections. There is also an increased risk of lymphoma (cancer of the lymph nodes) with immunomodulators, but it is considered to be very low.

Biologic Therapies

OVERVIEW

Biologic therapies, or *biologics*, are one of the newer types of IBD medications. These medications are antibodies grown in a laboratory that stop certain proteins in the body from causing inflammation.

EXAMPLES

Administered by infusion intravenously:

- Infliximab (Remicade[®])
- Natalizumab (Tysabri[®])

Self-injectable by the patient, loved one, or healthcare provider:

- Adalimumab (Humira[®])
- Certolizumab (Cimzia[®])

SIDE EFFECTS

Biologic therapies can cause allergic reactions in some people, such as an irritation or rash at the injection site. In some cases, these reactions can be severe. Allergic reactions can usually be prevented by giving the patient an antihistamine like Benadryl[®], acetaminophen (Tylenol[®]), and/or steroids before the infusion or injection.

There are several other potential side effects and risks of biologics which your doctor can explain. These include rare but serious infections, lupus-like reactions, and psoriasis. Like immunomodulators, there is an increased risk of lymphoma with biologics, but it is very low.

Other Medications

While the therapies above are aimed at stopping the inflammation of IBD, patients often find that additional medications can be helpful in managing their symptoms. These include anti-diarrheal medications, laxatives, bile acid binders,

and pain relievers. Nonsteroidal anti-inflammatory medications (NSAIDs), such as ibuprofen (Advil[®], Motrin[®]) and naproxen (Aleve[®]), should be avoided because they can irritate the intestines. Discuss all medications with your healthcare team.

Surgery

While medications are typically the preferred initial treatment approach, especially with CD, many people will require surgery at some point. The purpose of surgery is usually to relieve severe symptoms or to repair or remove damaged portions of the intestines. The most common surgical treatments are described below.



ON THE DVD

Hear what gastroenterologist Dr. Eugene Yen has to say about IBD treatments, and watch fellow patients talk about their own treatment journeys.

Proctocolectomy

Removal of the colon and rectum is the most common surgical procedure for UC. This is known as *proctocolectomy*. It is also performed for some patients with CD.

When an *ileostomy* is performed as part of the proctocolectomy, the lower end of the small intestine (*ileum*) is routed through the abdominal wall to an opening in the skin. The opening is known as a *stoma*. An external ostomy bag is attached to the stoma to collect stool, which is emptied by the patient. In some cases, the ostomy is permanent. Although it may seem like an undesirable result, many people find it a welcome relief from the difficulties of living with IBD.

In most cases of UC, a restorative proctocolectomy can be performed. This typically requires two or more surgeries. In the first operation, the surgeon removes the colon and most of the rectum, then uses the lower portion of the ileum to make a pouch which can perform some of the duties of the removed rectum (primarily to store bowel waste). The ileum is folded over itself and sewn together to create a larger storage area. The patient typically has a temporary ileostomy for several months to divert stool away from the pouch while it heals. In a later surgery, the ileostomy is closed and the pouch restores relatively normal bowel function. This procedure is called an *ileal pouch-anal anastomosis* (IPAA), also known as a *j-pouch*.

While the restorative proctocolectomy can lead to permanent relief, some people with a j-pouch experience *pouchitis*, or inflammation of the pouch. There are several treatments for pouchitis, including antibiotics.

Resection and strictureplasty

Many people with CD have inflammation in the small intestine, and sometimes the damaged tissue needs to be removed or repaired. *Resection* and *strictureplasty* are two common surgeries performed in these cases.



“My doctor wants
what’s best for me.
We’re always evaluating
the situation at hand.”

JONATHON, Living with IBD



Resection is typically performed to remove a portion of the small intestine that has been damaged. This is typically the result of a *stricture* (narrowing of the intestine), an abscess, or severe inflammation. The affected portion is removed and then the two ends are reattached. *Strictureplasty* is performed to widen a portion of intestine that was narrowed by a stricture.

While both of these surgeries can relieve symptoms and improve bowel function, there are a number of potential complications. The most common concern is that CD tends to come back near the resection site. *Short bowel syndrome*, while very rare, can occur in cases where a significant portion of the small intestine has been removed or damaged. This syndrome is associated with several symptoms, and can interfere with proper nutrition. A fact sheet on short bowel syndrome is available at www.ccfa.org.

Fistula and abscess repair

Surgery can be helpful to remove or repair an abscess or fistula. An *abscess* is an infected fluid collection caused by a leak in the intestine. A *fistula* is an unnatural channel that forms between portions of intestine and other parts of the gut, the abdominal cavity, vagina, or out through the skin. There are a variety of surgeries to treat these complications.

Nutritional Therapy

When the gastrointestinal tract is severely inflamed or damaged, people with IBD sometimes have trouble eating or digesting foods properly. In these cases, a feeding

tube can be placed through the nose and into the stomach, or directly through the abdominal wall into the stomach. A nutrient-rich liquid formula is fed to the patient through the tube to provide nourishment, usually at night. This is called *enteral nutrition*. Enteral nutrition therapy is not commonly used long term. In the United States, it is used more frequently in children, along with medications, to treat IBD and ensure good nutrition.

Complementary And Alternative Medicine

Probiotics

Certain bacteria that naturally live in the bowel play a critical role in digestion and gastrointestinal health. Inflammation, illness, antibiotics, and other factors can influence the bacterial mixture in the digestive system. *Probiotics* are sometimes used to change or replace the existing bacteria in an effort to restore a healthy balance. Studies have shown that probiotics can be helpful for IBD, particularly UC and pouchitis. Probiotics occur naturally in some foods like yogurt (only the kind with “active cultures”) and supplements can usually be found at a pharmacy or health food store. Your doctor can provide recommendations on which probiotics may be helpful.

Vitamins and supplements

Getting enough of the vitamins and minerals that the body needs is critical to healthy nutrition. While a well-balanced diet often provides the necessary nutrients, some people with IBD may need additional sources due to appetite loss or poor absorption of nutrients from active inflammation or surgery. Vitamins and other supplements can be useful to ensure your body gets what it needs. Talk to your doctor about any nutrients that you need to pay special attention to, and be sure to tell your doctor about any supplements you are taking.

Additional therapies

Studies on other complementary and alternative therapies for IBD are limited, but many people with IBD use these approaches to help manage symptoms. Acupuncture, meditation, yoga, massage, and a variety of other remedies have all been reported as helpful.

KEY TAKEAWAYS

There are many treatment options. Work with your healthcare team to decide on the best approach for you.

Taking your medications as prescribed helps make your treatment more effective. Get a pill organizer, use your cell phone’s alarm as a reminder, or download an app for your smartphone to help remind you to take your medications.