



CROHN'S & COLITIS
FOUNDATION OF AMERICA

Managing Flares

and Other IBD Symptoms



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The Crohn's & Colitis Foundation of America provides information for educational purposes only. We encourage you to review this educational material with your health care provider. The Foundation does not provide medical or other health care opinions or services. The inclusion of another organization's resources or referral to another organization does not represent an endorsement of a particular individual, group, company or product.

Having inflammatory bowel disease often means living with concerns lurking just under the surface of everyday thoughts:

- Will my condition flare up?
- What can I do when it does?
- How will I cope?

These concerns are very common for people with ulcerative colitis and Crohn's disease. Even with medical treatment, a person with one of these inflammatory bowel diseases (IBD) is likely to experience periods of time when symptoms become active.

This brochure will help you manage your life with a disease that can at times be painful, uncomfortable, inconvenient, or embarrassing.

For more information on IBD symptoms, medications, diet, surgery or disease management, please visit the Crohn's & Colitis Foundation of America's (CCFA) website at www.ccfa.org or CCFA's publications page at online.ccfa.org/brochures.

What is a flare?

A flare is the reappearance of disease symptoms. The most common symptoms of Crohn's disease and ulcerative colitis are:

- frequent and/or urgent bowel movements
- diarrhea
- bloody stool
- abdominal pain

People may also report symptoms such as fatigue, lack of appetite and weight loss. The symptoms of IBD vary from person to person, and may change over time. Your specific symptoms will depend on whether you have ulcerative colitis or Crohn's disease and, in many cases, on the location of the disease within your gastrointestinal (GI) tract.

Crohn's disease and ulcerative colitis are characterized by times of active disease (when symptoms are present) and times of remission (when little or no symptoms are present). Medical treatment is aimed at bringing the conditions into a state of remission and keeping it that way for as long as possible.



Factors that may affect flares

There are several factors that may impact a flare and/or make symptoms worse.

Some of these factors include:

- Missing IBD medications or taking the incorrect dose
- Non-steroidal anti-inflammatory drugs (NSAIDs)
- Antibiotics
- Smoking
- Stress
- Food

Missed medications and incorrect dosing

People with inflammatory bowel disease (IBD) must take medications on a regular basis, even when the disease is in remission. Flares can occur when medications are not taken as prescribed (for example, skipping doses, doubling-up on doses, or weaning off of medications). If you are taking your medications as prescribed and still experiencing flares, speak with your doctor about changing the dose, frequency or type of medication. If you have missed doses of your medications or have stopped your medications and are now experiencing a flare, talk with your doctor before restarting or increasing your medications on your own.

Non-steroidal anti-inflammatory drugs

Non-steroidal anti-inflammatory drugs (NSAIDs), which include aspirin, naproxen (Aleve®), and ibuprofen (Motrin®, Advil®, Nuprin®), may lead to inflammation of the bowel and make symptoms worse. Therefore, for mild pain or to reduce a fever, it is generally recommended that people with IBD take acetaminophen (Tylenol®) rather than an NSAID.

Antibiotics

Antibiotics are good for treating bacterial infections, but they also alter the bacteria that normally live in the intestine. Changes in the balance of intestinal bacteria may cause diarrhea (antibiotic-associated diarrhea) or may lead to excessive growth of specific bacteria that can cause inflammation. If you are taking an antibiotic and experience a flare of your IBD symptoms, it is important to inform your doctor.

Some medications may cause problems when taken along with your IBD medications. Therefore, before taking any medications (either prescription or over-the-counter), you should talk with your doctor. Also, be sure your other healthcare providers consult your gastroenterologist before prescribing any medications.

Smoking

Smoking cigarettes not only raises the risk for developing Crohn's disease, it also can trigger flares. People with Crohn's disease who smoke tend to have more recurrences of their disease, more frequent need for surgery, and a greater need for immune-system-suppressing medications. Crohn's disease patients who have quit smoking report having fewer flare-ups and a reduced need for medications to control their disease.

Ulcerative colitis tends to occur more in non-smokers and ex-smokers. In fact, when some people with ulcerative colitis stop smoking it can cause a flare. It is unclear why smok-

ing may be protective for these people. Smoking carries many health risks, including lung cancer and heart disease. Therefore, any protective effect is outweighed by other health risks, and it is not recommended that you start smoking again to treat your ulcerative colitis symptoms.



Stress

It is important to understand that physical and emotional stress do not cause IBD. However, stressful situations or strong emotions may impact IBD symptoms. For those people with IBD who know that stress can be problematic, it may be helpful to be prepared for this reaction and to learn some stress-management techniques. [See page 11](#) for stress reduction techniques.

Food

There is no direct evidence that food can cause or cure IBD, or cause a flare. However, when flares are present, what you eat can impact your symptoms.

No one type of food or beverage aggravates symptoms for all people with Crohn's disease or ulcerative colitis. Therefore, each person with IBD will need to determine which foods impact symptoms and which do not. Keeping a food journal may help you track how your diet relates to your symptoms.

Once the disease has developed, you will need to pay close attention to your diet and overall nutrition. Abdominal pain and fever can cause loss of appetite and weight loss. Diarrhea and rectal bleeding can rob the body of fluids, nutrients, and electrolytes. A well-balanced diet is necessary to prevent nutritional deficiency.

In general, when experiencing a flare, it is best to avoid greasy and fried foods, which can cause gas and diarrhea. Some people find that foods high in fiber, such as fruits, vegetables and whole grains, can be problematic. Rather than eliminating these necessary foods from your diet, it may be helpful to eat only thoroughly-cooked fruits and vegetables. You may also want to avoid foods that are likely to cause gas, such as beans, cabbage, broccoli, caffeine, and carbonated drinks. Eating smaller, more frequent meals may be helpful.

Alcohol intake, whether moderate or in excess, may also make symptoms worse. Alcohol abstinence may not be required, but moderation is advised.

If you find that particular foods affect your IBD symptoms, talk to your doctor or dietitian. A registered dietitian can help you to plan a diet that works for you. If you need resources to help you find a dietitian, contact CCFA's IBD Help Center at info@ccfa.org.

For more information on diet and nutrition, check out CCFA's "Diet, Nutrition and Inflammatory Bowel Disease" brochure by visiting online.ccfa.org/brochures.

Treating Flares

Having disease flares may be a sign that a change in medication is needed. Several types of medications are available to control inflammation and to maintain a state of remission.

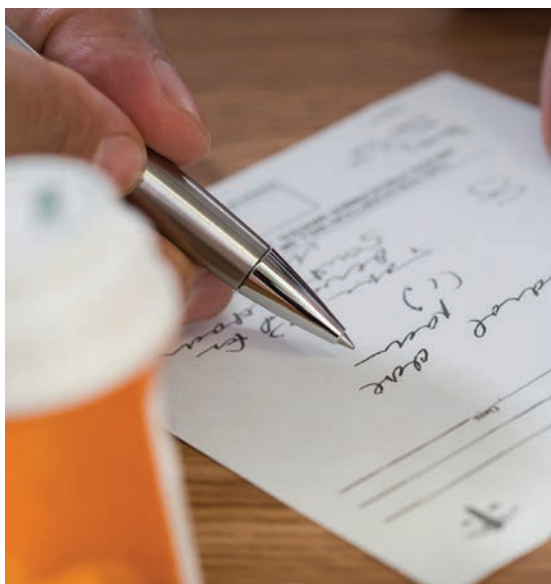
The classes of medications used to treat IBD include:

- Aminosalicylates
- Biologic therapies
- Corticosteroids
- Immunomodulators

Aminosalicylates are medications that include compounds containing 5-aminosalicylic acid (5-ASA). These medications work at the lining of the gastrointestinal tract to decrease inflammation. They are available in several forms, including pills, suppositories, and enemas. Aminosalicylates are generally used to treat mild to moderately active disease.

Biologic therapies are the newest class of drugs being used to treat inflammatory bowel disease. These medications are antibodies grown in the laboratory that stop certain proteins in the body from causing inflammation. They are available as an intravenous infusion or self-injection. Biologic therapies are generally used to treat moderate to severely active disease.

Corticosteroids have powerful anti-inflammatory properties. However, they can cause unwanted side effects if taken for long periods of time,



including weight gain, thinning of the bones, hypertension, diabetes, and increased risk of infection. Therefore, these drugs are often given for a short period to bring the disease back into remission. Repeated use of steroids is not ideal disease management, and typically means that your current medication is not working and that a new therapy should be tried. Corticosteroids are available in several forms and can be taken orally, rectally or intravenously.

Immunomodulators are medications that override the body's immune system so that it cannot cause ongoing inflammation. These medications can be taken orally or intravenously.

For more information on medications, check out CCFA's "Understanding IBD Medications and Side Effects" brochure by visiting online.ccfa.org/brochures.

Whatever treatments you are taking, notify your doctor if your symptoms become worse. You may need a stronger dose of the drug, a more frequent dosing schedule, or a different medication.

Managing Flares

You cannot completely prevent flare-ups of ulcerative colitis or Crohn's disease. But, there are some things that you can do to optimize your health:

- **Take all IBD medications regularly.** The best way to control IBD and reduce the risk of flares is by taking medications as recommended by your doctor. Even during times of remission, it is important to continue taking your medications as prescribed. If you are experiencing unpleasant side effects or you continue to have IBD symptoms, don't stop taking your prescribed medications — some medications cannot be safely stopped abruptly. Do not attempt to alter the amount of medication or how frequently you take it on your own, as this may lead to a worsening of symptoms. Always contact your doctor if you think a change in your medication may be needed.
- **See your doctor regularly.** Remember that the management of your disease is a partnership between yourself and your health-care team. Therefore, it is important to stay in close communication with them. During times of remission, you will probably visit your doctor every six months, and more often during times of flares. You should call your doctor any time you have questions or concerns about symptoms or treatment.
- **Follow recommended guidelines for IBD-related tests and procedures.** With proper treatment and disease monitoring, you will maximize your chances for good health,

decrease the likelihood of missing signs of additional disease, and identify possible side effects of treatment. Ask your doctor how often you should get IBD-related tests and procedures.

- **Monitor and track your disease.** It is important to track your disease between medical appointments so that you and your doctor can see how IBD is impacting your life and determine if any changes need to be made. The Crohn's & Colitis Foundation of America (CCFA) has a number of tools and templates that can be used to track various aspects of your disease, from the foods you eat to the symptoms you experience. We have included a [Symptom Tracker](#) for your convenience. GI Buddy is CCFA's disease management app that allows users to log symptoms, track medications, record foods and monitor overall well-being, including stress and exercise. To download GI Buddy, visit www.ccfa.org/gibuddy.
- **Eat a well-balanced diet.** Because each person is unique, there is no universal diet for all people with IBD. Nevertheless, proper nutrition is an essential part of staying healthy and minimizing the effects of the disease. Everyone with IBD will benefit from a diet that provides the recommended number of calories and contains essential vitamins, minerals, and other nutrients. At the same time, you should avoid foods that trigger symptoms. Because dietary issues differ from person to person, you may want to get individualized help and instruction from a registered dietitian.
- **Consider taking a multi-vitamin or mineral supplement.** Because ulcerative colitis and Crohn's disease can impair the body's ability to absorb vitamins, minerals, and other nutrients, consider taking a multi-vitamin or mineral supplement. As always, be sure to consult your doctor about which are recommended (and safe) for you to take.

- **Exercise.** A regular exercise routine can improve overall health, and may be particularly beneficial for people with IBD. Engaging in regular physical activity can reduce stress and maintain and improve bone strength. Some research has also shown that it relieves depression and boosts the body's immune system. If having IBD limits the amount and intensity of exercise you can undertake, keep in mind that even low-intensity activities, like taking a 30-minute walk three times a week, can produce results. Talk to your doctor to determine an exercise program that works for you. If your symptoms make mobility difficult, find ways to be active at home.

- **Quit smoking.** Smoking can make the symptoms of Crohn's disease worse and can make it more difficult to treat. Quitting smoking has been suspected of triggering the onset of ulcerative colitis or an ulcerative colitis flare in certain cases. However, as stated previously, the benefits of quitting smoking outweigh any potential protective effects.

- **Reduce your stress.** Stress reduction techniques can help you to stay calm and maintain perspective. There are numerous stress-management techniques—no one method has proven more effective than another. Each person needs to find their own healthy balance. Try an approach that appeals to you; if that doesn't work, don't despair. Try another. Here are some techniques for managing stress:
 - Biofeedback
 - Relaxation and breathing exercises
 - Practicing yoga or tai chi
 - Hypnotherapy
 - Cognitive behavioral therapy
 - Meditation
 - Books, recordings, guided imagery, etc.

Managing Symptom Discomfort

- To reduce anal irritation, use a moist towelette/wipe instead of bathroom tissue.
- Practice good anal hygiene by showering with a hand shower or using a perianal cleansing product (Balneol®).
- Apply an all-purpose skin protectorant (Vitamin A&D® ointment, Desitin®) at night to relieve irritation of the skin around the anus.
- For anal soreness or painful bowel movements due to an anal fissure or fistula, bathe your buttocks in warm salt water.
- To help manage diarrhea, anti-diarrheal medications, such as Imodium® or Pepto-Bismol®, may be effective. However, never take any of these drugs without consulting your healthcare provider.
- For joint-related discomfort, doctors may recommend resting the affected joint as well as the occasional use of moist heat. Range-of-motion exercises, as demonstrated by a physical therapist, may also be helpful.
- To reduce the irritation of small mouth ulcers (also known as canker sores), medicinal mouth washes may be helpful, along with a balanced diet and a multi-vitamin/mineral supplement.
- To help manage the symptoms of pain, experts state acetaminophen (Tylenol®) may be the safest option for IBD patients. Consult with your healthcare provider about the appropriate pain management options.
- Remember to take care of yourself. Get plenty of sleep, eat well, and take time to recharge and reduce stress when you need it.

Questions for Your Doctor

Crohn's disease and ulcerative colitis are complex conditions. At the time of a flare, you may be overwhelmed and forget to ask critical questions of your doctor. To help you get the most out of your doctor visit, CCFA has compiled a list of questions you might want to ask at the time of a flare:

- Could any condition other than my disease be causing my symptoms?
- What tests do I need to take to get to the root of my symptoms?
- How often should I get these tests done? Should it be during the time of a flare-up or on a routine basis?
- What parts of my digestive system are affected?
- How will we know if my medication needs to be adjusted?
- When should I expect to see results?
- What are the side-effects of the medication? What should I do if I notice them?
- What should I do if the symptoms return?



- What symptoms or degree of symptoms would show that I should schedule an appointment with you sooner?
- If I cannot see you right away, are there any over-the-counter medication options that can assist with my prescribed medication? If so, which ones?
- What symptoms are considered an emergency?
- How will I know if I need a different medication?
- Should I change my diet or take nutritional supplements? If so, can you recommend a dietitian or any specific nutritional supplements?
- Do I need to make any other lifestyle changes?
- When should I come back for a follow-up appointment?

Coping with Flares

There is no escaping the reality that having Crohn's disease or ulcerative colitis requires coping strategies. Having a chronic disease that affects bowel function can impact many areas of your life beyond the practical symptomatic issues.

Difficulties may arise in your personal relationships, work, ability to travel, or sense of independence. It is not uncommon to develop



strong emotions about the disease. You may be angry, fearful, or uncertain. You may wonder how your body can betray you by making you lose control over such a basic function as a bowel movement. You may feel embarrassment, or become apprehensive about leaving home.

While it is possible to go about your normal daily life with IBD, you will need to find ways to handle the symptoms when the disease flares up. You will also need to deal with your feelings about it.

It is important not to let the fear of embarrassment (like having diarrhea at inconvenient times) overtake your life. There are some practical steps you can take to ease your mind:

- **Put together an emergency kit.** This might include spare underwear, an extra pair of pants, a packet of baby wipes, toilet tissue, panty liners, and deodorizer. Even if you never need to use these supplies, just knowing they are there may free your mind and allow you to engage more fully in life.
- **Obtain an “I Can’t Wait” card from CCFA.** If you find yourself in a situation where there is no public rest room, you can use this card, available with CCFA membership, to gain access to any available bathroom, such as the staff toilet in a store. To become a CCFA member, call 800.932.2423.

- When you leave home, **plan your itinerary in advance** and learn where the rest rooms are located in restaurants, shopping areas, and on public transportation. Knowing where the bathrooms are can ease anxiety and reduce stress.
- Be sure a **trusted friend or co-worker is aware of your issues** and can be called upon for help in case of a difficult or embarrassing situation.
- Symptoms of IBD may be more active at certain times of the day. For example, you may find that you need to stay close to a bathroom after getting up in the morning, or in the evening after eating. **Knowing when your symptoms are likely to occur** can help you organize your daily routines to accommodate your bathroom needs.
- Fatigue can be another symptom of a flare. It may be manageable or it may be debilitating. Those who suffer from severe fatigue will need to find ways to **manage their energy**. For example, know your limitations and take naps when needed. If you must attend a function, set aside time before or after the event to rest. Your doctor may recommend specific vitamins to help with energy.
- **Create a support network** of people who can be called upon to help out during difficult times. These people should understand the occasionally serious nature of your disease and be ready to take you to the hospital or doctor if necessary. They may also be called upon to take care of tasks you are temporarily unable to handle, such as child care, grocery shopping, and others.
- **Speak with your employer** about the Family Medical Leave Act (FMLA) in the event you need to take unpaid medical leave from work.
- **Ensure educational equity** by securing reasonable accommodation as needed for elementary, secondary, and post-secondary school students.

Talking with Others

Although it may be difficult and even embarrassing to talk about a health condition that causes diarrhea, consider discussing your illness with your friends and possibly your work colleagues or boss. How open you want to be and how much you want to explain is a personal decision. But some sort of disclosure may make life easier, especially during times when your disease flares up. If you must cancel social engagements, your friends are less likely to feel insulted if they understand what's happening. If they know why you keep running to the bathroom, you don't have to feel embarrassed.

Crohn's disease and ulcerative colitis can take a toll, both physically and emotionally, and you will need to attend to both. The emotional needs surrounding a chronic illness differ from person to person. Most people find it helpful to have support from others.

Support groups can be especially helpful. The best advice and understanding may come from people who know what you are going through. Peers with IBD can also be a great source of information. Local CCFA chapters offer support groups as well as informational meetings. To locate your local chapter, go online to www.ccfa.org/chapters.

CCFA also has a free online community where you can share your story with others, participate in discussion boards or engage in an online support group. You can join the community at www.ccfacommunity.org.

Kids and teens can find information and support by visiting www.justlikemelBD.org

If the burden of your disease overwhelms you emotionally, consider consulting a social worker or psychologist. Depression is not uncommon among people with any chronic illness, including IBD. A mental health professional may help you gain perspective and regain control over your life.

Special Considerations

Complications

Certain conditions require immediate medical attention. These include:

- heavy, persistent diarrhea
- rectal bleeding with clots of blood in your stool
- constant pain
- high fever

Speak with your doctor about these conditions so that you know what to look for and can respond accordingly.

Some complications include:

Anal fissure: is a tear in the lining of the anus, which may cause pain and bleeding, especially during bowel movements. These often occur as a result of having frequent bowel movements.

Fistula: is an abnormal channel occurring between two loops of intestine or between the intestine and another nearby structure (such as the bladder, vagina or skin). If this occurs, you may notice drainage of mucus or stool from the anus or from an area adjacent to the anus. Fistulas can become infected.

Stricture: is a narrowing of a section of intestine caused by scarring. This can lead to an intestinal blockage. Nausea and vomiting or constipation may be a sign of a stricture.

Abscess: is a collection of pus. It can lead to symptoms of severe pain in the abdomen, painful bowel movements, discharge of pus from the rectum, fever, and a lump at the edge of the anus that is swollen, red, and tender.

Perforated Bowel: chronic inflammation of the intestine may weaken the intestinal wall to such an extent that a hole develops. This is potentially life-threatening because the contents of the intestine can spill into the abdomen and cause a serious infection called *peritonitis*.

Toxic Megacolon: Severe inflammation can lead to a rapid widening of the colon. If this happens, the colon can become paralyzed, preventing the body from emptying the bowel. In severe cases, a hole can form in the colon. Symptoms include pain, swelling of the abdomen, fever, rapid heart rate, constipation, and dehydration.

This potentially life-threatening complication requires immediate medical treatment. If toxic megacolon is suspected, based on symptoms and a physical examination, the diagnosis will be confirmed with blood tests and an abdominal X-ray.

Medical intervention is aimed at controlling the inflammation and restoring fluid loss. In many cases, surgery to remove the colon (called a colectomy) will be required. Luckily, improvements in the management of inflammatory bowel disease have lowered the likelihood that this condition will develop.

Colorectal Cancer: Those with ulcerative colitis or Crohn's disease involving the colon are at an increased risk of colon cancer. Two key risk factors associated with increased risk of colon cancer are:

1. Length of time you have had ulcerative colitis or Crohn's disease involving the colon
2. How much of the colon is involved

The risk does not start increasing until 8 to 10 years after you develop the disease. People whose entire colon is involved have the greatest risk, and those with inflammation only in the rectum have the least risk. This risk of colon cancer applies to people with both active and inactive disease.

Because of the increased colon cancer risk, it is important that you see your doctor for a routine colonoscopy every 1 to 3 years once you have had ulcerative colitis or Crohn's disease involving the colon for 8 to 10 years. However, it is important to know that colon cancer is preventable and highly treatable in the early stages. Before it develops, precancerous tissue can be seen and removed, thereby reducing the risk of that tissue progressing to cancer. Thus, regular screenings and early detection are crucial.

Pregnancy

Women who wish to become pregnant may be concerned about how their disease will impact pregnancy, as well as how pregnancy will affect their condition. Having IBD does not necessarily affect the ability to have children. With the careful supervision of both a gastroenterologist and obstetrician, most women with IBD can have a healthy pregnancy and healthy baby. But there are some important considerations, particularly in relation to flares of Crohn's disease or ulcerative colitis.

Typically, the best time to become pregnant is during a period of disease remission. Conceiving during a flare-up is not advised. Most studies show that women who stay in remission throughout their pregnancy have no increased risk for pregnancy-related complications, miscarriage, or having a child with abnormalities.

If conception occurs during a flare-up, the disease is more likely to remain active throughout the pregnancy and the risk is greater for problems such as miscarriage, premature delivery, or having a baby with low birth weight. The risk appears to be somewhat greater for women with Crohn's disease than ulcerative colitis.

To maintain a state of remission and prevent flares during pregnancy, it is important to continue taking prescribed medications. Many IBD

medications have been shown to cause minimal risk to the pregnancy. For some IBD medications, not enough information is available about risk during pregnancy, and at least two drugs (methotrexate and thalidomide) should not be taken while pregnant. If a flare occurs during pregnancy medical therapy may need to be adjusted by your doctor.

If you are pregnant or planning to become pregnant, it is extremely important to review all medications with your physician. You should not stop taking your IBD medications unless you are told to do so by your gastroenterologist.

Children

Understanding and coping with IBD flares is difficult for many adults, but it can be especially problematic for children and adolescents. Parents face a challenging task when helping their children come to terms with their illness and adapt to a situation that sets them apart from their peers.

Children and adolescents may suffer from depression or anxiety as a result of their disease. Emotional support from a counselor, psychologist or support group may help.

It is also important to advise teachers and the school nurse about the disease, to ensure the child has adequate bathroom access, and that authorities are prepared to deal with issues that arise.

Many of the same IBD medications used in adults are used in children. But some of these medications have special considerations when taken by children, mostly related to potential side effects. Discuss all medications prescribed for your child, including possible side effects, with your child's physician and other health care providers.

Knowledge and support is power!

Find the answers you need to help control your IBD by joining CCFA.

■ Irwin M. and Suzanne R. Rosenthal IBD Resource Center (IBD Help Center)

The IBD Help Center is a free service designed to provide you with disease-specific information, guidance and support. Our Information Specialists can be reached by calling 888.MY.GUT.PAIN (888-694-8872) Monday through Friday, 9 a.m. to 5 p.m. Eastern Time, or by e-mailing info@ccfa.org.

■ Local Education and Support Programs

To find programs, support groups and events in your area, contact your local chapter: www.ccfa.org/chapters.

■ Power of Two

CCFA's "Power of Two" mentorship program allows patients seeking guidance on a specific issue to speak with a peer from within the IBD community who has traveled a similar path or has had a similar experience. To find out more, contact your local chapter.

■ CCFA Online Community

CCFA hosts a free website where you can get the support you need in managing your condition. You'll participate in discussion boards, share or read personal stories, and much more. The Crohn's & Colitis Community is waiting for people just like you. Join today at www.ccfacommunity.org.

■ I'll Be Determined

I'll Be Determined is here to help you learn more about Crohn's disease and ulcerative colitis, and your choices in managing them.

We offer tools and resources, the perspectives of IBD patients and experts, and a chance to connect with people like you. Join today at www.ibdetermined.org.

■ **Camp Oasis**

CCFA Camp Oasis is a co-ed residential camp program. Its mission is to enrich the lives of children with IBD by providing a safe and supportive camp community. For more information, visit www.ccfa.org/camps.



■ **Membership**

By joining CCFA, you'll get:

- Under the Microscope, our newsletter with research updates
- News, educational programs and supportive services from your local CCFA chapter
- An "I can't wait" card (provides help with public restroom access)
- To contribute to research to find a cure for these challenging diseases

CCFA sponsors specific major events to increase awareness and raise funds to find a cure for Crohn's disease and ulcerative colitis. Below are just some of these events. Contact your

local CCFA chapter or visit www.ccfa.org to find an event nearest you.

- **Take Steps for Crohn's & Colitis** is CCFA's national walk program. Take Steps enables patients and families to raise money for crucial research and to build awareness about Crohn's disease and ulcerative colitis. Log on to www.cctakesteps.org to get more information.



- **Team Challenge**
Team Challenge is CCFA's endurance training and fundraising program. By participating in this program, you'll train for a rewarding and exciting endurance event at one of our great destination races while raising vital funds for research into these diseases. Visit www.ccteamchallenge.org.



About CCFA

Established in 1967, the Crohn's & Colitis Foundation of America (CCFA) is a non-profit, volunteer-driven organization whose mission is to cure Crohn's disease and ulcerative colitis, and to improve the quality of life of children and adults affected by these diseases.

Since our founding, CCFA has remained at the forefront of research in Crohn's disease and ulcerative colitis. Today, we fund cutting-edge studies at major medical institutions, nurture investigators at the early stages of their careers, and finance underdeveloped areas of research.

In addition, CCFA provides a comprehensive series of education programs and support services to members of the IBD community, including patients and caregivers.

We can help! Contact us at:

888.MY.GUT.PAIN

(888.694.8872)

info@ccfa.org

www.ccfa.org

Crohn's & Colitis Foundation of America

733 Third Avenue

Suite 510

New York, NY 10017

212.685.3440



CROHN'S & COLITIS
FOUNDATION OF AMERICA

733 Third Avenue
Suite 510
New York, NY 10017
212.685.3440
www.ccfa.org

The Crohn's & Colitis Foundation of America is a non-profit organization that relies on the generosity of private contributions to advance its mission to find a cure for Crohn's disease and ulcerative colitis.

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