

Fact Sheet

News from the IBD Help Center

EMOTIONAL FACTORS

Can tension and anxiety cause ulcerative colitis and Crohn's disease?

There is no evidence for this. Inflammatory bowel disease (IBD) is a biological disease. Tension and anxiety can change how patients experience their disease, but they do not cause either disease.

Friends and neighbors often say that colon problems are caused by nerves and emotional upset. Is this correct?

There is currently no evidence that emotions cause Crohn's disease or ulcerative colitis.

Are certain personality types more prone to develop ulcerative colitis or Crohn's disease?

No. Many years ago, it was believed that IBD was part of a group of medical conditions that were linked with personality traits among other things. It is now recognized that there are no personality traits that make someone likely to development of IBD. It is important to remember that, emotional factors do not cause IBD and medical therapy works to control the illness itself. However, certain psychological conditions such as anxiety and depression may affect how patients perceive and cope with their disease.

Do emotional factors play any part at all in the course of IBD?

Body and mind are related in many complex ways. It has been observed that at times of physical or emotional stress, patients may experience symptoms, such as increasing abdominal pain or diarrhea. However, these effects should be carefully separated from the primary cause of IBD, which is not emotionally based. The symptoms of many diseases, even those with no known biological cause, can get worse in stressful situations. There is some data that shows that patients with IBD who also have certain psychological conditions, such as depression and anxiety, may have worsened disease outcomes. Physicians who treat IBD are learning more and more that it is highly important to help patients learn coping strategies for depression and anxiety symptoms, which can help patients' health overall.

Can the symptoms of Crohn's disease and ulcerative colitis, such as severe pain and chronic diarrhea, cause emotional difficulties?

Yes they can. Different persons cope with physical illness in different ways. Some people can cope with severe illness without an extraordinary emotional reaction. Other individuals experience emotional distress when they develop a serious chronic illness like IBD.

Are patients justified in feeling guilty that they have brought the illness upon themselves, and thus caused problems to themselves and their families?

Not at all. Feelings of guilt may result from the patient thinking that IBD is caused by something they did. However, this is not correct, and there is nothing that you could have done or could have avoided doing that may have prevented this disease. Feelings of guilt are entirely unjustified and unwarranted. It is important to remember that some patients may experience an increase in disease activity after a stressful event; however, the patient did not "cause" the flare. This is a complex mind-body connection. If stress does seem to affect disease activity, physicians and patients can work closely together. Understanding this important mind and body connection can help patients to understand the importance of mental health stability and improve strategies to deal with stress.

What is the best way to deal with the fear of a flare-up of the diseases?

The best way to deal with IBD is to seek effective treatment, and also support from a mental health professional as needed. The type of medications patients will need depends on the type and severity of their disease, and therefore, a close relationship with a physician experienced in the care of IBD is needed. In addition, it is important to realize that a good patient-physician relationship makes it possible to deal effectively with almost any complication.

How do you deal with attacks of gas, diarrhea, or pain in a public place?

It is very important to talk with your doctor if you are having issues when leaving your house or going to a public place. Often, they have strategies to help you as they have helped many other patients in your situation. Something that has helped other patients is planning your itinerary in advance. Be very practical. Learn where the rest rooms are located in restaurants, shopping areas, on a trip, or while using public transportation. Always carry extra underclothing or toilet tissue in case of sudden need. Learning more about how your body reacts to certain food groups also may be a big help.

What types of medications are recommended to cope with any psychological difficulties that may occur in relation to IBD?

Generally, medications are not needed for psychological distress that is linked to a limited flare-up of IBD. However, if you are experiencing significant psychological symptoms from disorders such as depression or anxiety, it is extremely important to talk to your healthcare team, including a mental health professional as needed. A patient's physician may refer the patient to a mental health professional. While medications may not always be needed, some patients depending on their situation, may be prescribed anti-anxiety medications for a brief period of time. Anti-depressant medication may be used for either severe symptoms of depression or for management of chronic pain resulting from the disease. In general, the medications used for treating psychological distress will not interfere with the medications used for treating IBD. While it will not likely change the outcome of your IBD, helping patients control psychological conditions will likely help to improve the ability to cope with inflammatory bowel disease. However, treating depression or anxiety alone will not be adequate to control IBD, and medications aimed to control inflammation will still be needed.

Is psychiatric consultation advisable for people with IBD?

Often, patients who experience anxiety and other emotional responses to IBD do not require psychiatric consultation. Physicians who have experience with IBD may offer help, including the emotional support that is necessary. However, for those patients who experience severe emotional disturbance or who are eager to find more effective ways of coping with their disease, referral to a psychologist or psychiatrist can be useful. These mental health professionals can help in many ways, such as improving the ability to cope with chronic pain or chronic illness. Care should be taken to find a mental health professional who is familiar with IBD, and who can understand some of the psychological difficulties of having this disorder.

How can one go about finding a therapist?

Your physician should be able to assist you in finding the proper therapist. This decision may be based on the type of treatment indicated (psychotherapy, relaxation training, consultation for medication, etc.), or the experience and skill of the therapist. You can also find a therapist using the Rome Foundation's Gastropsych Directory, at: www.romeqipsych.org

Are their special attributes in a mental health professional that are particularly helpful to IBD patients?

Yes. It is important that, in addition to possessing the standard skills, the therapist be genuinely interested in treating IBD. It helps if the therapist is thoroughly familiar with both the normal and erratic course of these illnesses, is acquainted with the various complications of IBD, and is familiar with the various drug therapies used. It also is important that the primary physician and the mental health professional maintain a close working relationship to ensure that their efforts to help the patient are cooperative.

What is the emotional impact of IBD on young people?

Young people tend to be more severely affected by any organic illness than individuals who have established a place in life for themselves and have learned to cope with adversity. For example, adolescence is a time when we seek to become more independent and more self-sufficient as part of normal maturation. Chronic illness may impose a dependence on family, physicians, or the healthcare system. This can be a particularly difficult adjustment for adolescents. Therefore, it is no surprise that emotional difficulties, especially denial of illness, may be somewhat greater in younger age groups than among older adults.

How do I stay in control of my life?

With the support of healthcare specialists, friends and family, and with proper treatment, you can learn to control your gut, rather than the other way around.

Following your physician's advice about clinical treatment is crucial to coping with your illness. In addition, several coping strategies can help you gain better control over your condition. These techniques tend to lower stress levels and improve daily functioning. Coping strategies include social support (for example, participating in a support group), education, problem-solving, and positive re-evaluation of distressing experiences.

There is no doubt that living with a chronic illness can pose many challenges. But, it's equally important to remember that most people with IBD live full lives, in spite of their illness: they go to school, work, raise families, travel and play sports. By learning all you can and working as a team with your family, friends, and healthcare specialists, you, too, can take charge of your illness and enjoy all that life has to offer.

Where can I find supportive services?

It is always helpful to speak with people who understand what you are going through. Many Crohn's and ulcerative colitis patients and their families find support groups to be a valuable resource for information, support and guidance. If you would like information about the Crohn's & Colitis Foundation's local support groups, virtual groups, online communities, and other programs that can help, visit: <http://www.crohnscolitisfoundation.org/community-support/>

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May, 2023