

# 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 modify how patients experience any such diseases, 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 ulcerative colitis or Crohn's disease.

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

No. Beginning about 50 years ago, it was believed that IBD was part of a group of medical disorders that were characteristic of certain personality traits and a specific biological predisposition. It is now recognized that there are no personality traits that predispose someone to the development of IBD. It is important to remember that, since the underlying cause of IBD is biological, not emotional, only medical therapy can 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 inseparable and are interrelated in numerous and complex ways, something now recognized in medicine. In many centers, mind-body institutes are flourishing. It has been observed that at times of physical or emotional stress, patients may experience flare-ups of symptoms, such as increasing abdominal pain or diarrhea. This relates to changes in the physiologic functioning of the gastrointestinal tract, and decreased resistance to inflammation, rather than to increased inflammation. These effects, however, 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 in certain areas. Also, some small studies have shown that patients with increased depressive symptoms may have more disease flares. Therefore, physicians who treat IBD are learning more and more that it is highly important to help patients employ strategies to alleviate depression and anxiety symptoms to help patients' health overall.

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

Indeed 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 organic and chronic illness like IBD.

### **What are some of the responses of individuals with IBD?**

It is not surprising that some patients will find it difficult to cope with a serious and chronic illness, be it juvenile diabetes, rheumatic heart disease, asthma, or IBD. Such diseases pose a threat to their health-related quality of life, including their physical and emotional well-being, their social functioning, and even their self-concepts. In these situations, individuals may have emotional responses that include anxiety, depression, denial of chronic disease or needs for dependence. These reactions constitute a response to the illness and not its cause. When these emotional responses interfere with

daily functioning, then it is important for the patient to work on ways to improve his or her psychological response. This may be accomplished individually, with family or friends, the patient's physician, or a mental health professional, such as a counselor, psychologist, or psychiatrist. Many different strategies can be employed to help patients cope with disease burden and also psychological symptoms, such as depression or anxiety. Some examples include counseling, therapies such as cognitive behavioral therapy, and medications.

### **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. Keeping disease in remission should help prevent flares when a stressful life event inevitably occurs. 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.

### **Are family members justified in feeling guilty that they somehow brought on the disease in the patient/relative?**

Not at all. As noted above, there is no basis to assume any guilt in causing the onset of IBD, either on the part of the patient or on the part of any family members, such as a husband, wife, child, parent or sibling. The genetics of IBD is very complex, and even children who have a parent with inflammatory bowel disease only have a 5-7% lifetime risk of developing IBD.

### **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. Most people with IBD can now be managed very well by means of medication. 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. Try to be matter-of-fact about your needs and your attacks of pain. In this way, you will be able to help yourself and gain cooperation from others because they will follow your lead and understand. Learning more about how your body reacts to certain food groups also may be a big help. (CCFA's "Diet and Nutrition" brochure provides more information on this topic.)

### **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 associated with an acute and 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 have these adequately treated. It may involve medications aimed to treat anxiety or depression. A patient's physician may make this decision, or, on occasion, refer the patient to a psychiatrist. Anti-anxiety medications can sometimes be used for brief periods 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 the proper 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. Sometimes other IBD patients can suggest the names of appropriate therapists.

### **Are their special attributes in a psychotherapist 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 psychotherapist 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.

### **Does ileostomy surgery have an effect on the patient's emotional state of coping ability?**

Surgery is recommended for a minority of IBD patients. It is often recommended when the disease cannot be controlled by medication or a complication occurs. When surgery is needed, it poses some immediate risk to the individual, but in the appropriate circumstances, this risk is outweighed by expected benefits. With modern surgery and pre-and postoperative care, the dangers of serious complications from surgery are low. Some patients require an ileostomy. People with ostomies must wear a pouch on their abdomen, into which wastes are emptied. This form of surgery poses some additional problems of adjustment. Organizations such as the United Ostomy Association ([www.uoa.org](http://www.uoa.org)) and the J-pouch Group ([www.j-pouch.org](http://www.j-pouch.org)) can be very helpful resources. The national and local ostomy associations address many questions in their resources, and can provide helpful counsel before and following surgery. This counsel may be provided through an extensive in-hospital and home-visitation program.

One of the major concerns of people who face ostomy surgery is whether they will be able to enjoy a healthy sex life. Experience has shown that sexual activity improves rather than worsens, especially in people who were acutely ill before surgery.

### **What are some of the attributes that might contribute to a good prognosis?**

Ideally, a person with IBD can accept and deal with the disease in a straightforward and matter-of-fact fashion, making it easier for friends and family to accept the illness as part of their relationship with the patient. Acceptance can help a patient go about his or her daily activities as much as possible, follow physicians' instructions, and maintain a positive attitude and optimistic outlook on life. The medical community's recent acknowledgement that a good quality of life is a major treatment goal will help patients resume their lives, in spite of the disease. 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 on local support groups and educational events in your area you may go to the following link and click on your state: <http://www.crohnscolitisfoundation.org/chapters/>

The Crohn's & Colitis Foundation also has an online IBD community where you can connect from the privacy of your own home at <https://www.ccfcommunity.org/>. Here you can: connect with patients and caregivers who are also coping with a diagnosis of IBD, share your personal story and read about other empowering journeys, or register and participate in an online support group.

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