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Inflammatory Bowel Disease (IBD)

What is Inflammatory Bowel Disease?

Inflammatory Bowel Disease (IBD) refers to Ulcerative Colitis and Crohns Disease. Both of these are chronic inflammatory conditions that affect the GI tract. Ulcerative Colitis only affects the lining of the colon, whereas Crohns affects the lining of the GI tract – from mouth to anus.

Symptoms and Diagnosis

Symptoms of either form of IBD can include crampy abdominal pain, diarrhea, blood in stool, urgency to have a bowel movement, sense of incomplete evacuation, loss of appetite, weight loss, fatigue, arthritis, rashes, red eyes or blurry vision.

IBD should be considered, then, if a patient has any of these unexplained symptoms. Blood tests may suggest anemia or signs of inflammation. Stool test should be checked to rule out infection from bacteria or parasites. X-rays or CT scan may show signs of inflammation in the colon or small intestine. Colonoscopy is the best way to examine the lining of the intestine. Then, if inflammation is seen, biopsies can be taken to confirm the diagnosis of IBD.

Dietary Recommendations for IBD

Irritable Bowel Disorder (IBD) is a functional disorder of the GI tract. Typical symptoms include constipation, diarrhea, irregular stool pattern and frequency, and abdominal pain. No specific diet has been shown to correct IBD, although some changes in diet may help reduce the severity and frequency of IBD flares.

A complete description of this diet can be found at www. southerncalgi.com/diets

Prevention & Treatment

The exact cause of IBD is not known. Genetics definitely play a role, as both UC and Crohns can run in families. They are also more common in certain geographic areas. A defective immune system is thought to be a potential mechanism, as patients with IBD are at higher risk for certain autoimmune conditions. Bacteria may also play a role, as some patients have been found to have increased levels of antibodies to specific strains of bacteria.

IBD can be treated in a variety of ways. Steroid drugs are usually very effective at getting UC and Crohns under control during a severe flare, and can be given intravenously or in pill form. Anti-inflammatory drugs – including Asacol, Pentasa, Lialda, and Sulfasalazine usually help patients with mild to moderate IBD, and can be given in pill form, suppository, or enema. Immunomodulators are drugs, including 6-MP or Imuran, that are used when patients fail to respond to the anti-inflammatory drugs or require multiple courses of steroids. These work by suppressing the immune response in IBD. Biologic drugs include Remicade, Humira, and Cimzia, and are also known as anti-TNF agents. They work by suppressing the immune response in IBD, and are used in patients who fail to respond to steroids or anti-inflammatory drugs. Surgery is reserved for patients who fail medical management of IBD, or develop complications. For patients with UC, the surgical removal of the colon can be curative because their disease only affects the colon. For patients with Crohns, surgery is used to manage complications such as strictures (blockages) in the intestine, fistulas (inflammatory tracts coming off the intestine), or abscesses.