

ULCERATIVE COLITIS

Definition

Ulcerative colitis (UL-sur-uh-tiv koe-LIE-tis) is an inflammatory bowel disease (IBD) that causes long-lasting inflammation in part of your digestive tract.

Like Crohn's disease, another common IBD, ulcerative colitis can be debilitating and sometimes can lead to life-threatening complications. Because ulcerative colitis is a chronic condition, symptoms usually develop over time, rather than suddenly.

Ulcerative colitis usually affects only the innermost lining of your large intestine (colon) and rectum. It occurs only through continuous stretches of your colon, unlike Crohn's disease, which occurs anywhere in the digestive tract and often spreads deeply into the affected tissues.

There's no known cure for ulcerative colitis, but therapies are available that may dramatically reduce the signs and symptoms of ulcerative colitis and even bring about a long-term remission

Symptoms

Ulcerative colitis symptoms can vary, depending on the severity of inflammation and where it occurs. For these reasons, doctors often classify ulcerative colitis according to its location.

You may have the following signs and symptoms, depending on which part of the colon is inflamed:

- Diarrhea, often with blood or pus
- Abdominal pain and cramping
- Rectal pain
- Rectal bleeding — passing small amount of blood with stool
- Urgency to defecate
- Inability to defecate despite urgency
- Weight loss
- Fatigue
- Fever
- In children, failure to grow

Most people with ulcerative colitis have mild to moderate symptoms. The course of ulcerative colitis may vary, with some people having long periods of remission.

Types

Ulcerative colitis is classified according to how much of your colon is affected. The condition can be mild and limited to the rectum (ulcerative proctitis). Or it can affect additional parts of your colon, generally with more severe symptoms. People who develop ulcerative colitis at a younger age are

more likely to have severe symptoms. Here are the signs and symptoms that may accompany ulcerative colitis, depending on its classification:

- **Ulcerative proctitis:** In this form of ulcerative colitis, inflammation is confined to the area closest to the anus (rectum), and for some people, rectal bleeding may be the only sign of the disease. Others may have rectal pain and a feeling of urgency. This form of ulcerative colitis tends to be the mildest.
- **Proctosigmoiditis:** This form involves the rectum and the lower end of the colon, known as the sigmoid colon. Bloody diarrhea, abdominal cramps and pain, and an inability to move the bowels in spite of the urge to do so (tenesmus) are common problems associated with this form of the disease.
- **Left-sided colitis:** As the name suggests, inflammation extends from the rectum up through the sigmoid and descending colon, which are located in the upper left part of the abdomen. Signs and symptoms include bloody diarrhea, abdominal cramping and pain on the left side, and unintended weight loss.
- **Pancolitis:** Affecting more than the left colon and often the entire colon, pancolitis causes bouts of bloody diarrhea that may be severe, abdominal cramps and pain, fatigue, and significant weight loss.
- **Fulminant colitis:** This rare, life-threatening form of colitis affects the entire colon and causes severe pain, profuse diarrhea and, sometimes, dehydration and shock. People with fulminant colitis are at risk of serious complications, including colon rupture and toxic megacolon, a condition that causes the colon to rapidly expand.

The course of ulcerative colitis varies, with periods of acute illness often alternating with periods of remission. But over time, the severity of the disease usually remains the same. Most people with a milder condition, such as ulcerative proctitis, won't go on to develop more-severe signs and symptoms.

When to see a doctor

See your doctor if you experience a persistent change in your bowel habits or if you have any of the signs and symptoms of ulcerative colitis, such as:

- Abdominal pain
- Ongoing bouts of diarrhea that don't respond to over-the-counter (OTC) medications
- An unexplained fever lasting more than a day or two
- Blood in your stool

Although ulcerative colitis usually isn't fatal, it's a serious disease that, in some cases, may cause life-threatening complications.

Causes

Like Crohn's disease, ulcerative colitis causes inflammation and ulcers in your intestine. But unlike Crohn's, which can affect the colon in various, separate sections, ulcerative colitis usually affects one continuous section of the inner lining of the colon beginning with the rectum.

No one is quite sure what triggers ulcerative colitis, but there's a consensus as to what doesn't. Researchers no longer believe that stress is the main cause, although stress can often aggravate symptoms. Instead, current thinking focuses on the following possibilities:

- **Immune system:** Some scientists think a virus or bacterium may trigger ulcerative colitis. The digestive tract becomes inflamed when your immune system tries to fight off the invading microorganism (pathogen).
- It's also possible that inflammation may stem from an autoimmune reaction in which your body mounts an immune response even though no pathogen is present.
- **Heredity:** Because you're more likely to develop ulcerative colitis if you have a parent or sibling with the disease, scientists suspect that genetic makeup may play a contributing role. However, most people who have ulcerative colitis don't have a family history of this disorder.

Risk factors

Ulcerative colitis affects about the same number of women and men. Risk factors may include:

- **Age:** Ulcerative colitis usually begins before the age of 30. But, it can occur at any age, and some people may not develop the disease until their 50s or 60s.
- **Race or ethnicity:** Although whites have the highest risk of the disease, it can occur in any race. If you're of Ashkenazi Jewish descent, your risk is even higher.
- **Family history:** You're at higher risk if you have a close relative, such as a parent, sibling or child, with the disease.
- **Isotretinoin use:** Isotretinoin is a medication sometimes used to treat scarring cystic acne or acne that doesn't respond to other treatments. It used to be sold under the brand name Accutane, but that brand has been discontinued, and it's now sold under the brand names Amnesteem, Claravis and Sotret.

There is conflicting information as to whether isotretinoin use can increase the risk of inflammatory bowel disease. Some studies have suggested a possible link, while other studies have found no such evidence. The question of whether or not there is a link is further complicated by research that suggests a possible connection between the use of tetracycline class antibiotics and the development of IBD. Many people who have been treated with isotretinoin for acne also have received tetracyclines as part of their acne therapy. Studies that have examined the possible

link between isotretinoin and IBD have not addressed the question of whether antibiotics used for acne may have played a role in increasing risk.

Complications

Possible complications of ulcerative colitis include:

- Severe bleeding
- A hole in the colon (perforated colon)
- Inflammation of your skin, joints and eyes, and sores in the lining of your mouth
- Severe dehydration
- Liver disease (rare)
- Kidney stones
- Bone loss (osteoporosis)
- An increased risk of colon cancer
- Increased risk of blood clots in veins and arteries
- A rapidly swelling colon (toxic megacolon)

Lifestyle and home remedies

Sometimes you may feel helpless when facing ulcerative colitis. But changes in your diet and lifestyle may help control your symptoms and lengthen the time between flare-ups.

Diet

There's no firm evidence that what you eat causes inflammatory bowel disease. But certain foods and beverages can aggravate your symptoms, especially during a flare-up in your condition. It's a good idea to try eliminating from your diet anything that seems to make your signs and symptoms worse. Here are some suggestions that may help:

Limit dairy products. If you suspect that you may be lactose intolerant, you may find that diarrhea, abdominal pain and gas improve when you limit or eliminate dairy products.

You may be lactose intolerant — that is, your body can't digest the milk sugar (lactose) in dairy foods. If so, try using an enzyme product, such as Lactaid, to help break down lactose. If you need help, a registered dietitian can help you design a healthy diet that's low in lactose. Keep in mind that with limiting your dairy intake, you'll need to find other sources of calcium, such as supplements.

Experiment with fiber. For most people, high-fiber foods, such as fresh fruits and vegetables and whole grains, are the foundation of a healthy diet. But if you have inflammatory bowel disease, fiber may make diarrhea, pain and gas worse. If raw fruits and vegetables bother you, try steaming, baking or stewing them. Check with your doctor before adding significant amounts of fiber to your diet.

- **Avoid problem foods:** Eliminate any other foods that seem to make your symptoms worse. These may include "gassy" foods, such as beans, cabbage and broccoli, raw fruit juices and fruits, popcorn, caffeine, and carbonated beverages.

- **Eat small meals:** You may find that you feel better eating five or six small meals rather than two or three larger ones.
- **Drink plenty of liquids:** Try to drink plenty of fluids daily. Water is best. Beverages that contain caffeine stimulate your intestines and can make diarrhea worse, while carbonated drinks frequently produce gas.
- **Ask about multivitamins:** Because ulcerative colitis can interfere with your ability to absorb nutrients and because your diet may be limited, vitamin and mineral supplements can play a key role in supplying missing nutrients. They don't provide essential protein and calories, however, and shouldn't be a substitute for meals.
- **Talk to a dietitian:** If you begin to lose weight or your diet has become very limited, talk to a registered dietitian.

Stress

Although stress doesn't cause inflammatory bowel disease, it can make your signs and symptoms much worse and may trigger flare-ups. Stressful events can range from minor annoyances to a move, job loss or the death of a loved one.

When you're stressed, your normal digestive process can change, causing your stomach to empty more slowly and secrete more acids. Stress can also speed or slow the passage of intestinal contents. It may also cause changes in intestinal tissue itself.

Tests and diagnosis

Your doctor will likely diagnose ulcerative colitis after ruling out other possible causes for your signs and symptoms. To help confirm a diagnosis of ulcerative colitis, you may have one or more of the following tests and procedures:

- **Blood tests:** Your doctor may suggest blood tests to check for anemia — a condition in which there isn't enough red blood cells to carry adequate oxygen to your tissues — or to check for signs of infection.
- **Stool sample:** White blood cells in your stool can indicate ulcerative colitis. A stool sample can also help rule out other disorders, such as infections caused by bacteria, viruses and parasites.
- **Colonoscopy:** This exam allows your doctor to view your entire colon using a thin, flexible, lighted tube with an attached camera. During the procedure, your doctor can also take small samples of tissue (biopsy) for laboratory analysis. Sometimes a tissue sample can help confirm a diagnosis.
- **Flexible sigmoidoscopy:** Your doctor uses a slender, flexible, lighted tube to examine the sigmoid, the last portion of your colon. If your colon is severely inflamed, your doctor may perform this test instead of a full colonoscopy.
- **X-ray:** If you have severe symptoms, your doctor may use a standard X-ray of your abdominal area to rule out serious complications, such as a perforated colon.

- **CT scan:** A CT scan of your abdomen or pelvis may be performed if your doctor suspects a complication from ulcerative colitis or inflammation of the small intestine. A CT scan may also reveal how much of the colon is inflamed.

Treatments and drugs

Ulcerative colitis treatment usually involves either drug therapy or surgery.

Several categories of drugs may be effective in treating ulcerative colitis. The type you take will depend on the severity of your condition. The drugs that work well for some people may not work for others, so it may take time to find a medication that helps you. In addition, because some drugs have serious side effects, you'll need to weigh the benefits and risks of any treatment.

Anti-inflammatory drugs

Anti-inflammatory drugs are often the first step in the treatment of inflammatory bowel disease. They include:

- **Aminosalicylates:** Sulfasalazine (Azulfidine) can be effective in reducing symptoms of ulcerative colitis, but it has a number of side effects, including digestive distress and headache. Available in both oral and enema or suppository forms. Which form you take depends on the area of your colon that's affected. Rarely, these medications have been associated with kidney and pancreas problems.
- **Corticosteroids:** These drugs, which include prednisone and hydrocortisone, are generally reserved for moderate to severe ulcerative colitis that doesn't respond to other treatments. They are given orally, intravenously, or by enema or suppository, depending on the location affected.

Corticosteroids have numerous side effects, including a puffy face, excessive facial hair, night sweats, insomnia and hyperactivity. More-serious side effects include high blood pressure, diabetes, osteoporosis, bone fractures, cataracts, glaucoma and increased chance of infection. They are not usually given long term.

Immune system suppressors

These drugs also reduce inflammation, but they do so by suppressing the immune system response that starts the process of inflammation. For some people, a combination of these drugs works better than one drug alone.

Corticosteroids also may be used with an immune system suppressor — the corticosteroids can induce remission, while the immune system suppressors can help maintain it.

Other medications

You may need additional medications to manage specific symptoms of ulcerative colitis. Always talk with your doctor before using over-the-counter medications. He or she may recommend one or more of the following.

- **Antibiotics:** People with ulcerative colitis who run fevers will likely take antibiotics to help prevent or control infection.

- Pain relievers: For mild pain, your doctor may recommend acetaminophen (Tylenol, others) — but not ibuprofen (Advil, Motrin IB, others), naproxen sodium (Aleve, Anaprox), and diclofenac sodium (Voltaren, Solaraze), which can worsen symptoms and increase the severity of disease.
- Anti-diarrheal medications: For severe diarrhea, loperamide (Imodium) may be effective. Use anti-diarrheal medications with great caution, however, because they may increase the risk of toxic megacolon.
- Iron supplements: If you have chronic intestinal bleeding, you may develop iron deficiency anemia and be given iron supplements.

Surgery

Surgery can often eliminate ulcerative colitis. But that usually means removing your entire colon and rectum (proctocolectomy). In most cases, this involves a procedure called ileoanal anastomosis that eliminates the need to wear a bag to collect stool. Your surgeon constructs a pouch from the end of your small intestine. The pouch is then attached directly to your anus, allowing you to expel waste relatively normally.

In some cases a pouch is not possible. Instead, surgeons create a permanent opening in your abdomen (ileal stoma) through which stool is passed for collection in an attached bag.

Cancer surveillance

You will need more-frequent screening for colon cancer because of your increased risk. The recommended schedule will depend on the location of your disease and how long you have had it.

If your disease involves more than your rectum, you will require surveillance colonoscopy every one to two years. You will need a surveillance colonoscopy beginning as soon as eight years after diagnosis if the majority of your colon is involved, or 10 years if only the left side of your colon is involved.

If in addition to ulcerative colitis you have a rare condition called primary sclerosing cholangitis, you will need to begin surveillance colonoscopy every one to two years after you have been diagnosed with ulcerative colitis.

Lifestyle and home remedies

Sometimes you may feel helpless when facing ulcerative colitis. But changes in your diet and lifestyle may help control your symptoms and lengthen the time between flare-ups.

There's no firm evidence that what you eat actually causes inflammatory bowel disease. But certain foods and beverages can aggravate your signs and symptoms, especially during a flare-up.

It can be helpful to keep a food diary to keep track of what you're eating, as well as how you feel. If you discover some foods are causing your symptoms to flare, you can try eliminating them. Here are some suggestions that may help:

Foods to limit or avoid

- Limit dairy products: Many people with inflammatory bowel disease find that problems such as diarrhea, abdominal pain and gas improve by limiting or eliminating dairy products. You may be lactose intolerant — that is, your body can't digest the milk sugar (lactose) in dairy foods. Using an enzyme product such as Lactaid may help as well.
- Limit fiber, if it's a problem food: If you have inflammatory bowel disease, high-fiber foods, such as fresh fruits and vegetables and whole grains, may make your symptoms worse. If raw fruits and vegetables bother you, try steaming, baking or stewing them. In general, you may have more problems with foods in the cabbage family, such as broccoli and cauliflower, and nuts, seeds, corn and popcorn. You may be told to limit fiber or go on a low-residue diet if you have a narrowing of your bowel (stricture).
- Try low-fat foods: If you have Crohn's disease of the small intestine, you may not be able to digest or absorb fat normally. Instead, fat passes through your intestine, making your diarrhea worse. Try avoiding butter, margarine, cream sauces and fried foods.
- Avoid other problem foods: Spicy foods, alcohol and caffeine may make your signs and symptoms worse.

Other dietary measures

- Eat small meals: You may find you feel better eating five or six small meals a day rather than two or three larger ones.
- Drink plenty of liquids: Try to drink plenty of fluids daily. Water is best. Alcohol and beverages that contain caffeine stimulates your intestines and can make diarrhea worse, while carbonated drinks frequently produce gas.
- Consider multivitamins: Because Crohn's disease can interfere with your ability to absorb nutrients and because your diet may be limited, multivitamin and mineral supplements are often helpful. Check with your doctor before taking any vitamins or supplements.
- Talk to a dietitian: If you begin to lose weight or your diet has become very limited, talk to a registered dietitian.

Stress

Although stress doesn't cause inflammatory bowel disease, it can make your signs and symptoms worse and may trigger flare-ups.

To help control stress, try:

- Exercise: Even mild exercise can help reduce stress, relieve depression and normalize bowel function. Talk to your doctor about an exercise plan that's right for you.

- **Biofeedback:** This stress-reduction technique helps you reduce muscle tension and slow your heart rate with the help of a feedback machine. The goal is to help you enter a relaxed state so that you can cope more easily with stress.
- **Regular relaxation and breathing exercises:** An effective way to cope with stress is to perform relaxation and breathing exercises. You can take classes in yoga and meditation or practice at home using books, CDs or DVDs.

Alternative medicine

Ulcerative colitis doesn't just affect you physically — it takes an emotional toll as well. If signs and symptoms are severe, your life may revolve around a constant need to run to the toilet. In some cases, you may barely be able to leave the house. When you do, you might worry about an accident, and this anxiety likely makes your symptoms worse.

- **Herbal and nutritional supplements:** The majority of alternative therapies aren't regulated by the FDA. Manufacturers can claim that their therapies are safe and effective but don't need to prove it. What's more, even natural herbs and supplements can have side effects and cause dangerous interactions. Tell your doctor if you decide to try any herbal supplement.
- **Probiotics:** Researchers suspect that adding more of the beneficial bacteria (probiotics) that are normally found in the digestive tract might help combat the disease. Although research is limited, there is some evidence that adding probiotics along with other medications may be helpful, but this has not been proved.
- **Fish oil:** Fish oil acts as an anti-inflammatory, and there is some evidence that adding fish oil to minosalicylates may be helpful, but this has not been proved. Fish oil can cause diarrhea.
- **Aloe vera:** Aloe vera gel may have an anti-inflammatory effect for people with ulcerative colitis, but it also can cause diarrhea.
- **Acupuncture:** Only one clinical trial has been conducted regarding its benefit. The procedure involves the insertion of fine needles into the skin, which may stimulate the release of the body's natural painkillers.
- **Turmeric:** Curcumin, a compound found in the spice turmeric, has been combined with standard ulcerative colitis therapies in clinical trials. There is some evidence of benefit, but more research is needed.

Coping and support

Ulcerative colitis doesn't just affect you physically — it takes an emotional toll as well. If signs and symptoms are severe, your life may revolve around a constant need to run to the toilet. In some cases, you may barely be able to leave the house. When you do, you might worry about an accident, and this anxiety likely makes your symptoms worse.

Even if your symptoms are mild, gas and abdominal pain can make it difficult to be out in public. You may also feel hampered by dietary restrictions or embarrassed by the nature of your disease. All of these factors — isolation, embarrassment and anxiety — can severely alter your life. Sometimes they may lead to depression.

Support groups

One of the best ways to feel more in control is to find out as much as possible about ulcerative colitis from organizations such as the S.A. IBD Support Group - Crohns Disease & Ulcerative Colitis, the website, etc. Ask your doctor, nurse or dietitian to help you get information or locate a support group nearest you.

Counseling

Some people find it helpful to consult a psychologist or psychiatrist who's familiar with inflammatory bowel disease and the emotional difficulties it can cause. Ask your doctor for a referral if you think counseling might be helpful for you.

Source: The Mayo Clinic

Contact us

Please feel free to contact your Aon Healthcare Consultant if you have any concerns. You may also contact the **Aon Resolution Centre on 0860 835 272 or e-mail: arc@aon.co.za** for further information.

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