

Understanding the Benefits and Risks

What is IBD?

Inflammatory bowel disease (IBD) is a chronic disease for which there is currently no cure. It is a group of conditions that involve chronic inflammation of all or part of the digestive tract.

Like many chronic diseases, IBD can alternate between severe episodes (flare-ups) and stretches of time with milder symptoms or no symptoms at all (disease remission). It can be painful, affect growth in children, and sometimes lead to serious complications.

The disease has two main forms: ulcerative colitis (UC) and Crohn's disease (CD).

Crohn's Disease (CD)

CD may develop gradually or suddenly and can occur anywhere along the digestive tract from the mouth to rectum ("gum to bum"), though it usually affects the lower part of the small intestine and the upper part of the colon. Diseased sections of bowel may alternate with healthy, uninvolved sections, and the inflammation may spread deep into the affected areas. Symptoms, which vary widely depending on the site(s) or location(s) of disease along the digestive tract, may include:

- Abdominal pain and cramping
- Severe diarrhea
- Rectal bleeding
- Blood in stool
- Weight loss
- Diminished appetite
- symptoms outside the digestive tract (e.g., arthritis, osteoporosis, sclerosing cholangitis)

Ulcerative Colitis (UC)

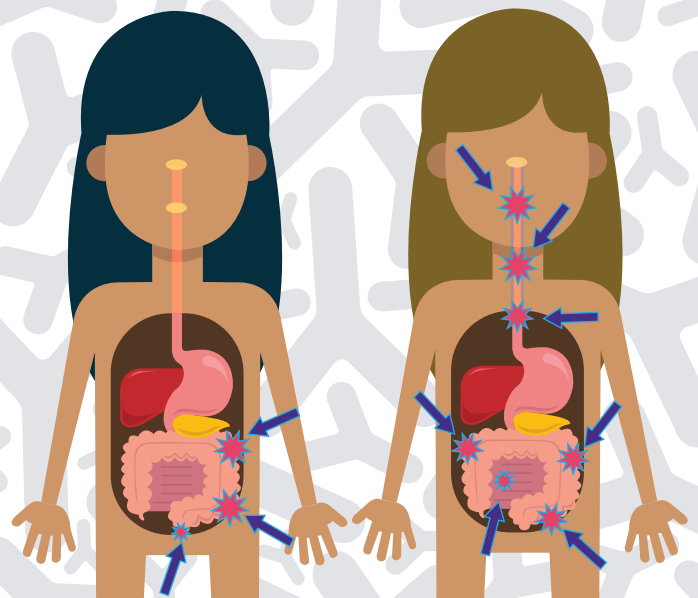
UC typically affects only the innermost lining of the rectum and large intestine (colon), starting in the rectum and extending continuously for variable stretches through the large intestine.

Symptoms, which usually develop gradually, include:

- Bloody diarrhea of variable severity
- False urges to have a bowel movement
- Abdominal pain and cramping
- Nausea and vomiting
- Decreased appetite and weight loss
- Mild fever
- Anemia
- Loss of body fluids
- Poor growth, in children
- In some cases, symptoms outside the digestive tract (e.g., arthritis, osteoporosis, sclerosing cholangitis)

Ulcerative colitis

Crohn's disease









Understanding the Benefits and Risks

Ongoing treatment of any chronic disease is imperative. IBD is typically treated with a series of medications. Your treatment plan will likely revolve around medications designed to reduce intestinal inflammation, control your symptoms and even prevent long-term damage from inflammation. When you have the proper treatment, you can expect to enjoy improved physical health, greater quality of life, less abdominal pain, less fatigue and significantly less depression.

There is no clear roadmap of how your IBD will progress over time. Everyone is different. You will experience peaks and valleys of symptoms over the years. To make the right decision about your IBD treatment, you need to balance the benefits and risks of treatment against the risks of no treatment.

All medications have benefits, risks, and side effects. However, it is vital for you to understand that not treating the disease can be even more dangerous. When you get the right treatment for your stage of disease, situation and lifestyle, the benefits of treatment far outweigh the risks.

Most people living with IBD go on to lead fulfilling lives despite the challenges of the illness. Treatment can help you maximize your health. Treatment can:

-  Reduce complications
-  Reduce the number and frequency of flares
-  Minimize hospital stays and surgery
-  Improve healing
-  Enjoy longer periods of remission
-  Experience a better quality of life

Finding the best medicine and consistently following the recommended treatment can help you control your disease. When you achieve your best health, you multiply your opportunities to develop physically, intellectually, emotionally and socially. A standard of health that allows you to enjoy and fully participate in life should be your goal.

Learning the Language

What is adherence?

Researchers and doctors often use the term “adherence” or “compliance” to describe how well patients follow the treatment they have been prescribed. This can include taking medication at the proper times, taking all of the medication, refilling prescriptions and going to appointments for infusion or injections faithfully.

Flares

The word “flare” refers to the symptoms you experience when your disease is active and causing tissue to become inflamed and irritated. The most common symptoms of IBD flares are abdominal pain and bloody diarrhea. Common symptoms also include weight loss, fatigue, fever, aching joints, skin and mouth sores, and inflamed eyes.

Complications

Complications are additional ailments that you may experience as a result of living with a chronic disease.

When you have IBD, you may experience:

- inflammation of the eyes, skin or joints, liver or bile ducts
- anemia, malnutrition, osteoporosis
- bowel obstruction, ulcers, fistulas, anal fissures, colon cancer
- delayed growth or sexual development in children

Healing

When you have IBD, the interior layer of tissue lining your intestine (called the mucosa) gets damaged. Mucosal healing is the restoration of healthy mucosa.

Another challenge of living with IBD is the development of abnormal connections between your intestine and other organs. These are called fistulas. Proper medication may help reduce the likelihood of developing fistulas.

Surgery

Having surgery and spending time in hospital can be worrisome for anyone, so it is better to avoid these events unless absolutely necessary. Surgery is generally accompanied by pain and muscle loss and puts you at risk of a reaction to anesthesia, bleeding, blood clots, heart attack and stroke. The time you spend in hospital for surgery also puts you at risk of infection. In addition, surgery disrupts personal relationships, work and school.

5-ASAs

5-amino salicylic acid (5-ASAs), also known as mesalamine, reduces inflammation in the intestine, controls diarrhea and helps maintain remission (freedom from symptoms). 5-ASAs can be used at the same time as other medications, such as immunosuppressants and steroids. The goal of 5-ASA therapy is to help you achieve and maintain remission if you have mild to moderate ulcerative colitis and colonic Crohn's disease. Some formulations also help induce and maintain remission of mild, small intestinal Crohn's disease.

5-ASAs are available in different forms that target specific areas of the intestines:

- Orally to treat the small intestine (Pentasa®)
 - Orally to treat the colon (Asacol®, Salofalk®, Pentasa®, Mesavant®, Measal®)
 - Rectally (as a suppository or enema) to treat the bottom part of the colon (Salofalk®, Pentasa®)
- Oral and rectal 5-ASAs are often used in combination during disease flares.

Benefits:

Quality of Life



Surgery



Flares



Healing

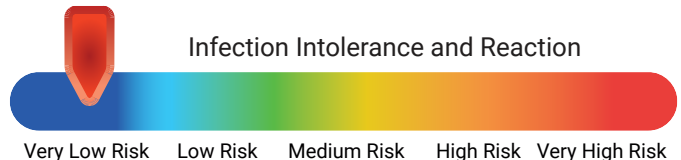


Complications

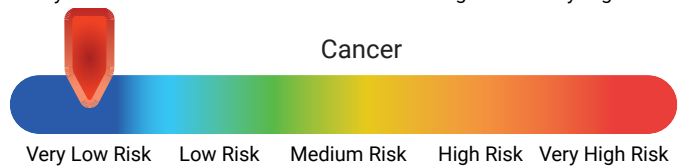


Risks:

Infection Intolerance and Reaction



Cancer



Steroids

Steroids rapidly reduce inflammation by suppressing the activity of immune cells. The most common steroids used to treat IBD (prednisone, methylprednisone, and hydrocortisone) circulate throughout the whole body. Some newer steroids (e.g., budesonide) target specific areas of the intestine, and tend to have fewer side effects and less toxicity.

Once your symptoms improve, your doctor will carefully and gradually wean you off the steroid. Depending on the severity and location of the disease, steroids can be delivered orally, rectally, or intravenously.



Do not stop taking steroids on your own! It is very important to slowly wean your body from these drugs under the direction of your physician.

Steroids are a short-term therapy to control acute flares and achieve remission. They are not used as maintenance therapy. Steroids can be taken with maintenance medications such as 5-ASAs, immunosuppressants, biologics and biosimilars. This means you can begin treatment with a maintenance drug while still on steroids.

When using steroids, you should:

- Wear a "Medical Alert" bracelet or necklace with the steroid name engraved
- Get your blood pressure checked at each visit
- Have your blood sugar checked at least once while on the steroid

Benefits:

Quality of Life



Surgery



Severity of Flares



Inflammation

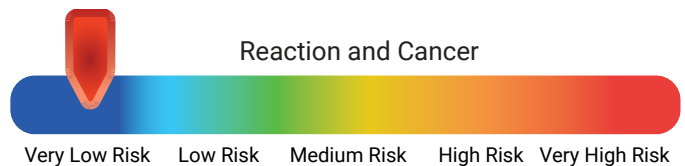


Complications

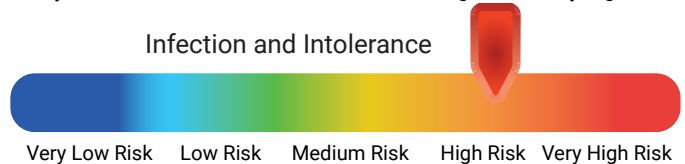


Risks:

Reaction and Cancer



Infection and Intolerance



Immunosuppressants

Immunosuppressants are drugs that suppress the immune system, thus reducing inflammation and preventing the body from mistakenly attacking its own digestive system (a feature of IBD). Immunosuppressants aim to decrease the use of steroids, and maintain remission for patients with moderate to severe disease. Immunosuppressants have fewer and less side effects than steroids, so you can use them for longer periods of time. It can take several months for oral immunosuppressants to achieve their full effect but

they can be combined with steroids until that time. You can also use them with other medications – for example, to prevent your disease from flaring while you are tapering off steroids. Commonly used immunosuppressants are azathioprine (Imuran), 6-mercaptopurine (Purinethol), and methotrexate. Immunosuppressants can be taken orally and methotrexate can be taken orally or by injection.

Benefits:

Quality of Life



Surgery



Flares



Healing

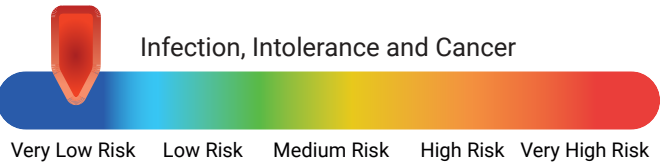


Complications

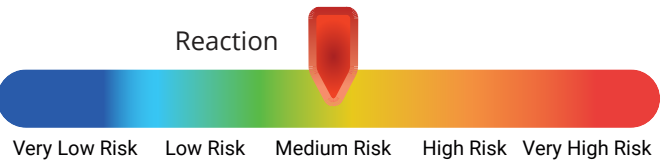


Risks:

Infection, Intolerance and Cancer



Reaction



Biologics

Biologics are proteins specifically engineered to block one or more inflammatory pathways in your body and thus reduce the inflammation that causes your IBD.

One class of biologics blocks the action of a protein called tumor necrosis factor (alpha TNF- α), which your body makes naturally. If you have IBD, you produce more of this protein than normal, which causes inflammation and damage to healthy tissue. By suppressing TNF- α production, anti-TNF biologics reduce inflammation and damage.

Biologic therapy aims to induce and maintain remission for patients with moderate to severe disease.

Sometimes, biologics are used in combination with other IBD medicines to achieve a better treatment effect and/ or reduce the risk of developing antibodies against the biologic.

Biologics are delivered in one of two ways:

- through intravenous (IV) infusion by a healthcare provider at a clinic
- by subcutaneous injection which you can do yourself or have done by a trained nurse at home or in a clinic

Benefits:

Quality of Life



Surgery



Flares



Healing

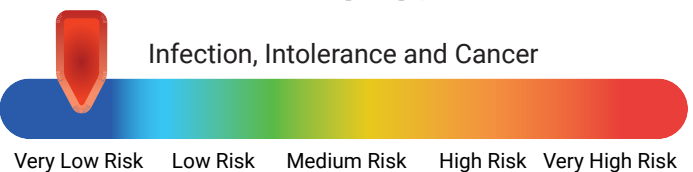


Complications

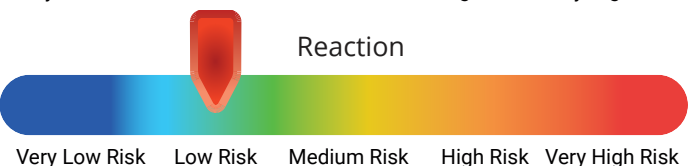


Risks:

Infection, Intolerance and Cancer



Reaction



Biosimilars

A biosimilar drug has demonstrated to be highly similar to a biologic drug that has already been authorized for sale (known as the reference biologic drug). Biosimilars were previously known in Canada as Subsequent Entry Biologics (SEBs).

Health Canada states that biosimilars are not generic biologics. Health Canada only approves biosimilars for marketing in Canada when the manufacturer demonstrates that their product is of similar quality, safety, and efficacy to the original reference drug.

However, long term studies are still required to confirm these attributes.

Health Canada describes a biosimilar as a drug that has been demonstrated to be highly similar to a reference biologic drug, with no clinically meaningful differences in safety and efficacy between them.

Because of the similarity, the benefits and risks of biologics also apply to biosimilars...

Benefits:

Quality of Life



Surgery



Flares



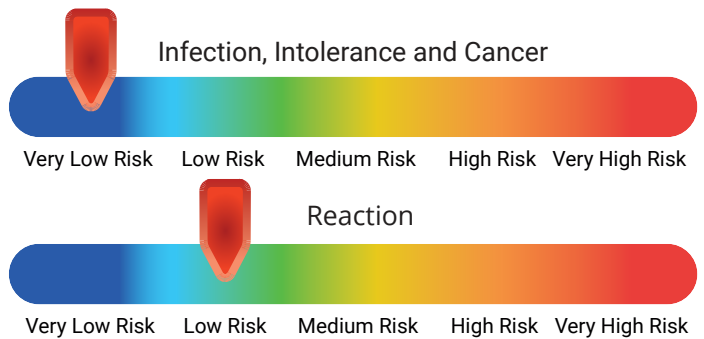
Healing



Complications



Risks:



JAK Inhibitors

New ORAL treatment for ulcerative colitis can be done at home, XELJANZ® (tofacitinib) is a new oral treatment option for adult patients with moderate to severe ulcerative colitis (UC) that may help achieve and maintain remission. XELJANZ® (tofacitinib) is a janus kinase (JAK) inhibitor. JAK inhibitors are small molecules in a pill form that interfere with a number of key pro-inflammatory cytokines involved in the origination and development of inflammatory bowel disease. Treatment of UC in the past 10 to 20 years have been through injectables or intravenous agents. Now XELJANZ, the first Janus kinase

(JAK) inhibitor approved by Health Canada, provides a new option for individuals with UC and helps promote mucosal healing in the gastrointestinal tract. When you have IBD, the interior layer of tissue lining your intestine (called the mucosa) gets damaged. Mucosal healing is the restoration of a healthy mucosa.

JAK Inhibitors help to promote mucosal healing in the gastrointestinal tract. Use of XELJANZ in combination with biological therapies for UC or with potent immunosuppressant's such as azathioprine and cyclosporine is not recommended.

Benefits:

Quality of Life



Surgery



Flares



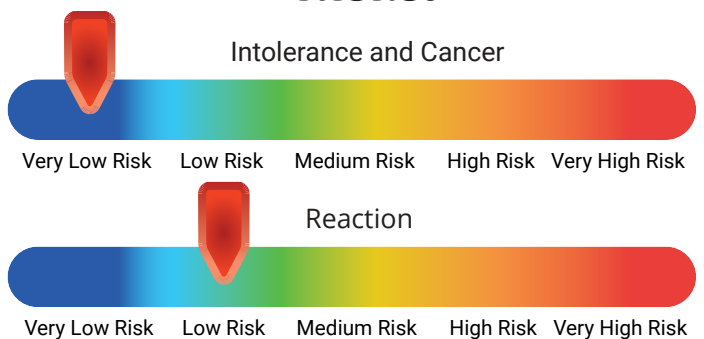
Healing



Complications



Risks:



Summary

While you can expect to have IBD for the rest of your life, current treatment options can help control the disease and minimize symptoms so you can enjoy a healthy, fulfilling life. Understanding your options and their associated benefits and risks can help you make the best decisions about your health.

To get the most out of your treatment, follow the plan you and your doctor have discussed and agreed upon as being best for you, your body, situation and lifestyle. It is important that you be involved in decisions about your treatment. If you don't understand something your doctor tells you, don't be afraid to ask questions. If you find your drug regimen difficult to follow or wish to try out a different type of treatment, tell your doctor. If cost is a barrier, discuss this with your doctor: there may be a solution you didn't know about. To get the most out of your treatment, become a partner with your doctor: deciding on a treatment plan together, asking questions or for more information, and letting your doctor know how things are going at every step of the way.

Keep track of your symptoms with our app!

Track your Digestive Health with the CDHF APP!

Symptom Tracking

Easily keep track of your symptoms throughout the day

Stool Tracking

Keep track of frequency, consistency and warning signs

Mood Tracking

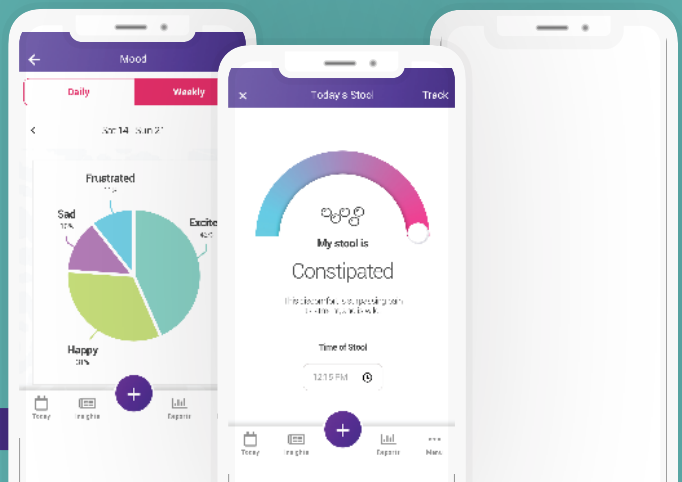
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