

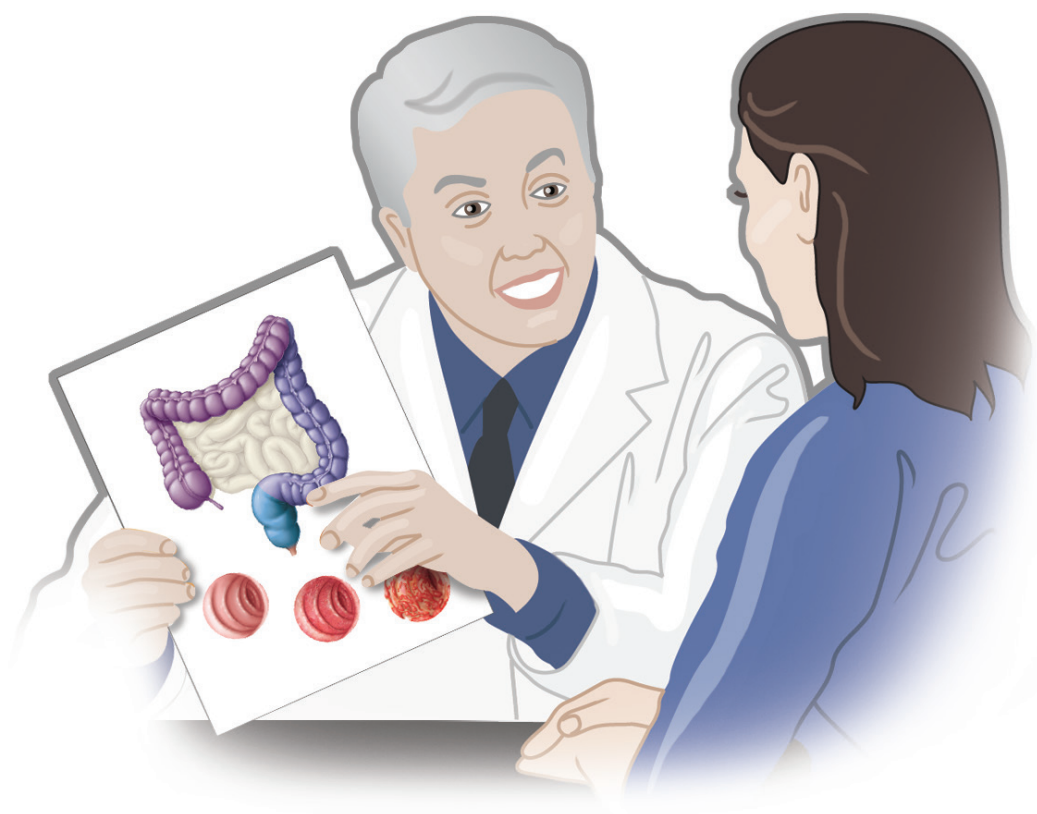
A PATIENT'S GUIDE TO

Understanding Ulcerative Colitis

ABOUT UC *i*

LIVING WITH UC !

FAQs ?



QUICK FACTS ULCERATIVE COLITIS



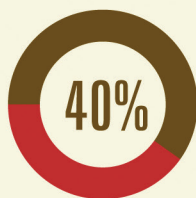
FACTS

Although ulcerative colitis has no known cause, there is a presumed genetic component to susceptibility²

Digestive disorders account for 10% of all hospitalizations¹



Over the last 25 years, the average length of hospital stay for IBD patients has decreased from 15 to 9 days (or by 40%)¹



Half of all ulcerative colitis patients will be hospitalized at some point¹



SURGERY

while less than 1/5 will require surgery¹



MAP



The disease is more prevalent in northern countries of the world, as well as in northern areas of individual countries or other regions²

CANADA has the one of the HIGHEST reported incidences of ulcerative colitis. Ulcerative colitis strikes an average of 194 of every 100,000 Canadians, with 11.8 new cases per 100,000 each year⁴

EVERY YEAR, 1 out of every 20 PATIENTS WITH CROHN'S DISEASE OR ULCERATIVE COLITIS IS HOSPITALIZED¹



DIET

1 DRINK PLENTY OF WATER³

2 LIMIT MILK PRODUCTS IF YOU ARE LACTOSE INTOLERANT³

3 AVOID FATTY, GREASY, OR FRIED FOODS AND SAUCES³

4 AVOID HIGH-FIBRE FOODS (BRAN, BEANS, NUTS, SEEDS, AND POPCORN)³

5 EAT SMALL AMOUNTS OF FOOD THROUGHOUT THE DAY³

REFERENCES:

1. Canadian Digestive Health Foundation www.cdhf.ca/digestive-disorders/statistics.shtml
2. Wikipedia http://en.wikipedia.org/wiki/Ulcerative_colitis
3. PubMed Health www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001296/
4. Med Page Today www.medpagetoday.com/Gastroenterology/InflammatoryBowelDisease/3997

ABOUT UC

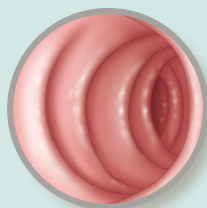


WHAT IS UC

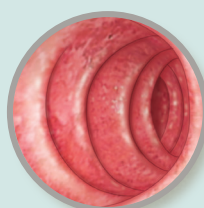


Ulcerative colitis (UC) is a chronic relapsing and remitting inflammatory condition of the large intestine. (Inflammation is a localized protective reaction of tissue to irritation, injury, or infection. It is characterized by pain, redness, swelling, and sometimes loss of function.)

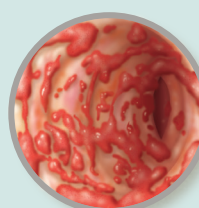
Ulcerative means a loss of the surface lining, and **colitis** means inflammation of that lining or mucosa. The inflammation is caused by an abnormal invasion of white blood cells into the mucosa. The exact cause of this attack is not known, but it is thought that a combination of genetic and environmental factors causes the immune system to react aggressively against the normal bacteria that inhabit the colon.



Healthy



Moderate Colitis

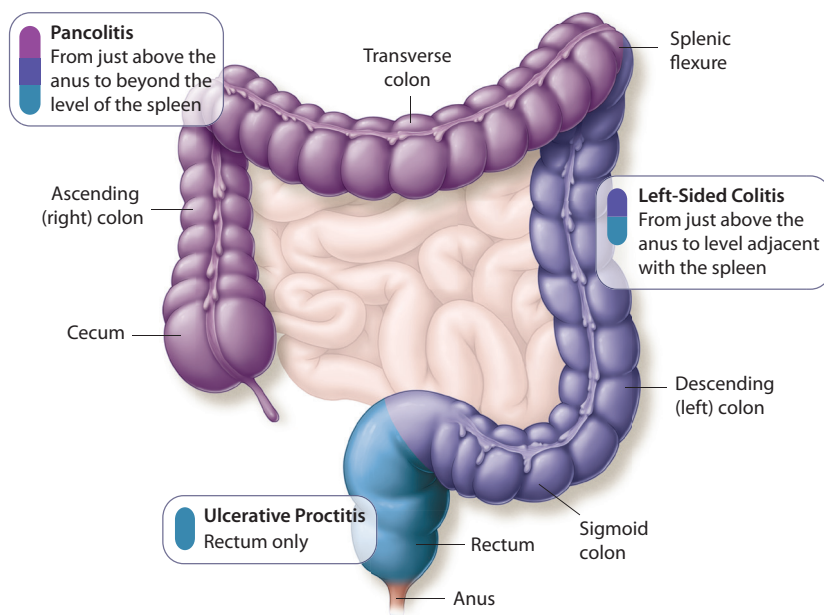


Severe Colitis

It follows a course of relapses and remissions but, in a minority of cases, the inflammation may be chronically active and the patient symptomatic.

The severity of active UC is seen across a broad spectrum, from symptoms perceived as a minor nuisance to those that are ultimately life threatening.

UC only affects the large bowel and generally involves an area starting in the rectum just above the anus, and continuing for a variable distance proximally depending on the disease extent. Generally, disease extent is divided into three categories: ulcerative proctitis, left-sided disease, and pancolitis for patients in whom the disease extends throughout the large intestine.



ABOUT UC



WHAT CAUSES UC



The exact cause of UC is not known, but it is thought that a combination of genetic and environmental factors cause the immune system to react aggressively against the normal bacteria that inhabit the colon.

There is no cure for UC, but medications can heal the bowel lining (mucosa) and control symptoms.

SYMPTOMS AND SIGNS OF UC



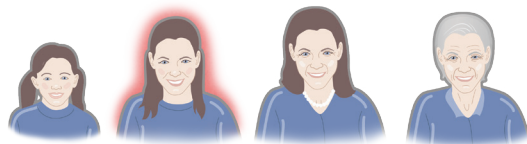
UC typically leads to symptoms of rectal bleeding, rectal urgency, abdominal cramping, and diarrhea.

WHO GETS UC



UC can first occur at any age but peaks in incidence in young adulthood. It affects men and women equally.

People with a family history of UC are more likely to develop it, as are people of Caucasian or Jewish descent.



= 200 people

UC is newly diagnosed in an estimated 5,000 Canadians annually.

WHAT IS A GASTROENTEROLOGIST



A gastroenterologist is a physician who specializes in the treatment and management of diseases of the digestive tract, such as UC.

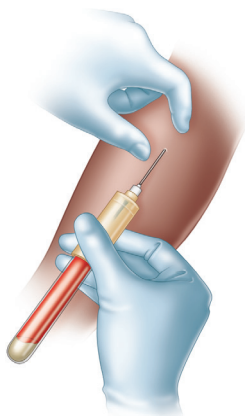
ABOUT UC



HOW DO I KNOW IF I HAVE UC



People suspected of having UC are often referred to a gastroenterologist for diagnosis. This specialist will perform a physical examination and take your medical history. Then you will undergo some or all of the following diagnostic tests:

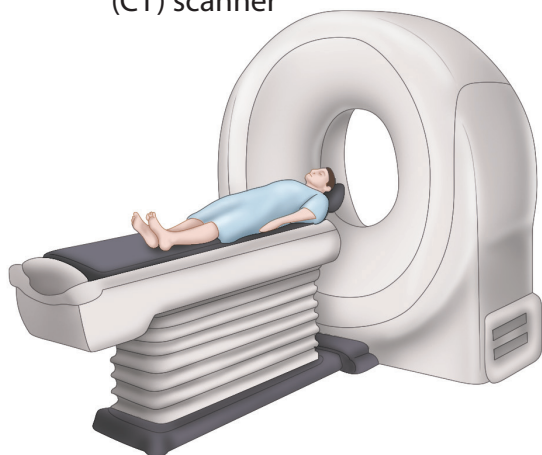


Blood tests – to check for a high white blood cell count and/or anemia



Stool test – primarily to check for a high white blood cell count

Computed tomography
(CT) scanner



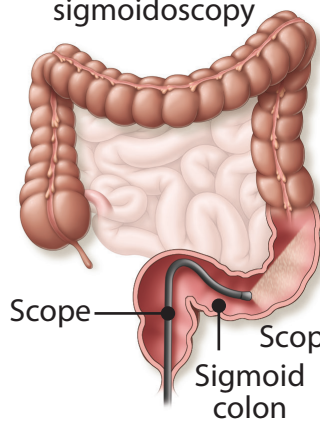
Computed tomography scan – to check for physical abnormalities

ABOUT UC



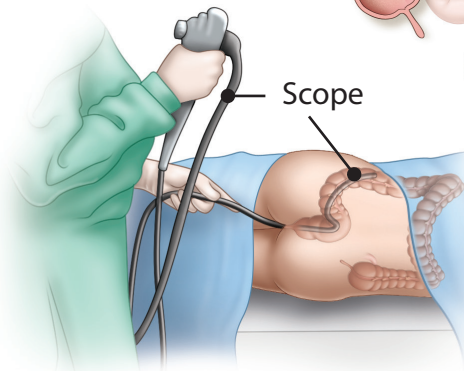
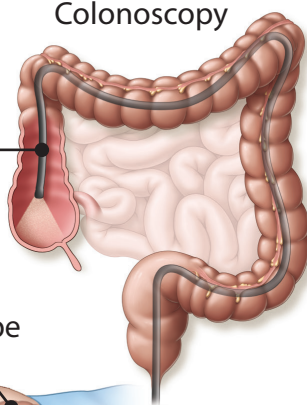
Flexible sigmoidoscopy

Flexible sigmoidoscopy – to look inside your rectum and lower colon



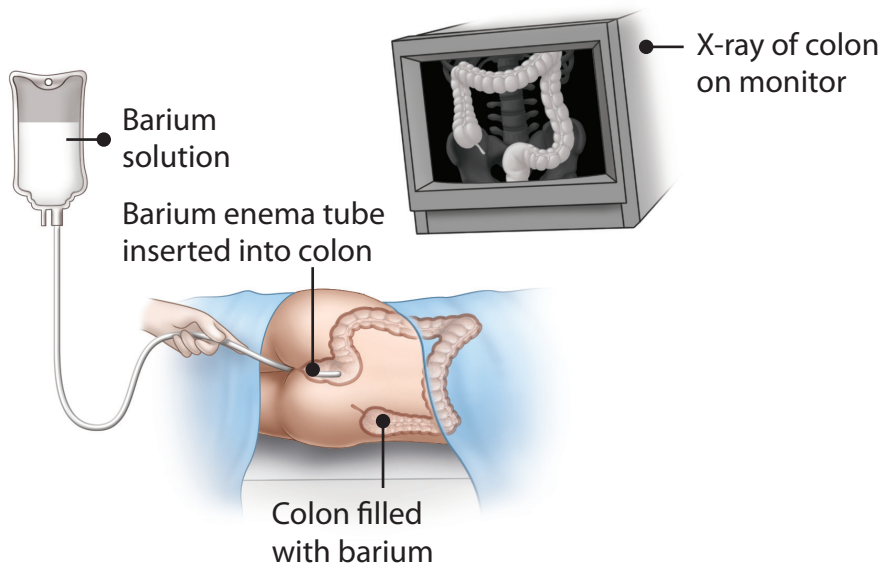
Colonoscopy

Colonoscopy – to examine the rectum and entire colon



Patient position for colonoscopy and sigmoidoscopy

Barium enema radiography (x-ray) – to check for physical abnormalities



ABOUT UC

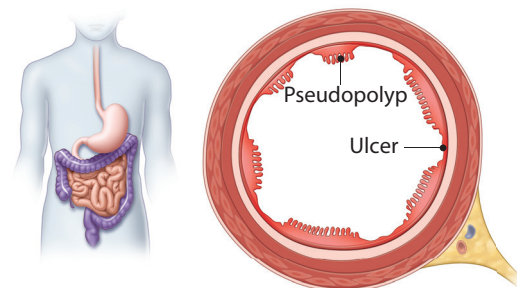


HOW DOES MY COLON COMPARE TO A HEALTHY COLON



The mucosa in a healthy colon is quite smooth. In your colon, there would be visible ulceration, and pseudopolyps may be present. The tissue would be friable (easily broken), with scarring and redness. Only the inner lining is affected.

Ulcerative Colitis (UC)



WHAT PART OF THE GI TRACT DOES UC AFFECT



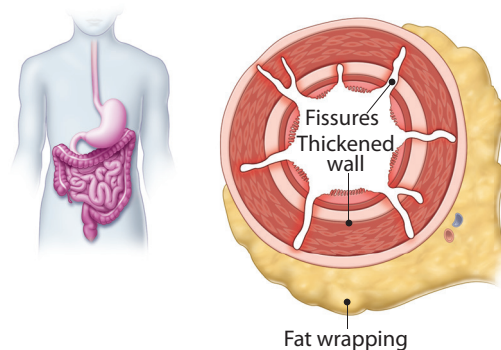
UC affects the rectum and/or the colon. Inflammation occurs in the inner layer of the bowel wall.

DISTINGUISHING UC FROM CROHN'S DISEASE



UC affects the rectum and/or the colon. In Crohn's disease, the digestive tract can be affected anywhere – from the mouth to the anus. Deeper lesions are seen in Crohn's than in UC, which affects only the inner layer of the bowel wall.

Crohn's Disease

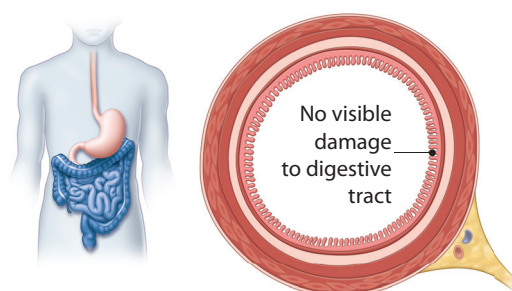


DISTINGUISHING UC FROM IBS



Ulcerative colitis is a form of inflammatory bowel disease, also known as IBD. IBD is not the same as IBS, which stands for irritable bowel syndrome. People with IBD have visible damage, including ulcers and inflammation, in their digestive tract (in the colon and/or rectum in UC). There is no damage in the digestive tracts of people with IBS, which is a more common but less serious condition than IBD.

Irritable Bowel Syndrome (IBS)



ABOUT UC



IS THERE A TREATMENT FOR UC



Therapy is best tailored to the extent of disease (i.e., proctitis, left-sided colitis, or pancolitis). Maintaining clinical remission is clearly the best way to maintain your quality of life and to avoid hospitalization and the need for surgery.

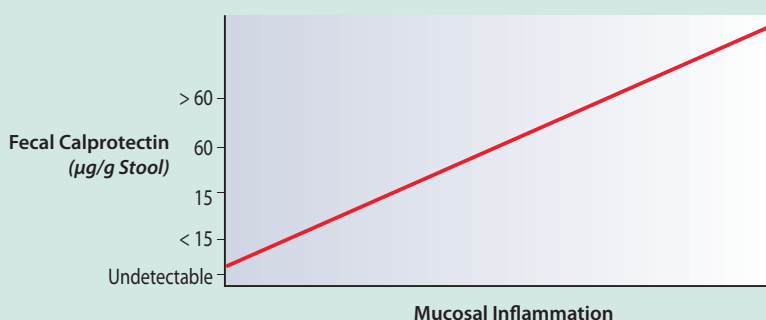
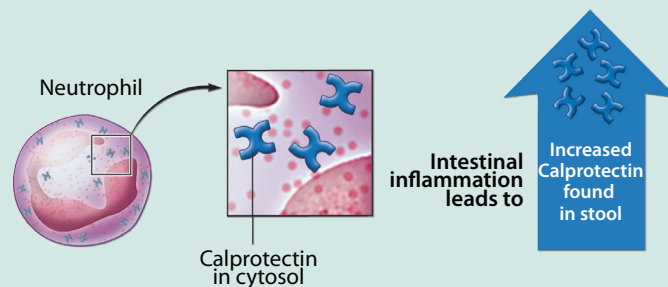
Speak with your health care provider about the best treatment for you.

ON THE HORIZON



Research

Patients who experience a symptomatic flare after having been in clinical remission often have increased mucosal inflammation that predates the flare – sometimes by several months. As a result, researchers are examining a number of non-invasive means of assessing mucosal inflammation. One of these involves the level of calprotectin, a protein, in stool. The level of fecal calprotectin correlates with the presence or absence of mucosal inflammation.



Researchers are hoping that the calprotectin level can be monitored and used to indicate when someone is at risk for a flare-up. Then effective interventions can be applied to prevent it.

ABOUT UC



Useful links

- **The Canadian Digestive Health Foundation** provides links to various news and research articles: <http://www.cdhf.ca/news-and-research/>
- **News Medical** links to a number of articles about UC news and research: <http://www.news-medical.net/?tag=/Ulcerative+Colitis>
- **Everyday Health** lists new options and scientific breakthroughs on its site: <http://www.everydayhealth.com/ulcerative-colitis/future-of-ulcerative-colitis-treatment.aspx>
- **Medscape** lists advances in clinical research: <http://www.medscape.org/gastroenterology>

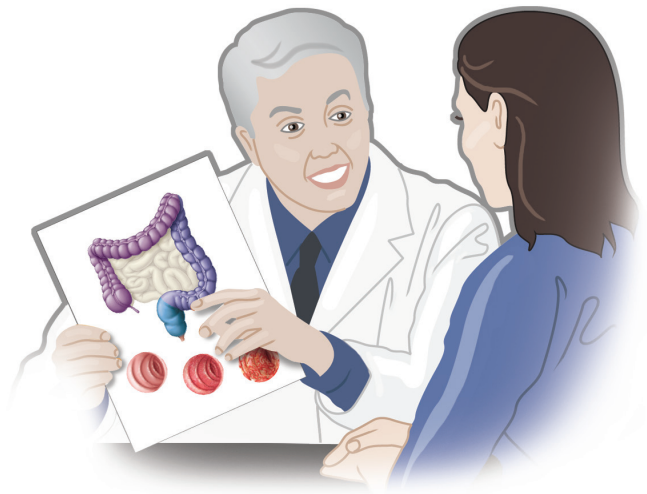
Clinical trials

- **CenterWatch** lists clinical trials for UC in countries around the world: <http://www.centerwatch.com/clinical-trials/listings/condition/152/ulcerative-colitis>
Click on the Canada link to check out the clinical trials near you.

LIVING WITH UC !

ARE THE SYMPTOMS PERMANENT ?

Although there are effective and safe medications for treating ulcerative colitis (UC), this disease cannot be cured. This means that your best chance of staying in remission is to continue on your prescribed medical therapy, even when you are feeling well.



COPING WITH UC ?

The mind and body are not separate entities. Rather, each affects the other and both influence your health.

Stress does not cause UC, but your state of mind does seem to have an effect on symptoms of UC.

Individuals with UC are more prone to experiencing depression than are people without UC.

If you're going to be travelling or heading somewhere unfamiliar, find out ahead of time where bathrooms will be along your route.



It's important to manage the stress in your life. These tips can help:

- Remember the big picture; don't let little things get you down.
- Stay physically active. Even during flare-ups, try to be as active as you can.
- Speak to your doctor about getting help with stress management.
- Join a UC support group. Talking with members of such a group can help you to get your frustrations off your chest, learn helpful tips from other members, and not feel alone. Knowing that others understand how you feel can go a long way to helping you cope.
- Try to maintain a sense of humour. Laughter makes you feel better physically; it causes your brain to release endorphins, which help you relax. And having fun can help you keep a healthy perspective on life.

LIVING WITH UC



DIETARY AND LIFESTYLE MODIFICATIONS



Diet

- ✓ Making changes to your diet can reduce UC symptoms. Keep track of the foods that aggravate your symptoms ("trigger foods") so that you can avoid them.
- ✓ Rather than eating large meals, stick to more frequent small meals.
- ✗ Stay away from spicy foods.
- ✓ Reduce your fat intake as fat can be difficult to digest.
- ✗ Don't drink pop, carbonated water, or sparkling wine ("champagne").
- ✗ Avoid high-fibre foods.
- ✓ Keep sugar and artificial sweeteners to a minimum.
- ✗ Don't drink too much during your meal. You're better off to drink plenty of fluids between meals.
- ✓ Malnutrition can result from avoiding eating and from a lack of absorption in the gut. Sometimes doctors recommend supplementing your diet with mineral, vitamin, and nutrient supplements.



Avoid high-fibre foods



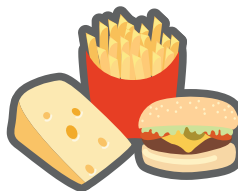
Use nutritional supplements if necessary



Avoid spicy foods



Avoid drinking too much during meals



Reduce fat intake



Avoid carbonated drinks



Use a minimum amount of sugar and sweeteners



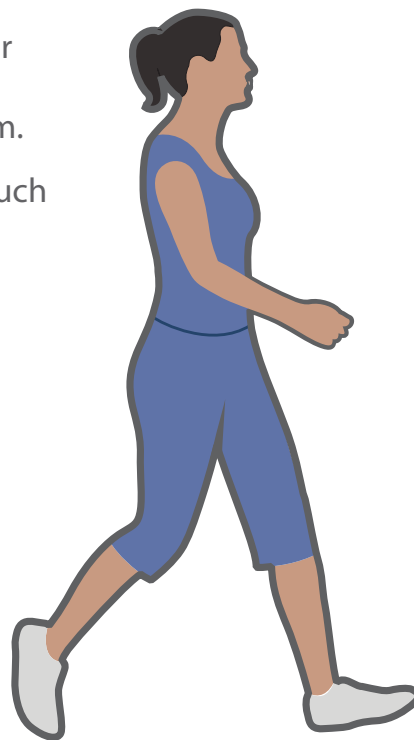
Eat frequent small meals rather than large meals

LIVING WITH UC



Physical activity

- Stay active. Getting involved in sports and other physical activities can help you stay healthy, improve your mood, and boost your self-esteem.
- During flare-ups, stick to less active pastimes, such as walking and yoga.



INTIMACY AND RELATIONSHIPS

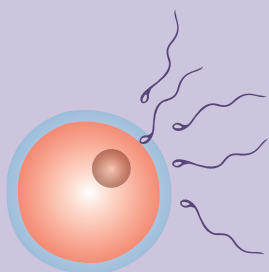


- We are social beings – people need and benefit from relationships with friends and family, from love, and from support.
- Sex is an important part of an intimate relationship, and it can have health benefits, such as relieving stress and reducing pain, and emotionally positive outcomes, such as improved self-esteem and even relief from depression.
- Taking steps to manage your diet and stick to your medication regimen can keep your UC in remission. This will improve your sexual desire.
- Your capacity for arousal and desire are not rooted in your physical self. Much more important are positive thoughts and emotions.

LIVING WITH UC



FERTILITY AND PREGNANCY



In most cases, male fertility is unaffected by UC, although medications such as sulfasalazine can have some impact on sperm counts.

Female fertility is generally not affected by UC.

In the event colectomy is required, it is generally accepted that ileoanal reconstructive surgery should be deferred until after attempts at conception because of a well-documented decrease in fertility related to surgery deep in the pelvis.

Best time to conceive

Women who have UC can absolutely get pregnant.

The best time to conceive is when you are in remission. This improves the odds of conception as well as reducing the chances of experiencing active disease during your pregnancy.

Pregnancy and your medication

If you are pregnant or in the process of family planning, please consult with your treating physician about some possible issues that can arise with the medication for UC during pregnancy.



WHEN TO SEE A DOCTOR



If you have UC and are experiencing any of the following, contact a doctor immediately:

- Fever of 38°C or higher
- Stool that is frequently bloody
- No stools and an inability to pass gas
- Light-headedness
- Severe abdominal pain
- Repeated vomiting
- Severe dehydration; symptoms include extreme thirst, lack of sweating, little or no urination, dry mucous membranes and skin, rapid heartbeat and breathing, sunken eyes, and no tears when crying
- Anal pain and swelling, or pus draining from the anus

FAQs



WHAT IS UC



Ulcerative colitis (UC) is a chronic relapsing and remitting inflammatory condition of the large intestine. (Inflammation is a localized protective reaction of tissue to irritation, injury, or infection. It is characterized by pain, redness, swelling, and sometimes loss of function.)

Ulcerative means a loss of the surface lining, and **colitis** means inflammation of that lining or mucosa. The inflammation is caused by an abnormal invasion of white blood cells into the mucosa. The exact cause of this attack is not known, but it is thought that a combination of genetic and environmental factors causes the immune system to react aggressively against the normal bacteria that inhabit the colon.

WHICH FOODS SHOULD I EAT OR AVOID



Making changes to your diet can reduce UC symptoms. Keep track of the foods that aggravate your symptoms ("trigger foods") so that you can avoid them.



Avoid high-fibre foods



Use nutritional supplements if necessary



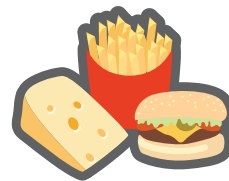
Avoid drinking too much during meals



Avoid spicy foods



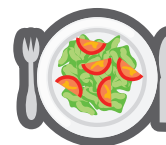
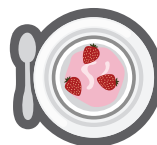
Use a minimum amount of sugar and sweeteners



Reduce fat intake



Avoid carbonated drinks



Eat frequent small meals rather than large meals

WHAT ARE MY TREATMENT OPTIONS



Maintaining clinical remission is clearly the best way to maintain your quality of life and to avoid hospitalization and the need for surgery.

Therapy is best tailored to the extent of disease (i.e., proctitis, left-sided colitis, or pancolitis).

Speak with your health care provider to learn more about your treatment options.

FAQs



ARE THE MEDICATIONS FOR UC SAFE

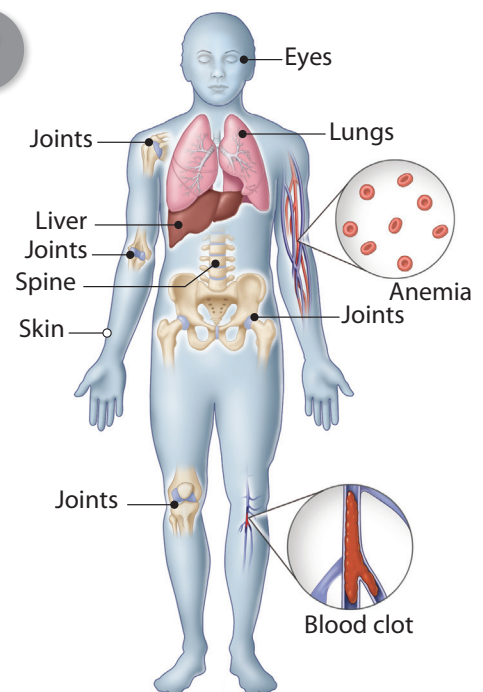


In general, UC can be managed well with medication and you can live a healthy, normal life. As with all medications, you should have a discussion with your health care provider about what the best treatment option is for you.

CAN UC AFFECT OTHER PARTS OF MY BODY



Although the colon is the primary site of inflammation, other parts of the body can be affected. Blood loss from the colon can lead to anemia, which often manifests initially as fatigue. Secondary inflammation in other parts of the body including the joints, eyes, skin, and even the liver can occur. This inflammation can also make the blood more likely to clot, making the patient more susceptible to serious clots affecting the legs and lungs. In most cases, control of the inflammation in the colon limits these manifestations, although some of these complications, particularly in the liver and spine, may run a course independent of the severity of the colitis.



HOW WILL HAVING UC AFFECT MY PLANS FOR A FAMILY



In most cases, male fertility is unaffected by UC, although medications such as sulfasalazine can have some impact on sperm counts. Female fertility is generally not affected by UC. For more information on fertility and UC, refer to "Living with UC."

WILL I NEED TO BE ADMITTED TO HOSPITAL



If your symptoms are severe enough (e.g., severe bleeding or dehydration resulting from diarrhea), you may need to be admitted to hospital for a period of time.

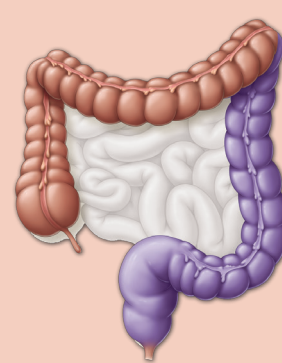
FAQs



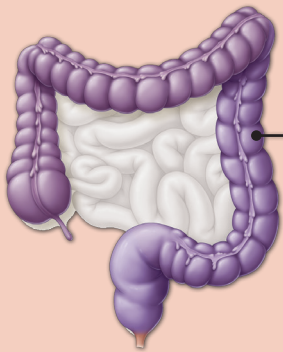
WILL HAVING UC LEAD TO COLON CANCER ?

Most studies do not suggest that patients with isolated ulcerative proctitis have an increased risk of colorectal cancer (CRC), but patients with proctitis should follow population-based CRC surveillance protocols.

Patients with isolated left-sided UC have a modestly increased risk of CRC that does not usually become significant until the second decade after the onset of symptoms. It is recommended that patients have surveillance colonoscopy at 3-year intervals starting 15 years after diagnosis.



Left-sided ulcerative colitis



Ulcerative colitis affecting majority of colon

Patients with UC affecting the majority of their colon have an increased lifetime risk of CRC that may be as high as 10–20%. The increase in risk appears to occur late in the first decade after the onset of symptoms. It is recommended that patients with pancolitis undergo initial surveillance colonoscopy 8 years after diagnosis, with a 3-year surveillance interval that may decrease over subsequent decades.

HOW CAN I HELP MY CHILD COPE WITH UC ?



The Crohn's and Colitis Foundation of Canada (CCFC) provides some excellent tips on how to understand your child's illness and help your child cope: <http://bit.ly/14c5Y4N>

CCFC also provides a pamphlet, **"Smoothing the Way,"** available for downloading at: <http://bit.ly/10068qb> It addresses topics such as medications, diet and nutrition, helping your child cope, the emotional impact on the family, and dealing with school.

WILL I NEED SURGERY ?



Surgical colectomy offers potential control of the disease without need for medication but carries the risk of surgical complications.

It has been estimated that approximately 25% of patients require surgery within 10 years of diagnosis with UC.

Drug Therapy and Ulcerative Colitis Relapse Prevention

The more confident patients are that they can stay on therapy long-term and minimize the risk of relapse, the better their perceptions will be about how easy it is to use



The more confidence patients have in their ability to stick with drug therapy and succeed long-term, the more accepting and enthusiastic they will be about their treatment choice

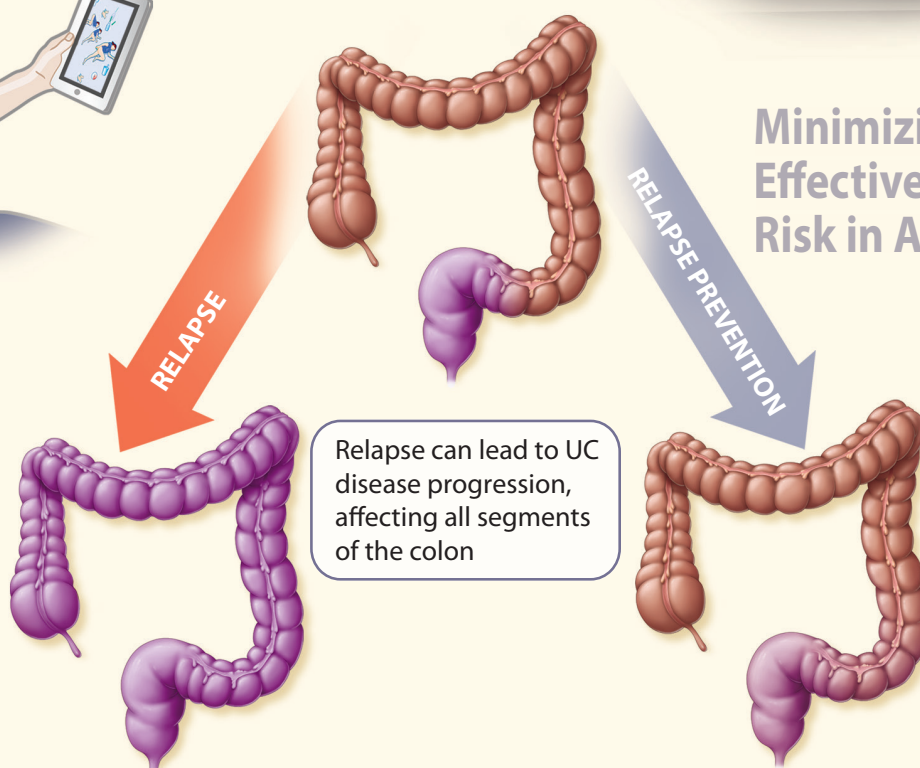
Patient Acceptance



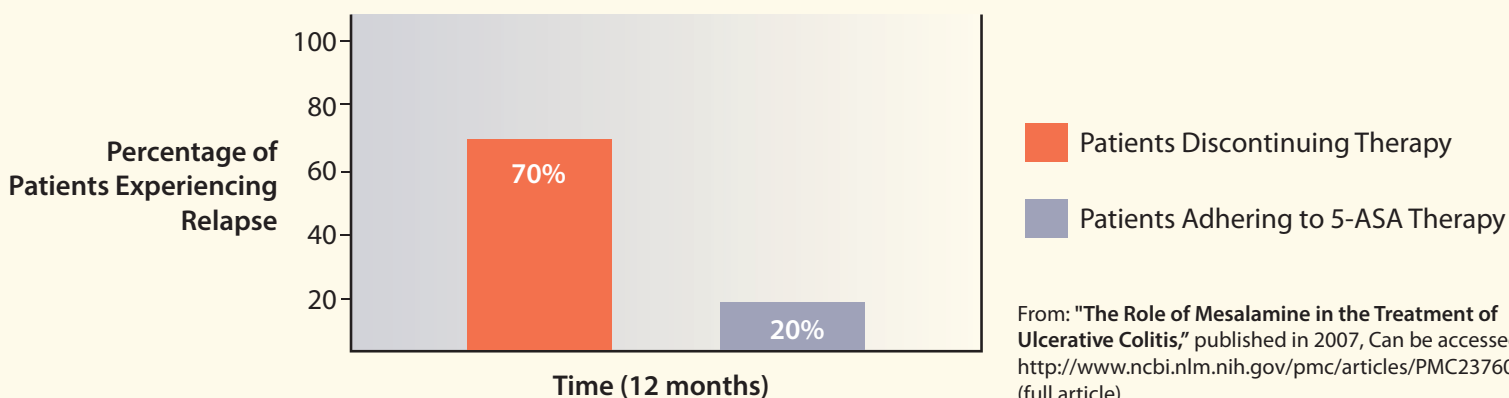
Easy to Use



Minimizing Relapse Effectively Reduces Risk in All Forms of UC



Three-Fold Increase In The Rate of Relapse Amongst Non-Adherent Patients



From: "The Role of Mesalamine in the Treatment of Ulcerative Colitis," published in 2007, Can be accessed at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2376091/> (full article)

Technique for Self Administration of Rectal Enema

