

# 20 Questions

about Ulcerative Colitis



COMPLETE  
CARE

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### **What is ulcerative colitis?**

### **What are the symptoms of ulcerative colitis?**

Ulcerative colitis is a chronic disease that so far has no permanent cure, but it is treatable. Part of making the most of this treatment is understanding the disease itself and that is why this booklet has been prepared - to help you know how you may feel, what kinds of therapy are available and to put you in touch with organisations that help people with ulcerative colitis. Whether you have just been diagnosed or have lived with the disease for years, the answers in this booklet are intended to help you.

Ulcerative colitis is an illness of the lining of the large bowel (or colon) and back passage (rectum). This lining becomes inflamed and ulcerated and is in some ways like eczema of the skin - red and swollen with the surface broken and weeping. The inflammation may be limited to the rectum (proctitis) or involve more of the large bowel (colitis).

You are likely to have frequent diarrhoea with loose bowel motions which are often mixed with blood and perhaps some mucus. Some people may also have abdominal pain and a high temperature. Sometimes, other symptoms occur

### Why do I have ulcerative colitis?



and these may include reddening of the eyes, joint pain, skin lesions, growth impairment in children, loss of appetite, irritability and depression.

No one knows why particular people develop ulcerative colitis, but research has identified some tendencies of the disease:

- \* It affects both men and women and can occur at any age, but often begins in the teenage years
- \* It occurs most frequently amongst Western European and North American people
- \* There is a small increased risk that close relatives of patients may suffer from the illness more commonly than the rest of the population
- \* Stressful, emotional events are occasionally linked with the onset of the disease or recurrence of symptoms
- \* Allergy may play a part and there is often a background of asthma or eczema

### What sort of tests may I need?



### Can my ulcerative colitis be healed?

To make a diagnosis of ulcerative colitis, it is essential to examine the back passage and colon with a lighted tube. It may be a short metal tube (sigmoidoscope) or a longer soft tube (flexible sigmoidoscope or colonoscope) which allows direct examination of the lining of the bowel. The procedure may be carried out under sedation.

Often a tiny portion of tissue (biopsy) is taken from the lining of the bowel for laboratory examination.

The bowel can also be examined by X-ray after insertion of barium and air into the back passage. This examination also shows details of the extent and severity of the inflammation.

Your doctor may wish to do other tests on the basis of the findings of these initial examinations.

Ulcerative colitis tends to come and go, so that patients have periods when they are well for a time and then have a recurrence of symptoms. The potential for recurrence is likely to remain throughout life and the purpose of treatment is to reduce the risk of recurrent illness and to stop acute episodes when they occur.



**What medical treatment is available?**



Research into the roles of diet, environment, infection and the body's own immune system may one day lead to a cure.

Most patients with ulcerative colitis can be treated with medicines rather than surgery. *Mesalazine* and *sulphasalazine* are standard maintenance therapies for ulcerative colitis. They are available as tablets, enemas or suppositories. For patients unable to tolerate sulphasalazine, mesalazine may be an effective treatment since it is associated with a reduced number of side effects.

*Steroids* such as prednisolone are often prescribed for moderate to severe attacks of disease. Their side effects may include increased appetite, moodiness and puffiness of the face. Once the disease is controlled however, the dose is reduced and then stopped.

*Always feel free to ask your doctor about your symptoms and treatment. Make sure you understand how to take the medicines and what results to expect from them.*

### Can surgery help me?



### Do I need a special diet?



ULCERATIVE COLITIS

In severe cases, with persistent symptoms, or where the colon becomes very dilated and thin, it may be necessary to perform surgery and remove the colon. The remaining bowel can then be either joined to the back passage (an *ileo-rectal* or *ileo-anal anastomosis*) or can be opened on to the stomach wall as an *ileostomy*.

If the bowel opens on to the abdominal wall it will be necessary to wear an appliance (ileostomy bag) over the opening.

The large majority of patients will not require surgery of any kind.

Most patients with ulcerative colitis can eat a full normal diet. However, some foods may make diarrhoea worse and are best avoided. In those cases where milk seems to make the illness worse, this may be excluded from the diet as well. There is no need to avoid a high-fibre diet, which may be helpful for those patients who become constipated at times.

**Are there any alternative therapies?**

Most alternative approaches use dietary modification such as the exclusion of milk products. Rigorous research into their value has not yet been undertaken.

**Am I likely to develop any other problems?**

People with ulcerative colitis are more likely to have arthritis and backache, but these can usually be treated with simple pain killers. Some people develop inflammation of the skin, either as tender red lumps below the knee (*erythema nodosum*) or, more rarely, ulcers (*pyoderma*). These skin problems as well as itchy, inflamed eyes, tend to occur when diarrhoea is severe.

**What about cancer?**

Some years ago, there was concern that those patients with ulcerative colitis affecting the whole of the bowel were at risk of developing cancer of the colon. This risk does exist, but it is not as great as was first thought, because most patients receive continuous supervision and treatment and this may have reduced the risk.

Regular follow-up at a hospital clinic with simple tests means that the signs can be detected early and treated before serious complications arise.



### Are my children at risk?

There is evidence that ulcerative colitis occurs more commonly in close relatives of patients than amongst unrelated people. However, this risk is not significant enough to suggest that the disease is passed on from parents to children, and in no way should deter people with ulcerative colitis from having children.

### What about pregnancy?



The tablets used to control ulcerative colitis have a very good safety record in pregnancy. Women with ulcerative colitis usually have an uncomplicated pregnancy and are encouraged to continue with their treatment throughout the pregnancy. However, some doctors prefer to stop medication and so avoid any possible risk to the baby. This must be weighed against the increased risk of symptoms relapsing when treatment is withdrawn.

Men who take sulphasalazine may find that their fertility is reduced. It will quickly return, however, when the medication is stopped. If you find that you have problems in conceiving children, discuss this with your doctor.



**Is colitis due to stress?**

There is little evidence that ulcerative colitis is caused by stress but, as with many illnesses, stress can precipitate attacks or make symptoms worse.

**Can my friends and relatives catch my diarrhoea?**

There is no evidence that ulcerative colitis can be passed on to others.

**Does ulcerative colitis affect my eligibility for life insurance?**

It may do so. Many companies put an extra weighting on their premiums and if you have ulcerative colitis or proctitis it is worth shopping around.

**Am I eligible for additional help from the government?**

Yes. You may be eligible for financial help with special diets. 'Season tickets' for the purchase of medications may be worth considering.

**Do many other people have this illness?**

Perhaps as many as 80,000 to 100,000 people in Britain have ulcerative colitis.

**Can I travel abroad and receive treatment?**

You should be able to enjoy foreign travel, but it is worth checking with your own doctor about where to obtain treatment in other countries. You should also ensure that you have adequate medical insurance.

Great care should be taken in the use of antidiarrhoeal or constipating agents. They should only be used on your doctor's advice.

**Are there any  
organisations that  
can help?**



Yes. There are several organisations which are concerned with people who have ulcerative colitis.

**National Association for Colitis and Crohn's Disease (NACC)**

98A London Road  
St Albans  
Hertfordshire AL1 1NX  
*Answerphone: 01727 844296*

**Ileostomy Association of Great Britain and Ireland**

PO Box 23  
Mansfield  
Nottinghamshire NG18 4TT  
*Telephone: 01623 28099*

**The British Digestive Foundation**

PO Box 251

Edgware

Middlesex HA8 6HG

for leaflets on Crohn's Disease and Colitis

(please send a stamped addressed envelope)



## Glossary

<b>ANUS</b>	The back passage
<b>BIOPSY</b>	Removal of tissue for microscopic evaluation
<b>COLON</b>	The large bowel, the portion between the small intestine and the anus
<b>COLITIS</b>	Inflammation of part or all of the large bowel
<b>ERYTHEMA NODOSUM</b>	Formation of tender red lumps on the front of the legs below the knee
<b>ILEO-RECTAL ANASTOMOSIS</b>	Removal of part of the colon and attachment of the cut end to the rectum
<b>ILEO-ANAL ANASTOMOSIS</b>	Removal of part of the colon and attachment of the cut end to the anus
<b>ILEUM</b>	The very end of the small intestine
<b>PROCTITIS</b>	Inflammation of the rectum
<b>PYODERMA</b>	Formation of ulcers on the skin
<b>RECTUM</b>	The last part of the large bowel, immediately above the anus
<b>SIGMOIDOSCOPE</b>	A tube used to examine the rectum and colon

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**Twenty Questions about Crohn's Disease**

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