

About the Association

NACC was founded as a national association in 1979 and now has 29,000 members and 70 Groups throughout the United Kingdom. We welcome as members anyone who has Ulcerative Colitis (UC) or Crohn's Disease, their families and friends, health professionals and anyone who is sympathetic to the aims of the Association.

New Members receive booklets on UC or Crohn's, the Role of Diet and Drugs used in IBD plus a national newsletter every three months. Various information sheets are available on request or can be viewed on the NACC website www.nacc.org.uk

NACC provides a combined **Membership and 'Can't Wait' Card** which is renewed annually. The card carries the message: Please help, due to an illness, which is not infectious, our member needs toilet facilities urgently!

A number of high street shops have agreed that NACC members may ask to use staff toilet facilities if public ones are not available. Our **NACC Area Groups** are run by local volunteers and offer educational or support meetings, news of local publicity and fundraising activities and a local point of contact.

The **Smile's People Network** provides support for families where a young child has Crohn's or UC.

Other services include **NACC-in-Contact**, a national network of volunteers offering confidential, supportive listening over the telephone, and a **Welfare Fund** which can make grants available to those in need due to their IBD. Information is available on disability benefits. NACC members have also contributed over £2.5 million to fund research projects at hospitals all around the country. Our **Research Fund** makes awards to new projects every year.

Membership Subscription

New members are asked to pay £12 for their first year to help cover the cost of the booklets provided. The renewal subscription is currently £8 per year. New members who are on low incomes due to their health or employment circumstances may join at the lower rate of £8. Additional donations to help the work of the Association are always welcomed.

NACC relies on its members helping the Association in a voluntary capacity. Please give details if you have any items or help that you can offer to NACC, nationally or to your local NACC Group.

Understanding Colitis and Crohn's Disease

Understanding Ulcerative Colitis and Crohn's Disease...

If you have recently been diagnosed as having Ulcerative Colitis (UC) or Crohn's Disease, your first reaction may have been a sense of relief that at last you have a diagnosis that explains why you have been feeling so tired and unwell. There may now be many questions running through your mind about living with an illness which could affect you for the rest of your life. We hope this leaflet will help you to understand more about your condition, how you can help yourself and the sort of treatment you might expect to be prescribed by your doctor.

What exactly are Ulcerative Colitis and Crohn's Disease?

Both conditions come under the heading of Inflammatory Bowel Disease (IBD), because in both, the intestines become swollen, inflamed and ulcerated. Symptoms can include pain in the stomach, weight loss, diarrhoea (sometimes with blood or mucus) and tiredness. Some people may also experience swollen joints, mouth ulcers, inflamed eyes or rashes on their body. The symptoms will vary in severity from person to person and may flare up or improve at different times. Many patients will experience some periods of remission, when they are free from symptoms.

There are differences between Ulcerative Colitis and Crohn's Disease, which will affect the type of treatment you are offered.

	ULCERATIVE COLITIS	CROHN'S DISEASE
Area Affected	Large bowel only	Any part of the digestive system from the mouth to the back passage
Inflammation	Only the inner lining of the bowel is inflamed	All layers of the lining of the bowel may be inflamed

Ulcerative Colitis sometimes affects only the rectum; it is then known as proctitis

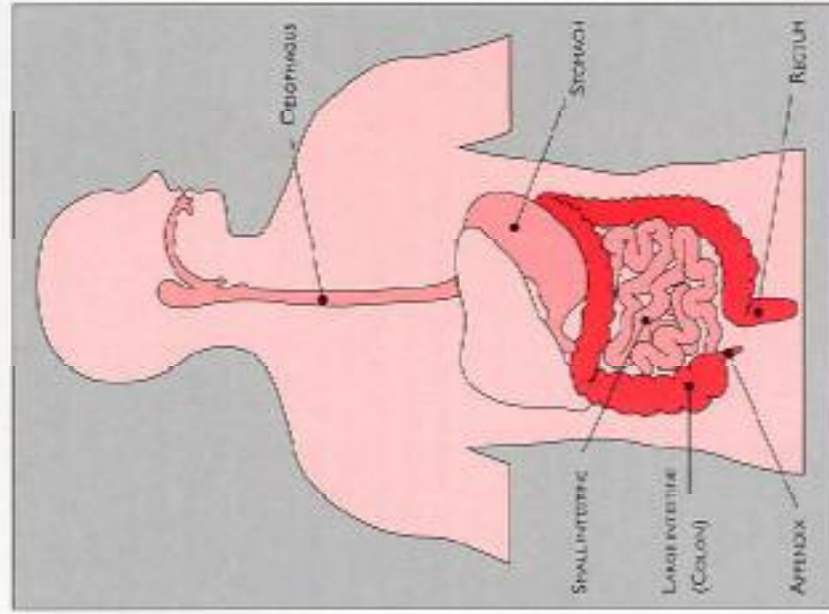
Sometimes people get confused between Inflammatory Bowel Disease (IBD) and Irritable Bowel Syndrome (IBS). The two conditions are quite different and so is the treatment.

What tests are used to confirm the diagnosis of Ulcerative Colitis or Crohn's?

There are no blood tests which will by themselves confirm the presence of Ulcerative Colitis or Crohn's Disease, but blood tests are used to look for anaemia, vitamin and mineral deficiencies, and to measure the severity of inflammation.

You will usually have x-ray examinations to help confirm the diagnosis by showing which part of your bowel is affected and how active the disease is. The doctor may also decide to examine your back passage using either a *sigmoidoscope*, which is a rigid or flexible illuminated tube that makes it possible to see into the rectum and the lower end of the large bowel, or a *colonoscope*, a longer flexible tube.

It can often take time to confirm the diagnosis of Ulcerative Colitis or Crohn's Disease as it is necessary to exclude other diseases such as specific bowel infections first.



What causes Ulcerative Colitis and Crohn's Disease?

Although there has been much research, so far the causes are not known. There have been many suggestions such as viruses, bacteria, diet, stress and smoking, but there is no definite evidence that any one of these is the cause of Inflammatory Bowel Disease.

Who is affected by these illnesses?

About 150,000 people in the UK suffer from Ulcerative Colitis or Crohn's Disease. The illnesses can occur at any age, but most frequently start between the ages of 15 and 40 years. There are more than 8,000 new cases every year and research has shown that the number of people with Crohn's disease has been rising, particularly among young people. Both conditions are found worldwide, but are more common in the Western World.

How is Ulcerative Colitis treated?

Treatment of Ulcerative Colitis depends on the extent and severity of the condition. A mild attack may be treated with steroids directly into the back passage, (by enema or suppositories). This treatment may be supplemented with steroids given orally to help reduce inflammation in the bowel. A drug called sulphasalazine is frequently prescribed to reduce the chance of a relapse and may also help to treat a mild flare-up of Ulcerative Colitis. The active ingredient of sulphasalazine has now been formulated as mesalazine and olsalazine and these drugs are increasingly being used instead of sulphasalazine. Occasionally, painful constipation may be a problem and laxatives may be prescribed to give relief.

For severe attacks, treatment in hospital is sometimes necessary. Steroids may then be given direct into a vein, along with fluids if you have become dehydrated. If drug therapy does not work effectively and if the Ulcerative Colitis is very severe, surgery to remove part or the whole of the large bowel may eventually be suggested. There will usually be time for this to be discussed fully between the patient, their family and the doctor involved, and there may also be an opportunity to talk to a stoma-care nurse or a patient who has already undergone surgery.

Such an operation can eliminate the possibility of further symptoms, and some people find they can cope better with the alternatives of a 'stoma' (ileostomy) or a 'pouch' than the symptoms of Ulcerative Colitis they were previously experiencing. (More information about this is included in the NACC member booklet on Ulcerative Colitis.)

How is Crohn's Disease treated?

Treatment for Crohn's Disease depends on which part and how much of the gut is affected. Some people will only require treatment to control the symptoms of diarrhoea and may be prescribed tablets such as codeine phosphate.

Active inflammation is best treated with steroid drugs which reduce the swelling and the pain of inflammation. For some patients a steroid called budesonide may be suitable and may offer fewer side-effects than prednisolone. Mild inflammation may be treated with mesalazine or sulphasalazine.

Sometimes Crohn's Disease can cause blockages in the intestine and, if medical treatment is not working, surgery may be considered. There are two options: if sections of the intestine are severely inflamed, these can be removed and the healthy tissues joined together. This type of operation is called a resection. Other people may have areas of narrowing in the small intestine which can be surgically widened or stretched to relieve the obstruction.

There are a few people who may have severe Crohn's Disease in their colon (large bowel) and whose symptoms do not respond to drug treatment. Surgery to remove the large bowel may eventually be suggested as a way to eliminate such symptoms. (More information about this is available in the NACC member booklet on Crohn's Disease.)

How important is my diet?

Eating a healthy balanced diet is as important for a person who has Ulcerative Colitis or Crohn's Disease as it is for anyone else. During a severe attack, it is particularly important to eat well to replace lost nutrients. If you find that you can eat a normal mixed diet without any ill effects, then continue to do so.

You may find that some foods seem to make your diarrhoea worse, such as fruits, nuts, spicy or fatty foods. If these seem to affect you, it is worth reducing the amount you eat or avoiding them altogether.

There are some dietary differences between the management of Ulcerative Colitis and Crohn's Disease. In Crohn's sensitivity to certain foods may be an aggravating factor and some patients may be advised by their doctor to go on an exclusion diet for a while to see if there are any particular foods which worsen the condition.

Resting the colon does not help in Ulcerative Colitis, but it may help in Crohn's Disease. Special elemental liquid feeds are taken, which are so well absorbed that little residue

reaches the colon. This has the effect of resting the bowel and may help to reduce inflammation.

A few people with Crohn's Disease are liable to develop specific dietary deficiencies due to difficulty in absorbing particular nutrients. Once these deficiencies have been identified, they can be corrected through taking the right dietary supplements. In Ulcerative Colitis, blood loss can lead to anaemia (a reduction in oxygen-carrying haemoglobin in the red blood cells), which may be treated by an iron supplement if needed.

At present, there is no evidence to suggest that extra vitamins or special food supplements are needed by most people who have Ulcerative Colitis or Crohn's Disease.

Further information?

Having read this leaflet, you may wish to find out more about living with Ulcerative Colitis or Crohn's Disease. NACC has booklets on both conditions, on the role of diet and the drugs used. You can obtain these by joining NACC using the attached form.

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