

ULCERATIVE COLITIS

What is Ulcerative Colitis?

Ulcerative Colitis is an inflammation of the lining of the large bowel (colon and rectum). Ulcers may form where inflammation has killed the cells that usually line the colon. Ulcerative Colitis can happen at any age, but it usually starts between the ages of 15 and 30. It tends to run in families.

What causes it?

It is not known what causes Ulcerative Colitis. The three leading factors suspected of contributing to Ulcerative Colitis are:

- Environmental
- Genetic
- An inappropriate reaction by the body's immune system

You may inherit one or more genes that make you susceptible to Ulcerative Colitis. Something in the environment may trigger an abnormal immune response. Whatever the trigger is, it prompts your immune system to "turn on" and launch an attack in the large intestine. That's when the inflammation begins. Unfortunately, the immune system doesn't "turn off," so the inflammation continues, damaging the lining of the colon and causing the symptoms of Ulcerative Colitis.

What are the symptoms?

The disease can give trouble on and off throughout life. Most of the time patients feel well with no symptoms, this means the disease is inactive (in remission). The disease flares up from time to time and becomes active (relapse).

The most common symptoms of Ulcerative Colitis are:

- Abdominal pain
- Passing of mucus and blood from rectum
- Diarrhoea
- Weight loss
- Fever
- Anaemia
- Delayed development or growth in children with Ulcerative Colitis

How is it diagnosed?

- The doctor will diagnose Ulcerative Colitis through a physical examination and based on symptoms of the disease
- Full blood count: white blood cell count to check for inflammation, persistent bleeding may result in anaemia
- Stool sample: to tell if there is bleeding or infection in the intestines
- Colonoscopy: through a visual examination of the colon the doctor will be able to examine the lining of the lower part of the intestine. He will be able to see if there is any bleeding or inflammation
- Sigmoidoscopy: Examines the rectum and lower third of the colon
- A small tissue sample from the lining of the bowel may be taken and laboratory tests may be performed on the sample

How can Ulcerative Colitis affect my health?

As the intestinal lining becomes more inflamed and ulcerated, it loses its ability to absorb water from the waste material that passes through the colon. This leads to diarrhoea. The damaged intestinal lining may begin producing a lot of mucus in the stool.

Ulceration in the lining can also cause bleeding, causing the stool to become bloody in substance. The blood loss may lead to a low red blood cell count, also called anaemia. Most people with Ulcerative Colitis also experience crampy abdominal pain. Together, these may result in loss of appetite and subsequent weight loss. These symptoms, along with anaemia, can lead to fatigue.

Children with Ulcerative Colitis may fail to develop or grow properly.

The symptoms of Ulcerative Colitis tend to come and go.

As the intestinal lining becomes more inflamed and ulcerated, it loses its ability to absorb water from the waste material that passes through the colon. This leads to diarrhoea. The damaged intestinal lining may begin producing a lot of mucus in the stool. Ulceration in the lining can also cause bleeding, causing the stool to become bloody in substance. Eventually, that blood loss may lead to a low red blood cell count, also called anaemia. Most people with Ulcerative Colitis also experience crampy abdominal pain. Together, these may result in loss of appetite and subsequent weight loss. These symptoms, along with anaemia, can lead to fatigue. Children with ulcerative colitis may fail to develop or grow properly.

Some people also may experience a variety of symptoms in other parts of the body associated with Ulcerative Colitis. Other signs and symptoms of the disease elsewhere in the body are:

- eyes (redness, pain, and itchiness)
- mouth (sores)
- joints (swelling and pain)
- skin (tender bumps, painful ulcers, and other sores/rashes)
- bones (osteoporosis)
- kidney (stones)
- Liver (primary sclerosing cholangitis, hepatitis and cirrhosis)—a rare development

Treatment

Treatment for Ulcerative Colitis (UC) depends on the severity of the disease and its complications. Some people may have long periods of remission when they are free of disease. The disease may recur at various times and these recurrences or flare ups need to be managed.

Ulcerative colitis can be cured by surgical removal of the large bowel. However, for most patients the disease can be controlled by medicines.

There are very effective treatments that may control your UC and even place it into remission. These medicines work by decreasing the abnormal inflammation in the lining of the colon. This permits the colon to heal. They also relieve the symptoms of diarrhoea, rectal bleeding and abdominal pain.

- Aminosalicylates: These include drugs that contain 5-aminosalicylic acid (5-ASA). Examples are sulfasalazine, mesalamine, and olsalazine. Prevent inflammation and help to keep the condition in remission.
- Corticosteroids: are very effective help to reduce inflammation and keep the immune system in check e.g. Prednisolone

- Immuno-suppressants: these medicines help to suppress the immune system that contributes to inflammation. Azathioprine
- Antibiotics: Metronidazole and Ciprofloxacin used for the treatment of infections of Ulcerative Colitis
- Anti-diarrhoeals and fluid replacement: diarrhoea and crampy abdominal pain are often relieved by loperamide and codeine. Replacement fluids and electrolytes may need to be provided as well
- Biologic therapies: Biologic therapies, also known as anti-TNF agents, used for people with severe ulcerative colitis who have not responded well to conventional therapy. TNF (tumour necrosis factor) is a chemical produced by our bodies to cause inflammation. Antibodies are proteins produced to attach to these chemicals and allow the body to destroy the chemical and reduce the inflammation. An example is Infliximab

Your role in managing this condition

Ulcerative Colitis may flare up for no apparent reason. Some possible triggers for recurrence of symptoms have been identified. These include:

- Stress: Learn to use and implement stress management techniques
- Lapses in taking medication/incorrect dosing of medication: make sure you take your medication regularly as prescribed by your doctor
- Recent use of certain medicines i.e. non-steroidal anti-inflammatory drugs (NSAIDs) or antibiotics: some medicines such as Aspirin and Naproxen, Diclofenac etc may cause your condition to flare up as they may cause inflammation of the lining of the colon. Antibiotics may alter the normal bacteria balance in your intestine and that may lead to diarrhoea or excessive growth of specific bacteria that can cause inflammation
- There may be times when modifying your diet can be helpful, particularly during a flare-up. Some diets may be recommended at different times by your doctor, including:
 - Low-salt diet- Used during corticosteroid therapy to reduce water retention.
 - Low-fibre diet- Used to avoid stimulating bowel movements in ulcerative colitis. Restrict your intake of certain high-fibre foods such as nuts, seeds, corn, and popcorn because they are not completely digested by the small intestine, these foods may cause diarrhoea.
 - Low-fat diet- Recommended during a flare when fat absorption may become an issue. Reduce the amount of greasy or fried foods as they may cause diarrhoea and gas.
 - High-calorie diet- For those who experience weight loss or growth delay.
 - Lactose-free diet- Limit consumption of dairy products for those who intolerant to dairy products.
 - If certain foods are causing digestive problems, then try to avoid them. Although no specific foods worsen the underlying inflammation of ulcerative colitis, certain ones may tend to aggravate the symptoms.
 - Eat smaller meals at more frequent intervals.
 - Avoid carbonated beverages if excessive gas is a problem.
 - Restrict caffeine when severe diarrhoea occurs, as caffeine can act as a laxative.
 - Bland, soft foods may be easier to tolerate than spicy foods.
- Smoking: smoking can also trigger flare-ups.
- Communication: visit your doctor regularly in order to monitor your general health and well-being. Discuss any concerns regarding your condition and effects of treatment with your doctor.
- Understand your condition and know how to manage the flare ups.

Disclaimer

The reader should always consult a doctor if they believe they may be suffering from this medical condition. The information contained herein is intended to assist understanding and should not take the place of your doctor's advice or instructions. Whilst every effort has been made to ensure the accuracy of the information contained herein, Universal Care does not accept responsibility for any errors or omissions or their consequences, and shall not be liable for any damages suffered arising out of the use of this information.

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