

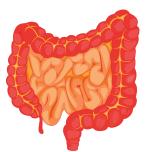
Crohn's Disease and Ulcerative Colitis

Crohn's disease (CD) and ulcerative colitis (UC) are both inflammatory bowel diseases (IBDs). It is important to understand that they are not the same, even though the symptoms are similar. Both conditions affect the gastrointestinal (GI) tract, but each affects a different section..

What is the difference between Crohn's disease and ulcerative colitis?

The difference between CD and UC is the area affected in the GI tract. Most commonly, CD affects the end of the small bowel and the beginning of the colon, but it may affect any part of the GI tract (mouth to anus). UC only affects the colon, sometimes called the "large intestine."

Crohn's disease



Ulcerative colitis



Treatments

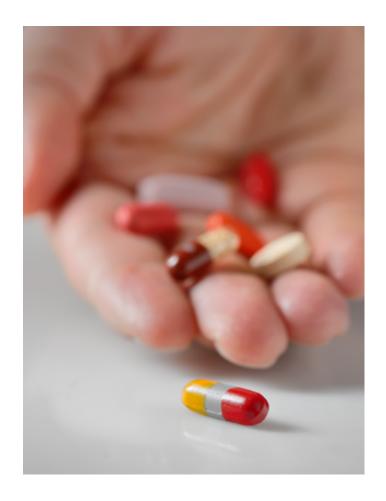
The most common treatments for these conditions are medication, diet changes, and sometimes surgery. There is no cure for either condition, and because everyone is different, different treatments may work better for some people than others.

Medication treatments

The signs and symptoms of CD and UC are caused by inflammation. The treatment goal is to reduce inflammation and ease symptoms. Without inflammation, the tissue can heal. Taking your medication exactly how and when your doctor prescribes may lead to symptom relief and long-term remission.²

Anti-inflammatory medications

- Oral 5-aminosalicylates (5-ASA): These medications were commonly used in the past but are now thought to provide limited benefit. Anti-inflammatories such as sulfasalazine, mesalamine, Asacol®, Colazal®, Dipentum®, Pentasa®, Canasa®, and Rowasa® were formerly used to treat mild to moderate symptoms. They may have been helpful if the condition affected the colon, but not the small intestine. They have been known to cause side effects such as nausea, diarrhea, vomiting, heartburn, and headache.
- Corticosteroids: Prednisone and methylprednisolone can be taken by mouth or by rectum to suppress the body's immune system in patients with moderate to severe CD or UC. These drugs have substantial shortand long-term side effects and are not for long-term use. Some of these side effects include a puffy face, excessive facial hair, night sweats, insomnia, and hyperactivity. Other more serious side effects are high blood pressure, diabetes, osteoporosis, bone fractures, cataracts, glaucoma, and an increased chance of infection. Corticosteroids do not work for everyone with CD. Generally, doctors only prescribe them if other treatments don't work or during a flare.



Immune system suppressors

- Azathioprine (Imuran®) and mercaptopurine (Purinethol®): These are the most common immunosuppressants prescribed for an IBD. While you are taking these, your doctor will monitor your blood tests closely to look for certain side effects such as a lowered resistance to infection. Some common side effects are nausea and vomiting, inflammation of the liver or pancreas, and bone marrow suppression. If these medications are taken over long periods of time, there is a rare risk of certain infections and cancers, including lymphoma and skin cancer.
- Antibiotics: People with CD and UC may have fistulas, which become infected and form abscesses. Antibiotics are used to treat the infection and help healing.
 Frequently used antibiotics are metronidazole (Flagyl[®]) and ciprofloxacin (Cipro[®]).

² Crohn's Disease: Diagnosis and Treatment. Mayo Clinic. www.mayoclinic. org/diseases-conditions/crohns-disease/diagnosis-treatment/drc-20353309.

- Biologic therapies: These drugs are used for moderate to severe disease in patients who have not had success with conventional therapy. These drugs are injected or infused and contain antibodies that block the immune system's production of the chemicals that intensify inflammation. Vedolizumab (Entyvio®), natalizumab (Tysabri®), adalimumab (Humira®), risankizumab (Skyrizi®), certolizumab (Cimzia®), ustekinumab (Stelara®), and infliximab (Remicade®) are commonly used to treat patients with moderate to severe disease who have not responded well to or are unable to tolerate conventional and other biologic therapies.
- If you have a record of your shots or immunizations, bring it with you to your doctor visit. Your doctor may require you to be up to date on your immunizations before you start some biologic therapies.³

Adherence

Education is a key to reaching your best health. Learn as much as you can about your condition. Being well-informed will make it easier to take an active role in your health. Follow your treatment plan, which includes taking your medication exactly how and when your doctor prescribed it. This will help prevent symptoms and avoid the progression of the disease.

Nutritional education

There is no one diet that will work for everyone with Crohn's disease and ulcerative colitis, but either condition can challenge your body's nutrition level. The Academy of Nutrition and Dietetics makes the following recommendations.

Inflammatory bowel disease (IBD) food lists

- A healthy diet is important for all individuals, but even more for you.
- You may not be able to digest and absorb all the food you eat.
- You may need more of some vitamins and minerals.
- Some medicines you take may affect your ability to eat or your nutrient needs.

Foods recommended (fiber-restricted)

Food group/notes **Recommended foods** Milk and milk products Buttermilk* Evaporated, fat-free (skim), and low-fat milk* • Choose lactose-free products if you have lactose intolerance. Symptoms of lactose Nondairy, lactose-free calcium sources, such as intolerance occur after drinking regular milk almond milk, rice milk, or soy milk or eating foods made from milk. These foods Smooth nonfat or low-fat yogurt* include milk solids, whey, cream, butter, and products with "may contain milk" on the Low-fat cheeses (aged cheeses such as cheddar, label. Symptoms include diarrhea, nausea, Swiss, or parmesan may do better) stomach pain, and bloating. Cottage cheese* · Choose yogurt with live active cultures. Look Low-fat ice cream* for labels that say this. Sherbet



^{*} Foods with an asterisk have lactose.

³Crohn's Disease. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/crohns-disease/diagnosis-treatment/drc-20353309.

Food group/notes	Recommended foods
 Meat and other protein foods Protein foods will be more tender if cooked with moist heating methods or if you marinate them before cooking. Moist heating methods include using broth or water to cook the meat at a lower temperature. You can also cover the dish when cooked in the oven, so the food cooks in its own juices. Or marinate the meat first with an acidic ingredient, like vinegar and oil, lemon juice, or wine. You may also use chopped raw pineapple, which has natural enzymes. Then pour the marinade off before cooking. Cook protein foods well to reduce bacteria. 	Tender, well-cooked meats, poultry, fish, eggs (cook until yolk is solid), and soy prepared without added fat Smooth nut butters
 Grains Choose grain foods with less than 2 grams of fiber per serving. The grams of dietary fiber in 1 serving are listed on the Nutrition Facts label of packaged foods. Any grain foods containing milk may have lactose. 	Bread, bagels, rolls, crackers, cereals, and pasta made from white or refined flour White rice Cream of wheat Cereals made from refined grains without added fiber
Vegetables See the Foods Not Recommended list of vegetables you should avoid when you have diarrhea or abdominal pain.	Most well-cooked vegetables without seeds, such as green beans or carrots Potatoes without skin Lettuce leaf on sandwiches is OK; no salads Strained vegetable juice
 Fruits Look for fruit juices that are 100% fruit juice or those fortified with nutrients. Calcium fortified is optional. You may better tolerate fruit juices diluted by half with water. Choose canned fruit in juice or light syrup. Heavy syrup has a lot of sugar, which may worsen diarrhea. See the Foods Not Recommended list of fruits to avoid when you have diarrhea or abdominal pain. 	Fruit juice (except prune juice) without pulp Ripe banana or melons Peeled apple Most canned, soft fruits
Fats and oils	Limit fats and oils to less than 8 teaspoons per day
Beverages Drinking beverages with sugar or corn syrup may worsen diarrhea for some people. Very sweet juices may also have this.	Water Decaffeinated coffee Caffeine-free tea Soft drinks without caffeine Rehydration beverages



Foods not recommended

These foods are not recommended for people with diarrhea and abdominal pain. If you do not have symptoms, you may eat them.

Food group/notes	Foods not recommended		
Milk and milk products • Avoid higher fiber or higher fat foods that may not be tolerated as well.	Fruited yogurt or yogurt with granola or mix-ins Whole milk Half-and-half, cream, sour cream Ice cream (unless it is low fat or nonfat)		
Meat and other protein foods	Fried eggs and meats, including sausage and bacon Lunch meats, such as bologna or salami Hot dogs Tough or chewy cuts of meat (grilled steak or pork chops) All dried beans, peas, and nuts Chunky nut butters		
Grains	Whole wheat or whole grain breads, rolls, crackers, or pasta Brown rice and wild rice; quinoa Cereals made from whole grain; oatmeal or fiber cereals Any grain foods made with seeds or nuts; popcorn		
Vegetables • The vegetables listed here are gas forming and/or have a high amount of fiber.	Beets Broccoli Brussels sprouts Cabbage and sauerkraut Cauliflower Corn Green peas Greens (mustard, turnip, collards)	Lima beans Mushrooms Okra Onions Parsnips Peppers Potato skins Spinach Winter squash	
Fruits	All raw fruits except peeled apple, ripe bananas, and melon Canned berries, canned cherries Dried fruits, including raisins Prune juice		
Beverages	Drinks with caffeine, such as coffee, tea, cola, and some sport drinks Alcoholic drinks Avoid sweet fruit juices, soft drinks or other beverages made with sugar or corn syrup if they worsen diarrhea.		
Other	Sugar alcohols (sorbitol, mannitol, and xylitol) cause diarrhea in some people. These ingredients are often found in sugarless gums and candies, as well as some medications.		



Inflammatory bowel disease (IBD) sample 1-day menu

Meal	Menu	Fiber (grams)
Breakfast	1 scrambled egg or 1 tablespoon peanut butter	0.6 g
	1 slice white toast with 1 teaspoon margarine	0.35 g
	½ cup grits or ½ cup cream of wheat (less than 2 g fiber per serving)	
	½ cup cranberry juice	
	Caffeine-free herbal tea	
Snack	1 cup lactose-free, high-calorie/high-protein liquid supplement with low fiber (1 gram fiber or less)	6.3 g
	or	
	Fruit smoothie: 1 cup soy milk blended with 1 cup yogurt* and 1 ripe banana	
Lunch	1 cup low-fat cream of mushroom soup*	0.5 g
	3 tablespoons tuna salad on 4-inch white pita bread	0.6 g
	5 saltines	0.5 g
	Caffeine-free herbal tea	
Snack	1 cup lactose-free, high-calorie/high-protein liquid supplement	
	or	
	⅓ cup cottage cheese* sprinkled with cinnamon and sugar	
Evening meal	4 ounces baked chicken	1g
	1 cup white rice	1.5 g
	½ cup cooked carrots	0.8 g
	1 white roll	
Snack	1 cup lactose-free, high-calorie/ high-protein liquid supplement	0.9 g
	or	
	1 cup low-fiber cereal with V_2 cup skim milk* (choose lactose-free milk if lactose intolerant)	
Total daily fiber		13 g

^{*} Foods with an asterisk have lactose.



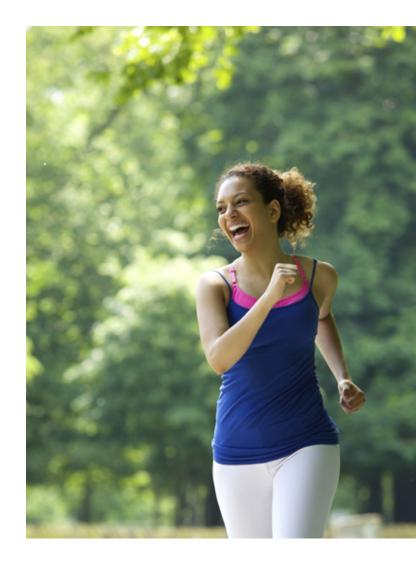
Fluid intake

Chronic diarrhea can cause dehydration, which hurts your kidneys. Dehydration in patients with CD and UC can lead to kidney stones. Staying hydrated can be a challenge, but it is extremely important and can make a big difference in how you feel. Be aware of your water intake during warm weather, especially if you are sweating. A good rule to follow every day is to drink a half-ounce of water for every pound of your body weight. So, if you weigh 150 pounds, you should drink at least 75 ounces a day, or almost 81/2 glasses. Small sips of water can stop air from getting into the digestive tract.

Exercise

Routine exercise leads to better physical and psychological health. Some patients have symptom relief from exercise. Also, regular exercise can reduce anxiety and depression, strengthen your muscles and bones, and even help you sleep better. However, sometimes patients don't feel like exercising, and that's OK. Here are a few tips:⁴

- Limit your exercise when you have a flare-up. Once it passes or is under control, you are eating more regularly again, and you have more energy, you can always pick up where you left off.
- Be sure to talk with your doctor about any specific recommendations for exercise. Consider exercises that physicians usually recommend, such as lowimpact aerobic activities like brisk walking, bicycling, or swimming.
- Think ahead: Consider what you want to do and where you want to do it. If you are walking or running, pick an area where there are bathrooms close by — just in case.
- Change up the routine! Routines can be boring, so be sure to keep an open mind and mix things up a little.



Resources

Special IBD Diets. https://www.crohnscolitisfoundation.org/diet-and-nutrition/special-ibd-diets.

Diet and nutrition. https://www.crohnscolitisfoundation.org/diet-and-nutrition.

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