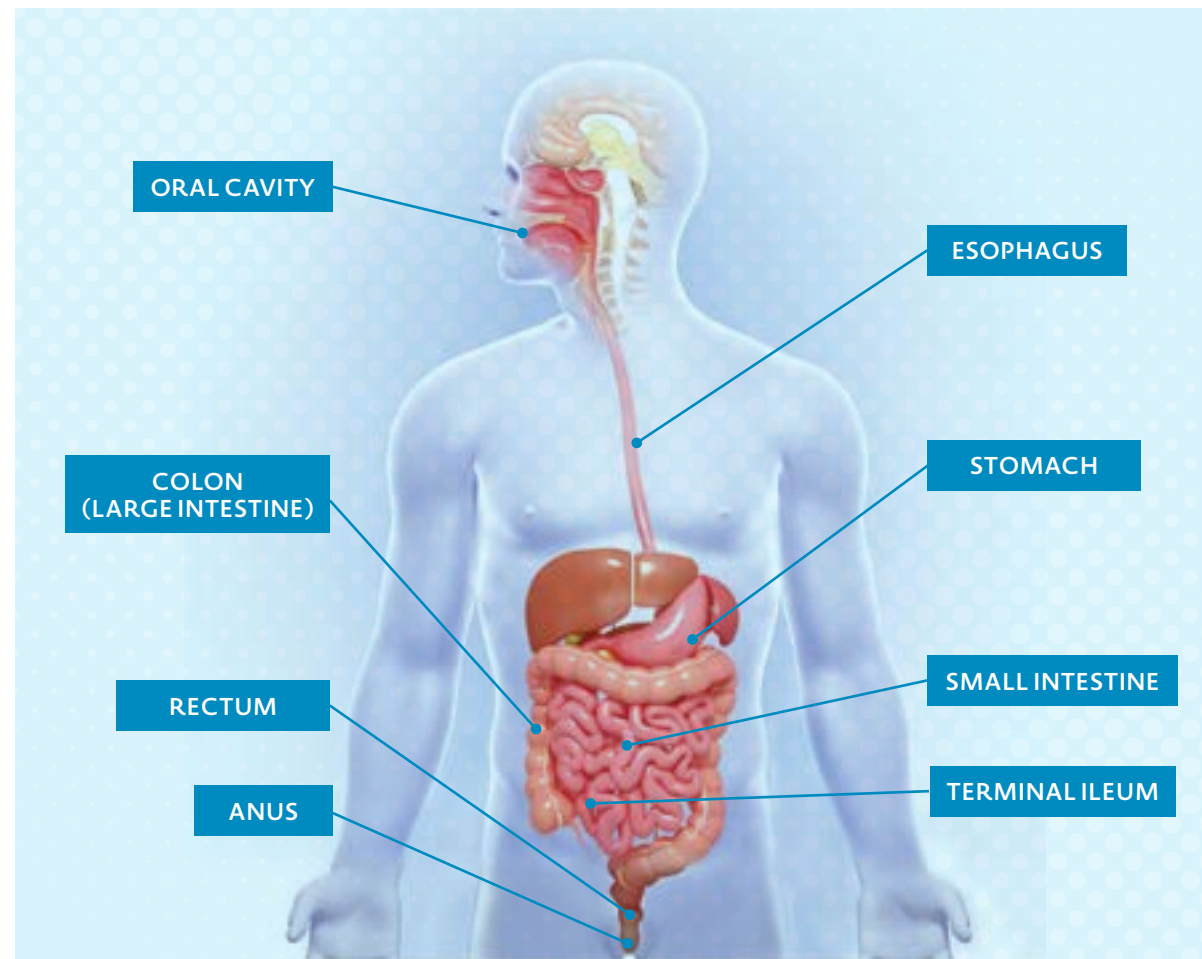




LIVING A HEALTHY LIFESTYLE WITH INFLAMMATORY BOWEL DISEASE (IBD)

What Is IBD?

- IBD refers to a group of inflammatory conditions of the gastrointestinal (digestive) tract¹
- IBD causes chronic inflammation in the digestive tract¹
- The 2 major types of IBD are Crohn's disease and ulcerative colitis¹
- Crohn's disease and ulcerative colitis affect different parts of the digestive tract²
 - Crohn's disease can affect any part of the digestive tract, but it usually affects the end of the small intestine and the beginning of the colon
 - Ulcerative colitis only affects the colon and rectum (the large intestine)



For most people, IBD is a lifelong condition. Your IBD treatment team can provide ongoing support.

The goal of remission is to reduce inflammation and have few or no symptoms over a period of time.

Symptoms, Flares, and Remission

- The symptoms of IBD can be mild sometimes and severe at other times. Common symptoms that you may experience are listed in the table below³
- Symptoms of Crohn's disease will vary depending on location of inflammation⁴

Common Symptoms of IBD^{5,6}

CROHN'S DISEASE	ULCERATIVE COLITIS
Diarrhea	Urgency or frequency of bowel movement, diarrhea
Abdominal pain	Rectal bleeding
Weight loss	Mucus discharge from rectum
	Tenesmus (continued need to move bowels)
	Cramps/abdominal pain

- People with IBD can go a long time with no symptoms or only mild symptoms³
- If symptoms act up again, this is called a flare³
- IBD symptoms can flare for no reason, but some factors may trigger a flare. These factors include⁴:
 - Stress
 - Not taking your medications correctly
 - Taking nonsteroidal anti-inflammatory drugs (NSAIDs) like aspirin, ibuprofen, and naproxen
 - Taking antibiotics
 - Smoking cigarettes
- As an IBD patient, your goal should be to get your symptoms into remission⁸

Diet

In IBD, inflammation in the digestive tract may cause symptoms such as diarrhea, abdominal pain, and cramping. It may also affect your body's ability to perform functions like digesting food or absorbing nutrients.^{3,4}

Here Are Some Diet Tips⁴:

- In general, it is best to stay away from greasy and fried foods, which can cause gas and diarrhea
- Some people have problems with foods that are high in fiber, such as fresh fruits and vegetables and whole grains. You should cook fruits and vegetables well and not eat them raw
- It may help to stay away from foods that cause gas like beans, cabbage, broccoli, caffeine, and carbonated drinks
- Making many changes to your diet may be a sign that you should talk to your treatment team about your condition

You should talk to your nutritionist about a diet that is healthy for you. A nutritionist and your IBD health care provider will be able to help you find a nutrition plan that is best for you and your disease.

Elements of a Well-Balanced Diet When Your Disease Is Inactive⁷



8 to 10 glasses of water each day



Carbohydrates with soluble fiber like oat bran, legumes, and barley



Proteins like lean meat, fish, eggs, nuts, poultry, and soy



Healthy fats like omega-3 fatty acids, olive oil, and canola oil



Deeply colored (without skin and seeds) fruits and cooked vegetables



Vitamin and mineral supplements if your health care provider approves



Dairy/calcium (dairy substitute if you are lactose intolerant)

How to Eat When Your Disease Is Active (During a Flare)⁷



Applesauce, bananas



Bland, soft food



Plain cereals, white rice, refined pastas



Fully cooked vegetables, potatoes without skin



Nutritional supplements if you lose your appetite



Vitamins and mineral supplements if your health care provider approves



Protein if you have no problems when you eat them (lean meats, fish, soy)

Management of IBD⁴

- The management of IBD is a partnership between you, your loved ones, and your treatment team
- Medical treatment is aimed at reaching a point where you may achieve and sustain remission
- There are many treatments for IBD. Treatments should be individualized for each patient
- Each person is different. Your health care team will work with you to pick a treatment plan that is best for you. Your treatment plan can help you live with few or no symptoms of IBD

An Introduction to Your IBD Treatment Team

- Your IBD treatment team includes:
 - **Gastroenterologist:** A doctor who treats problems of the gastrointestinal (digestive) tract
 - **Gastroenterology Nurse Practitioner or Physician Assistant:** A health care provider who specializes in gastroenterology and works closely with the physician in a gastroenterology practice
 - **Primary Care Provider:** A doctor who coordinates care with your gastroenterologist and works with you to stay healthy and prevent other diseases (might include routine care or providing your vaccinations)
 - **Nutritionist:** An expert who specializes in nutrition, and can help give guidance on the proper foods for your disease
 - **Loved One:** A family member, friend, or person close to you
 - **You:** Make taking care of yourself and your disease a top priority
- At different times, your treatment team may include other members such as:
 - **Surgeon:** A doctor who performs surgery if needed
 - **Dermatologist:** A doctor who treats skin problems
 - **Ophthalmologist:** A doctor who treats eye problems
 - **Rheumatologist:** A doctor who treats problems with joints, muscles, and bones, like arthritis
 - **Social Worker/Case Manager:** A person who can provide a variety of professional services, activities, or methods to assist with treatment, financial aid, physical, mental, or social services
 - **Advocacy Organization:** An organization that provides education and advocacy for IBD, such as the Crohn's & Colitis Foundation (<http://www.crohnscolitisfoundation.org/>)

Plan your visits with your IBD treatment team. Ask questions. Take an active role in managing your IBD.



It is important to discuss the risks and benefits of your treatment options with your gastroenterology care team in order to find the proper treatment plan for you.

Goals of Treatment⁸

Medical treatment of IBD has 3 main goals:

- Get you into remission so you have few or no symptoms
- Keep you in remission with few or no symptoms over a period of time
- Improve your quality of life

Other goals can include:

- Reducing symptoms
- Controlling inflammation



Traveling With IBD⁹

- Having IBD does not mean that you cannot leave your home or go on a vacation. These tips may help:
 - Prior to vacation, work with your treatment team to prepare yourself for your new environment
 - Work with a nutritionist to learn how your body reacts to certain foods and avoid foods that are not good for you
 - Find out where the restrooms are located in restaurants, shopping areas, or on public transportation
 - Have an emergency kit with you, including extra medications, clothing, and preferred toilet tissue

Tips for Going on Vacation⁹

- Ask your health care provider for the names of providers in the cities you are visiting
- Bring enough medication to last the entire trip
- Carry your medication on the plane with you
- Carry a note from your provider that describes your disease and medications (including the brand name and the generic name)
- Ask your health care provider if you need any vaccinations before leaving

What Can You Do to Have a Healthy Lifestyle?

Learn about your disease and your medications

Stick to your treatment plan⁴

Talk to your IBD treatment team and ask questions⁴

Build a support team of people who care about you⁴

Eat a balanced diet—avoid foods that may cause symptoms⁴

- Work with a dietitian on a personalized diet plan that takes into account your lifestyle, health status, and your food likes and dislikes
-

Get plenty of sleep⁴

- Maximize your energy
 - Know your limitations and take naps when needed
-

Be aware if you develop anxiety or depression⁴

- Ask for help from family and friends
 - Develop a support network
 - Use available resources
-

Reduce stress⁴

- Stress is a common trigger for flare-ups
 - Stress reduction techniques can help you stay calm, reduce anxiety, and decrease depression
 - Start practicing stress management techniques today
-

Stop smoking⁴

- Smoking is harmful and can worsen IBD. This is especially true for Crohn's disease
 - Take advantage of the many resources available to help you successfully stop smoking
-

Exercise to the best of your ability. Regular physical activity⁴:

- Can improve overall health and may be very beneficial in people with IBD
- Can reduce stress and improve bone strength
- Can relieve depression and boost your immune system
- Talk to your doctor before starting a new fitness routine

Resources

Find out more about IBD by visiting these Web sites or calling for information:

▶ **Crohn's & Colitis Tools and Support**

Web site: <https://www.crohnsandcolitis.com/tools-and-support>

▶ **Crohn's & Colitis Community**

Web site: <http://www.ccfacommunity.org>

▶ **Crohn's & Colitis Foundation**

Web site: <http://www.crohnscolitisfoundation.org/>

Phone: 1-888-MY-GUT-PAIN (1-888-694-8872)

▶ **Crohn's & Colitis Information**

Web site: <http://www.crohnsandcolitisinfo.com>

▶ **MedlinePlus®**

Web site: <http://www.nlm.nih.gov/medlineplus>

▶ **National Digestive Diseases Information Clearinghouse (NDDIC)**

Web site: <http://digestive.niddk.nih.gov>

▶ **You and IBD**

Web site: <http://www.youandibd.com/en-ibd/home>

References: **1.** Centers for Disease Control and Prevention. What is inflammatory bowel disease (IBD)? Updated September 18, 2014. <http://www.cdc.gov/ibd/what-is-ibd.htm>. Accessed August 2, 2017. **2.** Crohn's & Colitis Foundation. What is Crohn's Disease? <http://www.ccfa.org/what-are-crohns-and-colitis/what-is-crohns-disease/>. Accessed August 2, 2017. **3.** Crohn's & Colitis Foundation. Symptoms & management. <http://www.ibdetermined.org/ibd-information/ibd-newly-diagnosed/Symptoms-Flares-Management.aspx>. Accessed August 2, 2017. **4.** Crohn's & Colitis Foundation. Managing flares and other IBD symptoms. <http://www.crohnscolitisfoundation.org/assets/pdfs/Managing-flares.pdf>. Accessed August 2, 2017. **5.** Stenson WF. Inflammatory bowel disease. In: Goldman L, Ausiello D, eds. *Cecil Medicine*. 23rd ed. Philadelphia, PA: Saunders Elsevier; 2008:1042-1050. **6.** Friedman S, Blumberg RS. Inflammatory Bowel Disease. In: Kasper D, Fauci A, Hauser S, Longo D, Jameson J, Loscalzo J, eds. *Harrison's Principles of Internal Medicine*. 19th ed. New York, NY: McGraw-Hill; 2014. **7.** Crohn's & Colitis Foundation. The relationship between food & IBD. <http://www.ibdetermined.org/ibd-information/ibd-diet.aspx>. Accessed August 2, 2017. **8.** Crohn's & Colitis Foundation. Types of medications for Crohn's disease and ulcerative colitis. <http://www.crohnscolitisfoundation.org/resources/types-of-medications.html>. Accessed August 2, 2017. **9.** Crohn's & Colitis Foundation. Managing IBD away from home. <http://www.ibdetermined.org/ibd-information/ibd-quality-of-life/away-from-home.aspx>. Accessed August 2, 2017.