UNDERSTANDING YOUR TREATMENT OPTIONS IN INFLAMMATORY BOWEL DISEASE (IBD)
Treatment Options

- Now that you have been diagnosed with inflammatory bowel disease, or IBD, it is important that you understand your treatment options
- The 2 major types of IBD are Crohn’s disease and ulcerative colitis
- The treatment of Crohn’s disease and ulcerative colitis is different. This brochure will help you understand your treatment options
- There are many treatments for IBD. Treatments must be individualized for each patient
- Good control of IBD requires early diagnosis and treatment by a gastroenterologist
- If your symptoms go away on their own, it does not mean that you no longer have IBD

Each person is different. Your gastroenterology care team will work with you to choose a treatment plan that is best for you.
Goals of Treatment

Medical treatment of IBD has 2 main goals:

- Get you into remission so you have few or no symptoms
- Keep you in remission to prevent flare-ups of your condition

Other goals can include:

- Reducing symptoms
- Controlling inflammation

The goal of remission is to have few or no symptoms over a period of time.
Medications for IBD

- There is no standard regimen used for all patients with IBD. Your symptoms and the course of your disease will guide your gastroenterologist’s decisions about your medications.
- Your gastroenterologist will:
  - Determine if you have Crohn’s disease or ulcerative colitis
  - Assess whether or not your condition could progress
  - Assess your condition and tell you if you have mild, moderate, or severe IBD
  - Talk to you about the stage of your disease and make a treatment plan that is best for you
  - Tell you about the type of medication that is best for you and the side effects that may occur
- Medications for IBD are aimed at controlling the ongoing inflammation in your gastrointestinal tract

You play an important role in the success of your treatment. Never change the dose of your medication or stop taking your medication without talking with your health care provider.
There are 5 major categories of medications used to treat patients with IBD. They are:

**Antibiotics**
Metronidazole, ciprofloxacin, and other antibiotics may be used when Crohn’s-related infections occur.

**Aminosalicylates (5-ASAs)**
Given either orally or rectally, these drugs work to decrease inflammation in the lining of the digestive tract.

**Corticosteroids**
Given either orally, rectally, or intravenously, these medications are used to help reduce inflammation.

**Immunosuppressants**
This class of medications basically suppresses the body’s immune response so that it cannot cause ongoing inflammation.

**Biologic Therapies (biologics)**
Given intravenously or injected, this class of drugs targets a specific inflammatory pathway to reduce inflammation.

- It is important to discuss the risks and benefits of your treatment options with your gastroenterologist in order to find the proper treatment plan for you.
- Your gastroenterologist may recommend that you use more than one of these medications.
- Let your gastroenterology care team know if you have any side effects and if you are happy with your treatment plan.
Learn all you can about the treatments for IBD and don’t be afraid to ask questions!

Complementary Therapies*

- Some people with IBD find that complementary therapies, in addition to their medications, are helpful
- These types of therapies may be used to supplement conventional therapies to help ease symptoms
- It is important to carefully choose a practitioner that has specific education and licenses for the particular therapy

Complementary therapies can be grouped into 4 categories

**Natural-based Practices**
These include the use of natural remedies found in nature and are not regulated by the FDA, such as herbs, foods, and vitamins.

**Mind-Body Medicine**
These include prayer, tai chi, hypnosis, biofeedback, and yoga.

**Energy Medicine**
These are based on the use of energy fields and have not been scientifically measured. Examples include magnetic therapy and therapeutic touch.

**Manipulative and Body-based Practices**
These include massage, reflexology, and chiropractic manipulation.


*Complementary therapy is defined as a group of diverse medical and health care systems, practices, and products that are not presently considered part of conventional medicine. Well-designed scientific studies to answer questions such as whether these therapies are safe and work for the purposes for which they are used have not been conducted.
Talk to members of your gastroenterology care team to find out more about complementary therapies.

**Use these questions as a guide**

- Are there complementary therapies you would recommend?
- Have these methods been studied?
- What benefits can I expect from this therapy?
- How will I know if the therapy is working or not?
- Is there a risk this will interfere with standard IBD treatments?
- Are there potential side effects? What should I look out for?
- Do you offer these as part of your practice? If not, can you refer me to a licensed practitioner in the area?
- Are there specific therapies you would advise against?
- How might it complement my regular therapy?

**Surgery in IBD**

- Some people with IBD eventually need surgery, even if they are on IBD medications
- Surgery is an important part of IBD management in some people
- Talk to your doctor about surgeon referrals

**Long-term Management and Disease Monitoring**

Your gastroenterology care team and your primary care treatment team will co-manage your long-term follow-up, including:

- Preventive care
  - Tobacco cessation
  - Periodic blood tests
  - Colonoscopies
- Regular screening tests
  - Tuberculosis screening
  - Blood pressure screening
  - Osteoporosis monitoring
- Vaccinations