

# Living with Crohn's Disease



## Our Mission:

To cure and prevent Crohn's disease and ulcerative colitis through research, and to improve the quality of life of children and adults affected by these digestive diseases through education and support.

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## UNDERSTANDING THE DIAGNOSIS

Your doctor has just told you that you have a disease called Crohn's disease. Quite possibly, you have never even *heard* of this condition before. (Most people, in fact, are unfamiliar with Crohn's disease.) And now you have it. And, to make matters worse, your doctor has said that Crohn's disease doesn't go away.

If you feel overwhelmed and scared right now, that's only natural. You probably have a ton of questions, starting with "Just what *is* Crohn's disease?" But you're also wondering how you got it and, more important, how it will affect you — both now and down the road. For example, you'll want to know:

- Will I be able to work, travel, and exercise?
- Should I be on a special diet?
- Will I need surgery?
- How will Crohn's disease change my life?

That's the purpose of this brochure: to answer those questions and to walk you through the key points about Crohn's disease and what you may expect in the future. You won't become an expert overnight, but gradually you'll learn more and more. And the more you know, the better you'll be able to cope with the disease and become an active member of your own healthcare team.

## WHAT IS CROHN'S DISEASE?

The disease is named after Dr. Burrill B. Crohn, who published a landmark paper with colleagues Oppenheimer and Ginzburg in 1932, describing the features of what is known today as Crohn's disease. Crohn's and a related disease, ulcerative colitis, are the two main disease categories that belong to a larger group of illnesses called *inflammatory bowel disease (IBD)*.

Both Crohn's disease and ulcerative colitis cause diarrhea (sometimes bloody), as well as abdominal pain. Because the symptoms of these two illnesses are so similar, it is sometimes difficult for doctors to make a definitive diagnosis. In fact, approximately 10% of cases are unable to be pinpointed as either Crohn's disease or ulcerative colitis.

Ulcerative colitis is limited to the colon (also called the large intestine). Crohn's disease may affect any part of the gastrointestinal (GI) tract from the mouth to the anus. However, Crohn's may also include most of the small intestine (the ileum) and the beginning of the colon. All layers of the intestine may be involved, and there can be normal healthy bowel in between patches of diseased bowel. These are the so-called "skip" areas. In contrast, ulcerative colitis moves in a more even and continuous distribution and affects only the superficial layers of the colon.

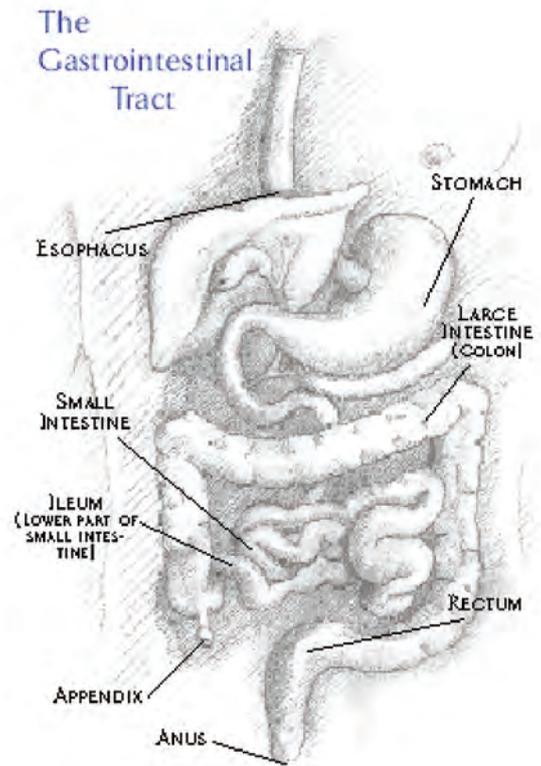
### What does "chronic" mean?

No one knows exactly what causes either Crohn's disease or ulcerative colitis. Also, no one can predict how the disease — once it is diagnosed — will affect a particular person. Some people go for years without having any symptoms, while others have more frequent flare-ups of disease. However, one thing is sure: Crohn's disease — like ulcerative colitis — is a chronic condition. Chronic conditions are ongoing situations. They can be

controlled with treatment but cannot be cured. That means that the disease is long-term, but it does *not* mean that it is fatal. It isn't. Most people who have Crohn's disease lead full and productive lives.

## A BRIEF INTRODUCTION TO THE GI TRACT

Most of us aren't very familiar with the gastrointestinal (GI) tract, even though it occupies a lot of "real estate" in our bodies. Here's a quick tour:



The GI tract actually starts at the mouth. It follows a twisting and turning course and ends, many yards later, at the rectum. In between are a number of organs that all play a part in processing food and transporting it through the body. The first is the esophagus, a narrow tube that connects the mouth to the stomach. After that comes the stomach itself. Moving downward, the next organ is the small intestine. That leads to the colon, or large intestine, which connects to the rectum.

## Types of Crohn's disease and associated symptoms

The symptoms and potential complications of Crohn's disease differ, depending on what part of the GI tract is inflamed. That's why it is important for you to know which part of your intestine is affected by Crohn's disease. Your doctor also may refer to your illness by various names based on the main area involved. The following are five types of Crohn's disease:

- **Ileocolitis:** The most common form of Crohn's, affecting the ileum and colon. Symptoms include diarrhea and cramping or pain in the right lower part or middle of the abdomen. Often accompanied by significant weight loss.
- **Ileitis:** Affects the ileum. Symptoms are the same as ileocolitis. Complications may include an inflammatory abscess (a collection of pus) in the right lower quadrant of the abdomen or fistulas. Fistulas are tunnels leading from one loop of intestine to the other, or between the intestine and another part of the body.
- **Gastroduodenal Crohn's disease:** Affects the stomach and duodenum (the first part of the small intestine). Symptoms include loss of appetite, weight loss, and nausea. Vomiting may indicate that narrowed segments of the bowel are obstructed.

The more you know, the better you'll be able to cope with the disease.

- **Jejunoleitis:** Produces patchy areas of inflammation in the jejunum (upper half of the small intestine). Symptoms include abdominal pain, ranging from mild to intense, and cramps following meals, as well as diarrhea. Fistulas (see "Ileitis") may also form.
- **Crohn's (granulomatous) colitis:** Affects the colon only. Symptoms include diarrhea, rectal bleeding, and disease around the anus (abscess, fistulas, ulcers). Skin lesions and joint pains are more common in this form of Crohn's than in others.

## WHO GETS CROHN'S DISEASE?

Up to 1.4 million Americans have either Crohn's disease or ulcerative colitis. That number is almost evenly split between the two conditions. Here are some quick facts and figures:

- About 30,000 new cases of Crohn's and colitis are diagnosed each year.
- Most people diagnosed with Crohn's disease are young, between the ages of 15 and 35. However, Crohn's disease can also occur in people who are 70 or older and in young children as well. In fact, 10% of those affected—or an estimated 140,000—are under the age of 18.
- Males and females appear to be affected equally.
- More Caucasians than people from other racial groups develop Crohn's disease.
- The disease tends to occur more often in Jews (largely of Eastern European ancestry) than in people of non-Jewish descent.
- Both Crohn's disease and ulcerative colitis are diseases found mainly in developed countries, more commonly in urban areas rather than rural ones, and more in northern climates than in southern ones.

## The genetic connection

Researchers have discovered that Crohn's disease tends to run in certain families. In fact, up to 20% of people with Crohn's disease have a first-degree relative (first cousin or closer) with either Crohn's disease or ulcerative colitis.

So genetics clearly plays a role. Investigators have been working actively for some time to find a link to specific genes that control the transmission of Crohn's disease. In the late 1990s, two independent teams of researchers made a major breakthrough when they identified the first gene for Crohn's disease. They discovered an abnormal mutation or alteration in a gene known as NOD2. This mutation, which limits the ability to fight bacteria, occurs twice as frequently in Crohn's patients as in the general population. Currently, there's no method to screen people for this gene. And there is no way to predict which, if any, family members will develop Crohn's disease. It also appears that more than one gene may be involved. Thanks to new technologies, though, researchers may soon close in on those genes.

## WHAT CAUSES CROHN'S DISEASE?

As we noted before, no one knows the exact cause or causes. One thing is clear, though. Nothing that you did made you get Crohn's disease. You didn't catch it from anyone. It wasn't anything that you ate or drank or smoked. And leading a stressful lifestyle didn't bring it on. So, above all, don't blame yourself!

Now, what are some of the likely causes? Most experts think there is a *multifactorial* explanation. This simply means that it takes a number of circumstances working together to bring about Crohn's disease — including these top three suspects:

- Genes
- An inappropriate reaction by the immune system
- Something in the environment

It's likely that a person inherits one or more genes that make him or her susceptible to Crohn's disease. Then, something in the environment triggers an abnormal immune response. (Scientists have not yet identified this environmental "trigger." It could be a virus or bacterium, but not necessarily.) Whatever the trigger may be, it prompts the person's immune system to "turn on" and launch an attack against the foreign substance. That's when the inflammation begins. Unfortunately, the immune system doesn't "turn off." So the inflammation continues, damaging the lining of the intestines and causing the symptoms of Crohn's disease.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CROHN'S DISEASE?

Persistent diarrhea (loose, watery, or frequent bowel movements), crampy abdominal pain, fever, and, at times, rectal bleeding: These are the hallmark symptoms of Crohn's disease, but they vary from person to person and may change over time. Loss of appetite and subsequent weight loss also may occur. Fatigue is another common complaint. Children who have Crohn's disease may suffer delays in both growth and sexual development.

Some patients may develop tears (fissures) in the lining of the anus, which may cause pain and bleeding, especially during bowel movements. Inflammation may also cause a fistula to develop. A fistula is a tunnel that leads from one loop of intestine to another, or that connects the intestine to the bladder, vagina, or skin. Fistulas occur most commonly around the anal area. If this complication arises, you may notice drainage of mucus, pus, or stool from this opening.

Crohn's disease runs in certain families.  
So genetics clearly plays a role.

Symptoms may range from mild to severe. Because Crohn's is a chronic disease, patients will go through periods in which the disease flares up, is active, and causes symptoms. These episodes are followed by times of remission—periods in which symptoms disappear or decrease and good health returns. In general, though, people with Crohn's disease lead full, active, and productive lives.

## Beyond the intestine

In addition to having symptoms in the GI tract, some people also may experience Crohn's disease in other parts of the body. Signs and symptoms of the disease may be evident in:

- eyes (redness and itchiness)
- mouth (sores)
- joints (swelling and pain)
- skin (bumps and other lesions)
- bones (osteoporosis)
- kidney (stones)
- liver (hepatitis and cirrhosis)—a rare development

All of these are known as *extraintestinal* manifestations of Crohn's disease because they occur outside of the intestine. In some people these may actually be the first signs of Crohn's disease, appearing even before the bowel symptoms. In others, they may occur right before a flare-up of the disease.

## The range of symptoms

Approximately half of all patients with Crohn's disease have relatively mild symptoms. However, others may suffer from severe abdominal cramping, bloody diarrhea, nausea, and fever. The symptoms of Crohn's disease do tend to come and go. In between flare-ups, people may experience no distress at all. These disease-free periods can

span months or even years, although symptoms do eventually return. The unpredictable course of Crohn's disease may make it difficult for doctors to evaluate whether a particular course of treatment has been effective or not.

*For more information on the management of symptoms and complications related to Crohn's disease, visit CCFA's Web site at [www.ccfa.org](http://www.ccfa.org).*

Your doctor can help you decide on the best treatment option for your Crohn's disease.

## Managing the symptoms

The medications that your doctor has prescribed are aimed at reducing the intestinal inflammation of Crohn's disease. However, they may not get rid of all the symptoms that you are experiencing. You may continue to have occasional diarrhea, cramping, nausea, and fever.

Talk to your doctor about which over-the-counter (OTC) medications you can take to help relieve those symptoms. For example, you should be able to take loperamide (Imodium®) on a long-term basis to control the diarrhea. Most anti-gas products and digestive aids are also safe to use, but you should ask your doctor about these first. To reduce fever or ease joint pain, take acetaminophen (Tylenol®) rather than non-steroidal anti-inflammatory drugs (NSAIDs)—such as aspirin, ibuprofen (Advil®, Motrin®), and naproxen (Aleve®), which may irritate your digestive system. Again, make sure to discuss the use of any and all medications with your doctor and be sure to follow the guidelines and instructions on the over-the-counter products that you do take.

But managing symptoms involves more than just medication. Making changes in your diet can help as well. There is no one single diet or eating plan that will do the trick for everyone with Crohn's disease. Dietary recommendations must be tailored just for you—depending on what part of your intestine is affected and what symptoms you have. Crohn's disease varies from person to person and even changes within the same person over time. What worked for your friend with Crohn's may not work for you. And what worked for you last year may not work now. Keeping a food diary can be a big help. It allows you to see the connection between what you eat and the symptoms that may follow. If certain foods are causing digestive problems, then try to avoid them. Although no specific foods worsen the underlying inflammation of Crohn's disease, certain ones tend to aggravate the symptoms. Bearing that in mind, here is some general advice:

- Reduce the amount of greasy or fried foods in your diet, which may cause diarrhea and gas.
- Eat smaller meals at more frequent intervals.
- Limit consumption of milk or milk products if you are lactose intolerant.
- Avoid carbonated beverages.
- Decrease the amount of poorly digestible carbohydrates in your diet to decrease symptoms of gas, bloat, cramps, and diarrhea.
- Restrict your intake of certain high-fiber foods such as nuts, seeds, corn, and popcorn. Because they are not completely digested by the small intestine, these foods may cause diarrhea. That is why a low-fiber, low-residue diet is often recommended. For more information, talk to your dietitian.

## MAKING THE DIAGNOSIS

How does a doctor establish the diagnosis of Crohn's disease? The path toward diagnosis begins by taking a complete family and personal medical history, including full details regarding the symptoms described above. A physical examination is next.

A number of other conditions can cause diarrhea and abdominal pain, even rectal bleeding. That's why your doctor relies on various medical tests to rule out other sources, such as infection. Stool tests can eliminate the possibility of bacterial, viral, and parasitic causes of diarrhea. They also can reveal the presence of blood. Blood tests may be performed to check for anemia, which could suggest bleeding in the colon or rectum. Blood tests also may detect a high white blood cell count, which indicates the presence of inflammation somewhere in the body. However, Crohn's disease cannot be diagnosed via a blood test. Researchers have been investigating a number of markers in the blood that may be elevated in people with Crohn's, but these haven't yet been accepted as sufficiently accurate to allow doctors to make a definitive diagnosis.

The inflammation that marks Crohn's disease is often a chronic cycle.

## Looking inside the colon

The next step is an examination of the colon itself, either through a *sigmoidoscopy* or a *colonoscopy*. With a sigmoidoscopy, the doctor inserts a flexible instrument into the rectum and the lower part of the colon. This permits visualization of those areas to see if there is inflammation and, if so, how much. A colonoscopy is similar, but the advantage is that it allows visualization of the entire colon.

Using these techniques, your physician can detect inflammation, bleeding, or ulcers on the colon wall. They also can determine the extent of disease. During either of these procedures, the examining doctor may take a sample of the colon lining (a biopsy) to send to a pathologist for further study. In that way, Crohn's disease can be distinguished from other diseases of the colon that cause rectal bleeding—such as ulcerative colitis, diverticular disease, and cancer.

## MEDICATIONS FOR CROHN'S DISEASE

CLASS OF DRUGS	EXAMPLES	INDICATION	ROUTE OF DELIVERY
<b>Aminosalicylates (5-ASA)</b>	<ul style="list-style-type: none"> <li>• sulfasalazine (<i>Azulfadine</i>®),</li> <li>• mesalamine (<i>Asacol</i>®, <i>Lialda</i>®, <i>Pentasa</i>®, <i>Rowasa</i>®),</li> <li>• olsalazine (<i>Dipentum</i>®),</li> <li>• balsalazide (<i>Colazal</i>®)</li> </ul>	Effective for mild-to-moderate episodes of Crohn's disease. Also useful in preventing relapses of disease.	Oral or rectal
<b>Corticosteroids</b>	<ul style="list-style-type: none"> <li>• budesonide (<i>Entocort</i>®<i>EC</i>)</li> <li>• prednisone (<i>Deltasone</i>®)</li> <li>• prednisolone (<i>Pediapred Oral Liquid</i>®, <i>Medrol</i>®)</li> </ul>	<p>For mild to moderate Crohn's disease. A newer type of non-systemic steroid</p> <p>For moderate-to-severe Crohn's disease. Also effective for short-term control of flares.</p>	<p>Oral</p> <p>Oral, rectal, or intravenous (by vein)</p>
<b>Immunomodulators</b>	<ul style="list-style-type: none"> <li>• azathioprine (<i>Imuran</i>®, <i>Azasan</i>®)</li> <li>• 6-MP (<i>Purinethol</i>®)</li> <li>• cyclosporine (<i>Neoral</i>®, <i>Gengraf</i>®, <i>Sandimmune</i>®)</li> <li>• methotrexate</li> </ul>	Indicated for use in people who have not responded adequately to aminosalicylates and corticosteroids. Useful for reducing dependency on corticosteroids. May take up to 3 months to work.	Oral
<b>Biologic therapies</b>	<ul style="list-style-type: none"> <li>• infliximab (<i>Remicade</i>®)</li> <li>• adalimumab (<i>Humira</i>®)</li> </ul>	For people with moderate-to-severe Crohn's disease. Effective for maintaining remission and for tapering people off steroids.	<p>Intravenous (infliximab)</p> <p>Injection under the skin (adalimumab)</p>
<b>Antibiotics</b>	<ul style="list-style-type: none"> <li>• metronidazole (<i>Flagyl</i>®)</li> <li>• ciprofloxacin (<i>Cipro</i>®, <i>Proquin</i>®)</li> </ul>	For infections of Crohn's disease, such as abscesses.	Oral or injection

## TREATMENT

As we mentioned earlier, there is no medical cure for Crohn's disease. But there are treatments available that can control it. They work by quieting the abnormal inflammation in the lining of the intestines. This permits the bowel to heal. It also relieves the symptoms of diarrhea, rectal bleeding, and abdominal pain.

The two basic goals of treatment are to achieve remission (the absence of symptoms) and, once that is accomplished, to maintain remission. Some of the medications used for these two aims may be the same, but they are given in different dosages and for different lengths of time. There is no "one-size-fits-all" treatment for everyone with Crohn's disease. The treatment approach must be tailored to the individual because each person's disease is different.

Some medications used to treat Crohn's disease have been around for years. Others are recent breakthroughs. The most commonly prescribed drugs fall into five basic categories:

- **Aminosalicylates:** These include aspirin-like compounds that contain 5-aminosalicylate acid (5-ASA). Examples are sulfasalazine, mesalamine, olsalazine and balsalazide. These drugs, which can be given either orally or rectally, work at the level of the lining of the GI tract to decrease the inflammation there. They are effective in treating mild-to-moderate episodes of Crohn's disease. They also are useful in preventing relapses of the disease.
- **Corticosteroids:** These medications, which include prednisone and prednisolone, also affect the body's ability to launch and maintain an inflammatory process. In addition, they work to suppress the immune system. Corticosteroids are used for people with moderate-to-severe Crohn's disease. They can be administered orally, rectally, or intravenously. They are also effective for short-term control of

acute episodes (that is, flare-ups); however, they are not recommended for long-term or maintenance use because of their side effects. Budesonide is a nonsystemic steroid used to treat mild-to-moderate Crohn's disease. Budesonide causes fewer side effects. If you cannot come off steroids without suffering a relapse of your symptoms, your doctor may need to add some other medications to help manage your disease.

- **Immunomodulators:** These include azathioprine, 6-mercaptopurine (6-MP), and cyclosporine. This class of medications basically overrides the body's immune system so it cannot cause ongoing inflammation. Usually given orally, immunomodulators generally are used in people in whom aminosalicylates and corticosteroids haven't been effective or have been only partially effective. They may be useful in reducing or eliminating dependency on corticosteroids. They also may be effective in maintaining remission in people who haven't responded to other medications given for this purpose. Immunomodulators may take up to three months to begin to work.
- **Antibiotics:** Metronidazole, ciprofloxacin, and other antibiotics may be used when infections, such as abscesses, occur in Crohn's disease.

Investigating different approaches may result in increased options for the treatment of inflammatory bowel diseases.

- **Biologic therapies for IBD:** Biologic therapies are the newest class of drugs used for people suffering from moderate-to-severe Crohn's disease. These drugs are made from antibodies that bind with certain molecules to block a particular action. The intestinal inflammation of Crohn's disease is a result of various processes, or "pathways." Because a biologic drug targets a specific pathway, it can help reduce inflammation. That targeted action also keeps side effects to a minimum.

Other biologic drugs are currently undergoing clinical trials for Crohn's disease. For more information on drugs in clinical trials, visit [www.cdfa.org/trials](http://www.cdfa.org/trials).

## Anti-TNF

Within the last decade, a class of biologics known as anti-TNF was introduced for use in Crohn's disease. These drugs bind to and inactivate tumor necrosis factor (TNF). This is a protein in the immune system that plays a role in inflammation. The first anti-TNF drug approved for Crohn's disease was infliximab (Remicade®). It is used for people with moderately-to-severely active Crohn's disease who haven't responded well to conventional therapy. Another agent, adalimumab (Humira®), was recently approved for use in Crohn's disease. Yet another anti-TNF, certolizumab pegol (Cimzia®), is currently being investigated for people with Crohn's disease.

## Adhesion Molecule Inhibitors

A recent development in biologic therapy is the development of adhesion molecule inhibitors. Their mechanism of action is different from the anti-TNF agents. Adhesion molecule inhibitors work by binding to particular cells in the bloodstream that are key players in inflammation. Natalizumab (Tysabri®), already approved for multiple sclerosis, is one such therapy currently under investigation for the treatment of Crohn's disease.

In addition, there is a "pipeline" of drugs that are in the very early stages of development. These include many more biologic drugs with different modes of action. They are structured to interrupt the out-of-control signaling within different pathways in an immune system that simply won't shut off. By uncovering additional mechanisms, investigators expect to generate increased options for the treatment of chronic inflammatory diseases—including Crohn's disease.

## The Next Wave

It is a very exciting time in the development of new therapies, as researchers reveal the culprits involved in Crohn's disease and technology makes it possible to target those culprits to block inflammation. With more than 80 experimental treatments in clinical trials, experts predict that a wave of new therapies for Crohn's disease is on the way. Genetic studies are also expected to yield important insights that will drive the search for new therapies. The hope is that these may be capable of reversing the damage caused by intestinal inflammation and even prevent the disease process from starting in the first place. Finally, because there are several sub-types of Crohn's disease, there is a great need for an individualized approach to treatment. Accordingly, researchers have begun to evaluate therapies based on cells and proteins derived from the individual patient in order to determine the best treatment course for that person.

*This is just an overview of the medications commonly used in the treatment of Crohn's disease. You can find more specific information about these medications by visiting CCFA's Web site at [www.cdfa.org](http://www.cdfa.org).*

Biologic therapy options may help Crohn's disease patients achieve and maintain remission.

## SURGERY

Many individuals with Crohn's disease respond well to medical treatment and never have to undergo surgery. However, two-thirds to three-quarters of people will require surgery at some point during their lives.

Treatment involves achieving and maintaining remission. Surgery can also help.

Surgery may become necessary in Crohn's disease when medications are no longer effective in controlling symptoms. It may also be performed to repair a fistula or fissure. Another indication for surgery is the presence of an intestinal obstruction or other complication, such as an intestinal abscess. In most cases, the diseased segment of bowel and any associated abscess is removed. This is called a resection. The two ends of healthy bowel are then joined together in a procedure called an anastomosis. While resection and anastomosis may allow many symptom-free years, this surgery is not considered a cure for Crohn's disease, because the disease frequently recurs at or near the site of anastomosis.

An ileostomy also may be required when surgery is performed for Crohn's disease of the colon. After surgeons remove the colon, they bring the small bowel to the skin so that waste products may be emptied into a pouch attached to the abdomen. This procedure is needed if the rectum is diseased and cannot be used for an anastomosis.

The overall goal of surgery in Crohn's disease is to conserve bowel and return the individual to the best possible quality of life. Unlike surgery for ulcerative colitis, though, surgery for Crohn's disease does not represent a cure.

*For more information on surgery in Crohn's disease, see CCFA's Web site at [www.ccfa.org](http://www.ccfa.org).*

## THE ROLE OF NUTRITION

You may wonder if eating any particular foods caused or contributed to Crohn's disease. The answer is no. However, once the disease has developed, paying some attention to diet may help you reduce the symptoms, replace lost nutrients, and promote healing. For example, when your disease is active, you may find that bland, soft foods may cause less discomfort than spicy or high-fiber foods. Smaller, more frequent meals also may help.

Maintaining proper nutrition is important in the management of Crohn's disease. Good nutrition is essential in any chronic disease but especially in this illness. Abdominal pain and fever can cause loss of appetite and weight loss. Diarrhea and rectal bleeding can rob the body of fluids, nutrients, and electrolytes. These are minerals in the body that must remain in proper balance for the body to function properly.

But that doesn't mean that you must eat certain foods or avoid others. Except for restricting milk products in lactose-intolerant people or restricting caffeine when severe diarrhea occurs, most doctors simply recommend a well-balanced diet to prevent nutritional deficiency. A healthy diet should contain a variety of foods from all food groups. Meat, fish, poultry, and dairy products (if tolerated) are sources of protein; bread, cereal, starches, fruits, and vegetables are sources of carbohydrates; margarine and oils are sources of fat. A dietary supplement, like a multivitamin, can help fill the gaps.

### Probiotics and prebiotics

Researchers have been looking at other forms of intestinal protection for people with Crohn's disease. That's where probiotics and prebiotics come in.

What are these substances? *Probiotics*, also known as “beneficial” or “friendly” bacteria, are microscopic organisms that assist in maintaining a healthy GI tract. Approximately 400 different types of good bacteria live within the human digestive system, where they keep the growth of harmful bacteria in check. A proper balance between good and bad bacteria is key. If beneficial bacteria become depleted or the balance is otherwise thrown off, that’s when harmful bacteria can overgrow — causing diarrhea and other digestive problems. In people with already damaged GI tracts, like those with Crohn’s disease, symptoms may be particularly severe. Mounting evidence suggests the use of probiotics — available in capsules, powders, liquids, and wafers — may represent another therapeutic option for people with IBD, particularly in helping to maintain remission.

*Prebiotics* are non-digestible food ingredients that provide nutrients that allow beneficial bacteria in the gut to multiply. They also stimulate the growth of probiotics.

*Further information on diet and nutrition in Crohn’s disease can be found on CCFA’s Web site at [www.ccfa.org](http://www.ccfa.org).*

## THE ROLE OF STRESS AND EMOTIONAL FACTORS

Some people think it takes a certain personality type to develop Crohn’s disease or other inflammatory bowel diseases. They’re wrong. But, because body and mind are so closely interrelated, emotional stress can influence the *symptoms* of Crohn’s disease — or, for that matter, any chronic illness. Although the disease occasionally recurs after a person has been experiencing emotional problems, there is no proof that stress *causes* Crohn’s disease.

It is much more likely that the emotional distress that people sometimes feel is a reaction to the symptoms of the disease itself. Individuals with Crohn’s disease should receive understanding and emotional support from their families and doctors. Although formal psychotherapy is generally not necessary, some people are helped considerably by speaking with a therapist who is knowledgeable about IBD or about chronic illness in general. CCFA offers local support groups to help patients and their families cope with Crohn’s disease and ulcerative colitis.

### Plan ahead

You’ll learn that there are numerous strategies that can make living with Crohn’s disease easier. Coping techniques for dealing with the disease may take many forms. For example, attacks of diarrhea or abdominal pain may make people fearful of being in public places. But that isn’t necessary. All it takes is some practical advance planning. Find out where the restrooms are in restaurants, shopping areas, theaters, and on public transportation. Carrying along extra underclothing or toilet paper is another smart maneuver. When venturing further away or for longer periods of time, speak to your doctor first. Travel plans should include a large enough supply of your medication, its generic name in case you run out or lose it, and the names of doctors in the area you will be visiting.

## LIVING A NORMAL LIFE WITH CROHN’S DISEASE

Perhaps the most difficult period for you is right now, when you have just learned you have this chronic illness called Crohn’s disease. As time goes on, though, this fact will not always occupy the top spot on your mind. In the meantime, don’t hide your condition from family, friends, and co-workers. Discuss it with them and let them help and support you.

Try to go about your daily life as normally as possible, pursuing activities as you did before your diagnosis. There's no reason for you to sit out on things that you have always enjoyed or have dreamed of doing one day. Learn coping strategies from others — your local CCFA chapter offers support groups as well as informational meetings — and share what you know with others, too. Follow your doctor's instructions about taking medication (even when you are feeling perfectly well) and maintain a positive outlook. That's the basic — and best — prescription.

While Crohn's disease is a serious chronic disease, it is not a fatal one. There's no doubt that living with this illness is challenging — you have to take medication and, occasionally, may be hospitalized. But it's important to remember that most people with Crohn's disease are able to lead rich and productive lives.

Remember, also, that taking maintenance medication can significantly decrease flare-ups of Crohn's disease. In between disease flares, most people are free of symptoms and feel well.

## HOPE FOR THE FUTURE

Laboratories all over the world are devoted to the scientific investigation of Crohn's disease. That's good news when it comes to the development of new therapies for this disease. CCFA-sponsored research has led to huge strides in the fields of immunology, the study of the body's immune defense system; microbiology, the study of microscopic organisms with the power to cause disease; and genetics. Through CCFA's continuing research efforts, much more will be learned and eventually a cure will be found.

**For more brochures and fact sheets on Crohn's disease and ulcerative colitis, please call CCFA at 888.MY.GUT.PAIN, or visit us on the Internet at [www.ccfa.org](http://www.ccfa.org).**

## KNOWLEDGE IS POWER!

Find the answers you need to help control your Crohn's or ulcerative colitis by joining CCFA.

Discover great ways to manage your disease and work for a cure! To join the Crohn's & Colitis Foundation of America, complete and send the application on the next page today.

### By joining, you'll get:

- *Take Charge*, our national magazine
- *Under the Microscope*, our newsletter with research updates
- News, educational programs, and supportive services from your local CCFA chapter
- Discounts on select programs and merchandise

Established in 1967, the Crohn's & Colitis Foundation of America, Inc. (CCFA) is the only private, national nonprofit organization dedicated to finding the cure for IBD. Our mission is to fund research; provide educational resources for patients and their families, medical professionals, and the public; and to furnish supportive services for people with Crohn's or colitis.

In addition to supporting these key programs, CCFA donations are vital to our advocacy efforts. CCFA has played a crucial role in obtaining increased funding for IBD research at the National Institutes of Health, and in advancing legislation that will improve the lives of patients nationwide.

Start getting the latest information on symptom management, research findings and government legislation that can help you. Join CCFA today by calling 800-932-2423, visiting [www.ccfa.org](http://www.ccfa.org), or completing and sending the application on the next page to:

### Crohn's & Colitis Foundation of America

Attn: Membership  
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