

Ulcerative Colitis

Most often, ulcerative colitis occurs in young people 15 to 40 years of age. Ulcerative colitis occurs only in the inner lining of the colon (large intestine) or rectum. When it is located only in the rectum, it is called proctitis. Inflammation of the rectum and colon keeps water from being absorbed into the bloodstream and results in diarrhea.

Ulcerative colitis is an illness that has periods of remission (time when you feel well) and relapse (time when you feel ill).

Symptoms of Ulcerative Colitis

The most common symptoms of ulcerative colitis are:

- Diarrhea.
- Abdominal cramps.
- Rectal bleeding.
- Frequent fever.
- Nausea.

Other symptoms include:

- Fatigue.
- Weight loss.
- Loss of appetite.
- Abdominal pain.
- Joint pain.
- Liver problems.
- Loss of body fluids and nutrients.
- Bleeding, leading to anemia (a low count of red blood cell causing fatigue).
- Redness and swelling of the eyes.

No one knows for sure why problems outside the colon are linked with colitis. These problems may improve when the ulcerative colitis is managed.

Half of the people who have ulcerative colitis have only mild symptoms.

Some people with severe symptoms of ulcerative colitis must go to the hospital to correct malnutrition and stop diarrhea and loss of blood. In the hospital, a patient may need a treatment program including a special diet and feeding through a vein. Sometimes surgery is needed.

Ulcerative Colitis and the Risk of Colon Cancer

The risk of colon cancer is higher in ulcerative colitis patients with involvement of the entire colon and in patients who have had the diagnosis for eight to 10 years or more. Patients with a diagnosis of left-sided ulcerative colitis for 15 to 20 years also fall into a higher risk group for developing cancer. Individuals who fall into these groups should consult their gastroenterologist and plan for periodic colonoscopy with biopsy.

Diagnosing Ulcerative Colitis

To find out if you have ulcerative colitis, your gastroenterologist must take your medical history and perform a physical examination. The exam may include blood tests and samples of a bowel movement. You may also need to undergo a colonoscopy.

During this test, a small flexible tube will be inserted into the anus by your doctor and slowly passed along the colon, allowing your doctor to see the lining of the colon. If necessary, the doctor can take a tissue sample called a biopsy to make a diagnosis of your condition. To learn more about colonoscopy, read the AGA Institute brochure on that topic in your gastroenterologist's office or visit www.gastro.org/patient.

Medications Available for Ulcerative Colitis

There are many drugs that are effective for the treatment of ulcerative colitis. The goal of treatment is to induce and maintain remission and to improve the patient's quality of life.

- **Aminosalicylates:** These drugs are the first-line treatment for many patients with mild or moderate ulcerative colitis, as well as for patients who have relapsed. The drugs, which contain 5-ASA, help control inflammation, but may have side effects such as nausea, vomiting, heartburn, diarrhea and headache. They are administered either orally, through an enema or in a suppository, depending on the location of the colon inflammation.
- **Corticosteroids:** Patients with moderate to severe ulcerative colitis, or who do not respond to aminosalicylates, may use these drugs to reduce inflammation. They may cause side effects such as weight gain, acne, facial hair, hypertension, diabetes, mood swings, bone mass loss and increased risk of infection. Patients should not take long-term corticosteroids, but they are very effective for short-term use.
- **Immunomodulators:** For patients to do not respond to aminosalicylates or corticosteroids, or who may be dependent on corticosteroids, immunomodulators may be helpful. These drugs reduce inflammation by affecting the immune system. They are administered orally, but are slow-acting and it may take up to six months for patients to feel the effects. A number of complications may arise including pancreatitis, hepatitis, reduced white blood cell count and increased risk of infection.
- **Biologic treatments:** Some patients may require medications that target specific proteins in the body's immune system to help control the development of inflammation. Tumor necrosis factor (TNF) can cause your immune system to

attack healthy tissues in your body and cause inflammation and damage. Anti-TNF medications recognize, attach to and block the action of TNF. Blocking TNF does not cure inflammatory bowel disease, but it may reduce the inflammation caused by TNF in your body. These agents are used for the treatment of moderate to severe ulcerative colitis that does not respond to standard therapies (aminosalicylate substances, corticosteroids or immunosuppressive agents).

This information is not intended as medical advice and should not be used for diagnosis. The information in these brochures should not be considered a replacement for consultation with a health-care professional. If you have questions or concerns about the information found in these brochures, please contact your health-care provider. We encourage you to use the information and questions in these brochures with your health-care provider(s) as a way of creating a dialogue and partnership about your condition and your treatment.



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