

ULCERATIVE COLITIS

Patient Information Fact Sheet

›What is ulcerative colitis?

Ulcerative colitis is an inflammatory disease of the large intestine (colon). It is one of two main types of inflammatory bowel disease (IBD). The other main type is Crohn's disease. There are differences between the two conditions although the symptoms may be similar. Ulcerative colitis affects mainly the colon, whereas Crohn's disease can affect any part of the digestive system from the mouth to the anus. Ulcerative colitis is most often diagnosed in the mid-30's but the disease can occur at any age. Although it is found in all countries and races, it is more common among white people of European origin and among people of Jewish heritage. Approximately 700,000 people in the U.S. are affected by ulcerative colitis. It affects men and women equally and the risk is greater in people who have close relatives affected by the condition.

›What are the symptoms of ulcerative colitis?

In ulcerative colitis the lining of the intestine becomes ulcerated and inflamed. Different parts of the large intestine can be affected. The disease may occur only in the rectum (proctitis), in the rectum and the left side of the colon (proctosigmoiditis), or in the entire colon (universal colitis). The symptoms of ulcerative colitis vary in severity in different people. Symptoms are usually more severe when more of the colon is affected.

In proctitis, intermittent rectal bleeding may occur with no other symptoms. In universal colitis, cramp-like abdominal (stomach) pain, weight loss, diarrhea, loss of appetite (anorexia) and rectal bleeding may all occur frequently. If the bleeding is severe, it may cause anemia, requiring blood transfusions. There is usually abdominal pain before a bowel movement (which is often diarrhea). Diarrhea may be frequent and mixed with blood, pus and mucus. If the symptoms become severe, some people may require hospital treatment until the attack has settled.

Occasionally, people with ulcerative colitis also suffer from swollen joints, mouth ulcers, inflamed eyes or rashes on the body. The symptoms may flare up or improve at different times. Some people may have a complete remission of symptoms for periods of time. People with long-standing ulcerative colitis (more than eight years) can have an increased risk of colon cancer. Yearly tests are usually recommended after this time to detect any early changes which may preclude cancer.

›What causes ulcerative colitis?

The cause of ulcerative colitis is still unknown. Possible causes are thought to include viruses, bacteria, diet, stress, smoking and allergy. Current thinking is that it may be an autoimmune disease in which the body's immune system attacks its own tissues. However, there are no proven theories yet.

›What tests confirm a diagnosis of ulcerative colitis?

It may take time to confirm a diagnosis of ulcerative colitis as other bowel diseases may need to be excluded first. For example, rectal bleeding may be due to proctitis, but a more typical cause of rectal bleeding is hemorrhoids. If there has been blood loss a blood test can show anemia. The severity of inflammation present can also be shown by blood tests (a raised white cell count or erythrocyte sedimentation rate [ESR]). Stool specimens may be tested to exclude parasites or other causes of infection.

MPR

Easy-to-use, trustworthy, and accurate...

eMPR.com/patientinformation

An endoscopy (sigmoidoscopy or colonoscopy) is usually required to confirm the diagnosis. In this procedure a fiber-optic tube connected to a video camera is passed into the rectum and up into the colon allowing the doctor to see the extent of the disease. Biopsies may also be taken during the endoscopy to confirm the severity of the inflammation. A biopsy involves a small sample of tissue being taken from the intestine for examination under a microscope. These tests can help the doctors decide which type of treatment is necessary. A barium enema may also be used. In this procedure a liquid is introduced into the rectum and colon via the anus allowing x-ray pictures of the intestine to be taken. This may show the presence of ulcerative colitis but is not as accurate in defining the severity or extent of the disease as an endoscopy or biopsy.

›How is ulcerative colitis treated?

Drug treatment is aimed at treating attacks of colitis and prolonging or maintaining periods of remission. The drugs most commonly used to treat ulcerative colitis include **sulfasalazine** (Azulfidine), **mesalamine** (Asacol, Apriso), **olsalazine** (Dipentum) or **balsalazide** (Colazal). They are usually given in tablet or capsule form. Some of these may also be prescribed as suppositories or enemas. Steroids such as hydrocortisone may also be given directly into the rectum via suppository. If an attack of ulcerative colitis is very severe, hospitalization may be necessary. Steroids (such as **methylprednisolone** [Solu-Medrol]) may be given by injection along with fluids if dehydration is a problem.

Infliximab (Remicade) is a newer treatment that may be used in people with moderate to severe ulcerative colitis not controlled by other treatments or in people who cannot take other treatments for some reason. Infliximab is given by intravenous infusion. In some cases, **azathioprine** (Azasan) (a drug that suppresses the immune system) may be given to maintain remission.

If drug treatment does not control the symptoms sufficiently, surgery to remove the affected part of the colon may be carried out. This is fairly extensive and may require the formation of a colostomy on the outside of the body. Therefore, surgery is only carried out in patients with poorly controlled or complicated ulcerative colitis.

›Further information

Crohn's & Colitis Foundation of America: www.cffa.org/what-are-crohns-and-colitis/what-is-ulcerative-colitis/

Last reviewed: May 2013