

The previous article in this series outlined the complicated and incompletely understood nature of the causes of Crohn's disease and ulcerative colitis (UC). However, a growing number of treatments are available that can be very effective in suppressing the inflammation, treating the symptoms and preventing the disease from progressing and causing complications.

The treatment strategies for Crohn's and UC are set out in national guidelines agreed upon by experts in the field. The treatments used depend upon the type and stage of the disease the age of the patient and whether the objective is to manage a flare-up of the disease (in order to induce remission) or to maintain it in remission, often required on a long term basis. A variety of options are available that include drugs taken by mouth and those given via injections into the skin or as an infusion into the bloodstream. In some cases, surgery is recommended; this will be discussed separately.

Some of the commonly used drug treatments include steroids (such as budesonide or prednisolone), azathioprine, mercaptopurine, mesalazine and methotrexate. Some of the injections used include infliximab, adalimumab, ustekinumab, golimumab and vedolizumab. All these medicines will have another name given to them by the company that makes them. Gener-

ally speaking, they all work by suppressing the immune system to reduce inflammation in the body. This is either done in a more general way or by targeting pathways thought to be directly involved in Crohn's and UC from research findings. The time that these medicines take to act and their effectiveness in reducing the inflammation and treating the symptoms varies. Sometimes, one medicine may not work and it will be necessary to try alternatives or combine multiple medicines.

What are the treatment options for Crohn's disease and ulcerative colitis?

Unfortunately almost all medicines have some side effects and can carry risks. A decision to start a particular treatment is a joint one between the patient and their doctor in which the benefits and risks of the treatment, as opposed to the relevant alternatives, are discussed.

The development of new more effective treatments remains an active area of research.

More detailed information on the different types of treatments can be obtained from Crohn's and Colitis UK.

This article is for information only and should not be used in place of seeing a medical professional. If you have any questions regarding your own health, please see your doctor. This article has been written by Dr Adam Levine MBBS, PhD (doctor and researcher) and Dr Elena Schiff PhD (geneticist and researcher) at University College London.