THE IBD CORNER

Crohn's and Colitis Relief (CCR) was founded in Stamford Hill and aims to improve the quality of life of children and adults affected by Inflammatory Bowel Disease as well as related illnesses, primarily targeting the Ashkenazim in the Charedi Orthodox Jewish Community, where there is the highest percentage of people suffering from this disease in silence.

Since the diagnosis of Inflammatory Bowel Disease can initially prove overwhelming for a patient and their family, CCR's dedicated group of family support workers is available to help families to understand the condition, offer informed answers to questions and suggest further sources of support.

Services include:

- **Hospital Advocacy**
- **Emergency hospital transport services**
- **Medical referrals and support in hospital to speed recovery**
- **Emotional support to young people, parents, family and friends**
- **Cultural training and awareness for hospital staff**

This is the first in a series of short articles on Crohn's disease and ulcerative colitis.

The articles aim to increase awareness and knowledge of these diseases and provide helpful information for patients and their family members. 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.

For more information please contact the CCR team during office hours.

What are Crohn's disease and ulcerative colitis?

Crohn's disease (sometimes just called Crohn's) and ulcerative colitis (or UC) are the two main forms of inflammatory bowel disease (IBD). In both Crohn's and UC there is inflammation (meaning swelling, bleeding and ulceration – breakdown of the surface) of the wall of the bowel or gastrointestinal (GI) tract. Crohn's and UC affect approximately 1 in 200 people but are particularly common amongst the Jewish population (approximately 1 in 50). The average age of onset of IBD is approximately 15-25 years.

To understand these diseases, it is important to review the normal anatomy and function of the GI tract.

The GI tract, also known as the alimentary canal, is a long tube that goes from the mouth to the bottom. After food is swallowed it passes down the oesophagus (gullet) to the stomach where the food starts to be broken down by acids and digestive enzymes. Some substances, including some medicines, are absorbed here. The stomach contents then pass into the small intestine (also known as the small bowel) which is made up of three parts: the duodenum, jejunum and ileum. The small intestine is approximately 2.5-3 cm wide and 6-7 metres long. The role of the small intestine is to further digest the food into small molecules and then absorb these through the wall of the bowel into the bloodstream. At the end of the small bowel is the terminal ileum from which the contents pass into the large intestine. The large intestine (also known as the large bowel or colon) is divided into the caecum, ascending (right) colon, transverse colon, descending (left) colon, sigmoid colon and rectum. The colon is approximately 6 cm wide and 1.5 metres long. The main function of the colon is to absorb water and any remaining nutrients. The colon also contains a very large number of bacteria (called the gut flora) which help with digestion.

In Crohn's, the inflammation can occur anywhere along the GI tract (most commonly the terminal ileum) whereas in UC only the colon is affected. The inflammation of the bowel causes pain and change in bowel habit, particularly diarrhoea, sometimes with blood and/or mucus. The inflammation interferes with the normal function of the bowel in absorbing nutrients. This, combined with the stress on the body caused by the inflammation, results in weight loss, tiredness and weakness.

IBD are chronic conditions meaning that they are usually lifelong. However, they are also characterised by a relapsing and remitting course meaning that there will be times when the disease is under control and there are limited or no symptoms (remission) and times when the disease is active and the symptoms are worse (a relapse or flare-up).

There is no cure for IBD but there are a growing number of medications available that can control the disease. There is an exclusive enteral nutrition diet, which is now used as a first line therapy for the induction of remission for children with crohns disease

Further articles in these series will focus on: a more detailed comparison of Crohn's and UC, a description of how these diseases are diagnosed, the treatment options available and the role of diet.

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