

# Moving Forward with Ulcerative Colitis



**START** ColitisCare  
Patient Empowerment Program

Your Journey Starts **HERE**



Use this booklet to help you understand your diagnosis, the importance of your medications and tips to manage your disease!

## Table of Contents

4	What is Ulcerative Colitis?
6	Types of Ulcerative Colitis
7	Symptoms of Ulcerative Colitis
8	Treatment Options
11	Where/ How Does the Medication Work?
12	Treatment Goals
13	Importance of Adherence to Treatment Plan
15	Monitoring for Symptoms of Flares
16	Managing Flares
18	Some Questions You May Ask Your Healthcare Provider at Your Next Visit
19	Additional Resources

# What is Ulcerative Colitis?

Ulcerative colitis (UC) is a type of chronic inflammatory bowel disease (IBD) that causes inflammation (redness and swelling) and ulcers (sores) on the inner lining of the colon (large intestine), including the rectum. The other main type of IBD is Crohn's disease which can involve any part of the digestive tract.

Canada has one of the highest rates of UC in the world.



Ulcerative colitis can be mild, moderate or severe. If you received this booklet, you may have been diagnosed with mild-to-moderate UC after a number of diagnostic tests, including a colonoscopy.

Although the specific cause of UC is unknown, a number of factors have been identified that play a role in triggering the disease such as:

- 1) Genetic variants that increase the risk of developing UC
- 2) Environmental factors including (but not limited to) infections, stress and pollution
- 3) Changes to the gut microbiome (the diverse community of trillions of bacteria, viruses, fungi, and other microorganisms that live in your digestive tract)



Any of these factors can over-activate the immune system, causing it to attack the inner lining of the colon, resulting in inflammation.

**This can happen at any age, but typically starts in adolescence or early adulthood.**

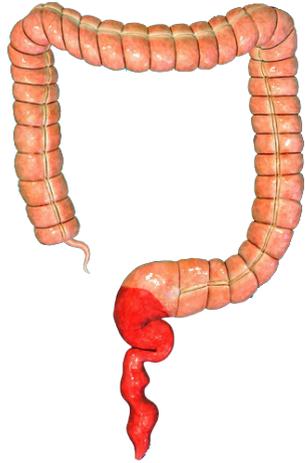
UC alternates between "**flares**" (disease is active and you feel symptoms) and "**remission**" (disease is inactive and you feel fewer or no symptoms).

Since there is no cure available for UC, the disease is managed through medication (even during periods of remission), or surgery.



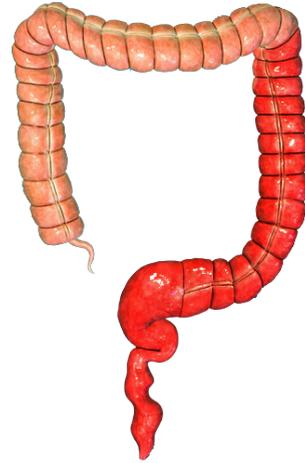
# Types of Ulcerative Colitis

There are different types of UC based on which part of the colon is affected:



**Proctitis**

(Inflammation of the rectum)



**Left-side or distal colitis**

(Inflammation until the splenic flexure, includes proctosigmoiditis)



**Pancolitis**

(Inflammation of the entire colon)

# Symptoms of Ulcerative Colitis

Generally, the greater the extent of the colon affected, the worse the symptoms are. Specific symptoms and their severity may vary across individuals and include:



**Abdominal pain**



**Diarrhea**  
(often with blood or mucus/clear slippery fluid)



**Urgency to defecate**  
(especially at night)



**Fatigue**



**Fever**



**Loss of appetite and weight**



**Joint pain**

# Treatment Options

Your medications will help you to:

- Control symptoms (induce clinical remission)
- Prevent symptoms from coming back and heal your colon (maintain clinical and endoscopic remission)
- Limit disease progression and improve quality of life

5-ASAs, which are anti-inflammatory medications, are commonly prescribed to control mild to moderate symptoms. They act locally by coating the inner lining of the colon. If symptoms persist or worsen, corticosteroids such as budesonide MMX or prednisone, may be considered to address more severe inflammation. Budesonide MMX acts locally while prednisone acts systemically throughout the body. Corticosteroids are unable to maintain remission and are only for short-term use.

Together with your healthcare provider, you can tailor the treatment plan to meet your specific needs, considering factors such as the extent of inflammation, your overall health and personal preferences.

**Ulcerative colitis is a lifelong disease, so it is important to take medications as prescribed by your healthcare provider to manage your symptoms and control disease progression. Speak with your healthcare provider if you have questions about your medications.**

5-ASAs are a trusted treatment for UC with a good safety profile and fewer side effects compared to corticosteroids. They come in **oral** and **rectal** forms:

## Oral medications



## Suppositories (rectal)



## Enemas (rectal)

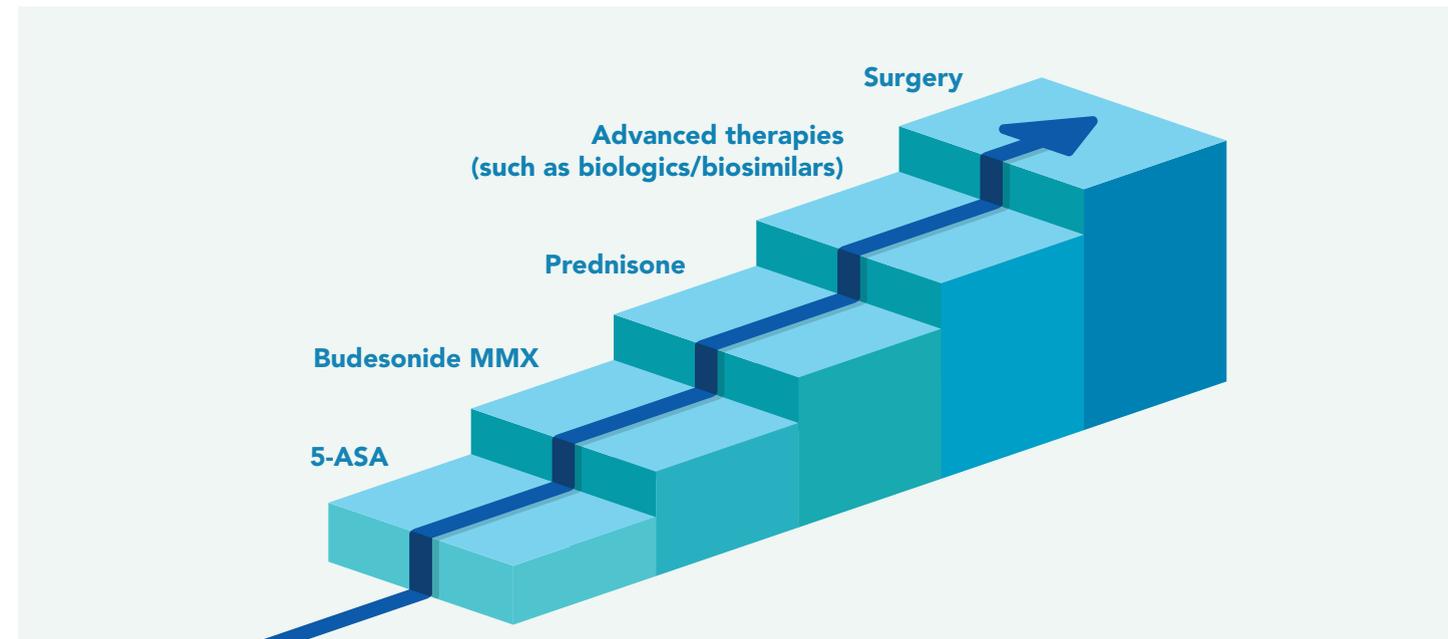


\*pictures are not to scale\*

## Treatment Options (Continued)

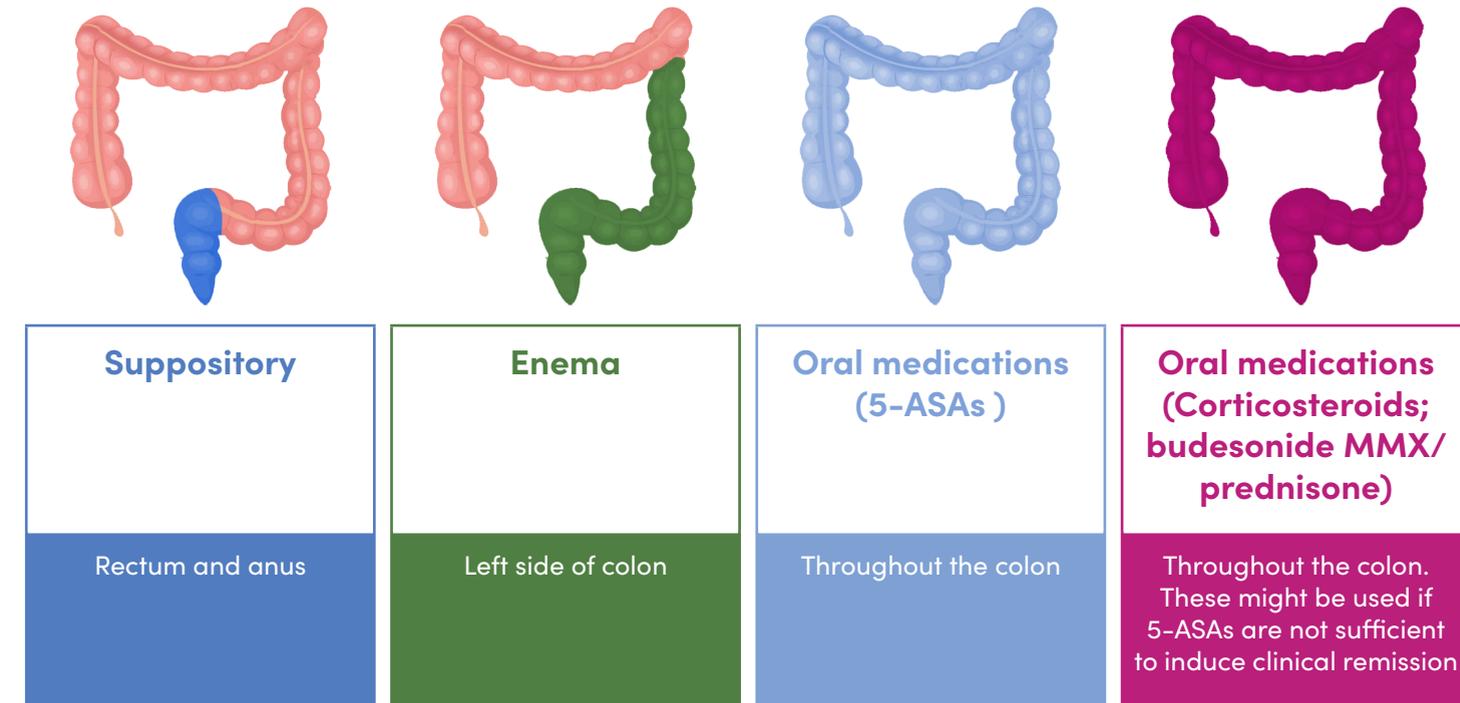
Rectal forms address inflammation in the rectum and anus, which is typically where the disease starts. Oral 5-ASAs can reduce inflammation through the entire colon.

Usually, oral and rectal 5-ASAs, are the first treatment for mild to moderate UC patients. If you don't respond, or are intolerant, it can be followed by corticosteroids (budesonide MMX or prednisone) or advanced therapies in a stepwise approach.



## Where/ How Does the Medication Work?

UC medications work to reduce inflammation in the colon. This limits disease activity, disease progression and potentially reduces the risk of developing colon cancer or requiring surgery (removal of the affected area of the colon—which may impact your quality of life). Below are diagrams to help you understand where the different types of medication work in the colon.



## Treatment Goals

There are some short, intermediate and long-term goals that your healthcare team might discuss with you when you start therapy. Initially, the objective is to **improve symptoms (symptomatic relief)**. Once you are feeling better, the goal is have **no symptoms (symptomatic remission)** and to normalize the levels of inflammatory markers (**C-reactive protein** and **fecal calprotectin**).

In the long term, your physician might want you to achieve **endoscopic healing (healing of your colon)**, have a normal quality of life and avoid complications due to the disease. It is important to remember that remission does not mean you are cured. Taking your medications as prescribed can help prevent future flares and disease progression.

UC affects every individual differently. The length of time it takes to control symptoms depends on the severity and location of the disease, the medications used to treat it, and how each person reacts to the medications.



**Speak with your healthcare provider to understand the goals of your treatment and what you can do to help achieve these goals.**

## Importance of Adherence to Treatment Plan

**Long-term medications such as 5-ASAs can take anywhere between 4-8 weeks to have an effect on symptoms.**

Adhering to your prescribed medications is an important aspect of managing your health and well-being, especially when dealing with conditions like UC. It's important to remember that achieving remission doesn't mean you are cured. By staying committed to your treatment plan, you play an active role in reducing the risk of a flare.

If you encounter any challenges or have concerns about your medications, you should discuss them with your healthcare team. **Together, you can ensure a tailored approach that best suits your individual needs.**



**By adhering to your treatment plan, you enhance the effectiveness of the medications and also contribute to better long-term outcomes.**

# Importance of Adherence to Treatment Plan

You may use the table below to write down the date and reason you started taking the medications. Your pharmacist can also give you tips on remembering to take your medications!

Date I started taking my medications:	enter date
Why I need to stay on my medications, even when I feel better	enter reason

In addition to medications, there are some lifestyle modifications you can make to help you feel better. An example is identifying and avoiding foods that trigger your symptoms. Keeping a food journal can help you keep track of which foods to eliminate or restrict. Before making changes, consult with your healthcare team to ensure you get all the nutrients you need. Stress can trigger UC symptoms as well. Techniques such as meditation, deep breathing exercises, and mindfulness can help manage stress levels.

**Infections can sometimes trigger a flare. You may speak with your healthcare provider to find out which vaccinations are right for you.**

# Monitoring for Symptoms of Flares

Symptoms you can look out for that may be indicative of a flare include:



3 or more stools per day than normal



Presence of blood in stool



Abdominal cramps/pain



Fever/chills



Unable to keep oral intake



Night-time stools



Severe joint pain

Contact your healthcare team if you experience any of the symptoms listed above. If your symptoms are severe, go to the nearest hospital.

# Managing Flares

If you are experiencing symptoms, your healthcare provider may order tests to confirm a flare. These may include blood tests (to check the levels of C-reactive protein), stool tests (to check for calprotectin and rule out possible infections such as C. difficile), and sometimes an endoscopic procedure.

Things you can do to manage your symptoms include:

	Reduce irritation and relieve soreness – Use moist towelettes (alcohol-free) to wipe after your bowel movements and take a warm sitz bath to relieve discomfort.
	Manage pain – <b>Avoid NSAIDs (e.g., Advil®, Aleve®)</b> and consult with your healthcare provider if you need more information about which pain medication is appropriate for you.
	Dietary changes – Eat small meals and make effective (but healthy) changes to your diet to eliminate any foods you are sensitive to. If in doubt about the best dietary approach for yourself, or for more information, consult a dietician.
	Drink plenty of fluids – Especially water! It's very important to stay hydrated unless your healthcare provider has asked you to limit your fluid intake. Be careful with alcohol, caffeinated beverages and carbonated beverages.

Based on the severity of the flare, your healthcare provider might increase the dose of your medication, add rectal therapies, add corticosteroids, or prescribe more advanced therapy to effectively manage the flare.

	Manage your energy – Rest when you need it and find what works best for you to accomplish your daily tasks without over-exerting yourself. <u>Ensure you get your doctor recommended amount of sleep.</u>
	Manage your stress – While stress doesn't cause UC, it can aggravate a flare, so get as much sleep as you can and use methods like light-to-moderate physical activity and meditation to reduce your stress.
	Reach out to people you trust – They can assist you with tasks and activities of daily living.
	Put together an emergency kit – Include extra wipes, underwear and a change of pants/clothes in case you have an accident.

## Some Questions You May Ask Your Healthcare Provider at Your Next Visit

- What dietary and lifestyle changes can I make to help manage my UC?
- Should I take probiotics?
- What do I do if my symptoms return?
- What can I do to minimize my flares?
- How do I catch the early signs of a flare?
- How often do I need to get tests done to monitor my condition?
- How will I know if my medication needs to be adjusted?
- When should I come back for a follow-up appointment?
- What medical symptoms should I consider an emergency?

**There may be provincially covered programs to help deal with anxiety or depression you may be experiencing due to your ulcerative colitis.**

## Additional Resources

There are many resources to support you on your path.

Scan the QR codes below for more information and to visit the site.

**GI Society**  
Canadian Society of Intestinal Research



**GI Society**  
Canadian Society of Intestinal Research

[badgut.org](http://badgut.org)

**Crohns/Colitis Canada**



**crohn's**  **colitis**

[crohnsandcolitis.ca](http://crohnsandcolitis.ca)

**Canadian Digestive Health Foundation**



**CDHF** Canadian Digestive Health Foundation

[cdhf.ca](http://cdhf.ca)

© 2023, FERRING CANADA,  
200 YORKLAND BOULEVARD, SUITE 500  
TORONTO, ONTARIO, M2J 5C1  
CANADA

CA-PA-2300013

