

# PATIENT EDUCATION HANDOUT

## Treatment Options for Ulcerative Colitis

Joanna Ghobrial, OMS-IV

Ronald Januchowski, DO, FACP, Editor • Paula Gregory, DO, MBA, CHCQM, FAIHQ, Health Literacy Editor

Ulcerative Colitis (UC) is an autoimmune disease that affects the large intestine. In UC, patients often have blood or mucus in their stool, frequent stools, and lower abdominal pain. Some non-gastrointestinal symptoms include inflammation of the skin, eye and/or joints. This is different from the other type of inflammatory intestinal disease, Crohn's Disease, as it does not affect any other part of the gastrointestinal tract, such as the mouth or small intestine. Early diagnosis and treatment mean recognizing abdominal symptoms and talking with your physician about your worries. Ulcerative colitis patients should avoid NSAID's (such as ibuprofen), opioids and anticholinergics in the case of severe disease. Working with your doctor will allow you to come up with the best treatment plan that is tailored to your case. A diagnosis of UC is often treated with medications. While these treatments are helpful, there are many things that you can do to help manage symptoms yourself.

### TREATMENTS THAT A PERSON CAN TRY TO TREAT THEIR SYMPTOMS

- Antidiarrheal agents such as loperamide
- Anticholinergic medication such as propantheline or dicyclomine to relieve cramping

### TREATMENT OPTIONS THAT REQUIRE DOCTOR MANAGEMENT

**If You Have A Mild Case:** A doctor might prescribe 5-aminosalicylic acid derivatives (5-ASAs) medication

- 5-ASAs can provide anti-inflammatory and immunosuppressive effects on the bowel
- 5-ASAs can be given by mouth or by suppository

**If You Have a Moderate Case:** A doctor might prescribe 5-ASAs, topical corticosteroids and/or anti-TNF therapy

- 5-ASAs can be given by mouth or topically
- An example of a topical corticosteroid is budesonide
- anti-TNF therapy includes adalimumab, golimumab, or infliximab

**If You Have a Severe Case or Refractory Disease:**

- A high-dose by mouth and topical 5-ASA's
- Systemic corticosteroids
- anti-TNF therapy
- Calcineurin antagonists (cyclosporine, tacrolimus)
- Thiopurines (but are not monotherapy)
- Last resort: referral for surgery

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**SOURCE(S):** Mayo Clinic, *The American Journal of Gastroenterology*, *The National Library of Medicine*, *The New England Journal of Medicine*

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