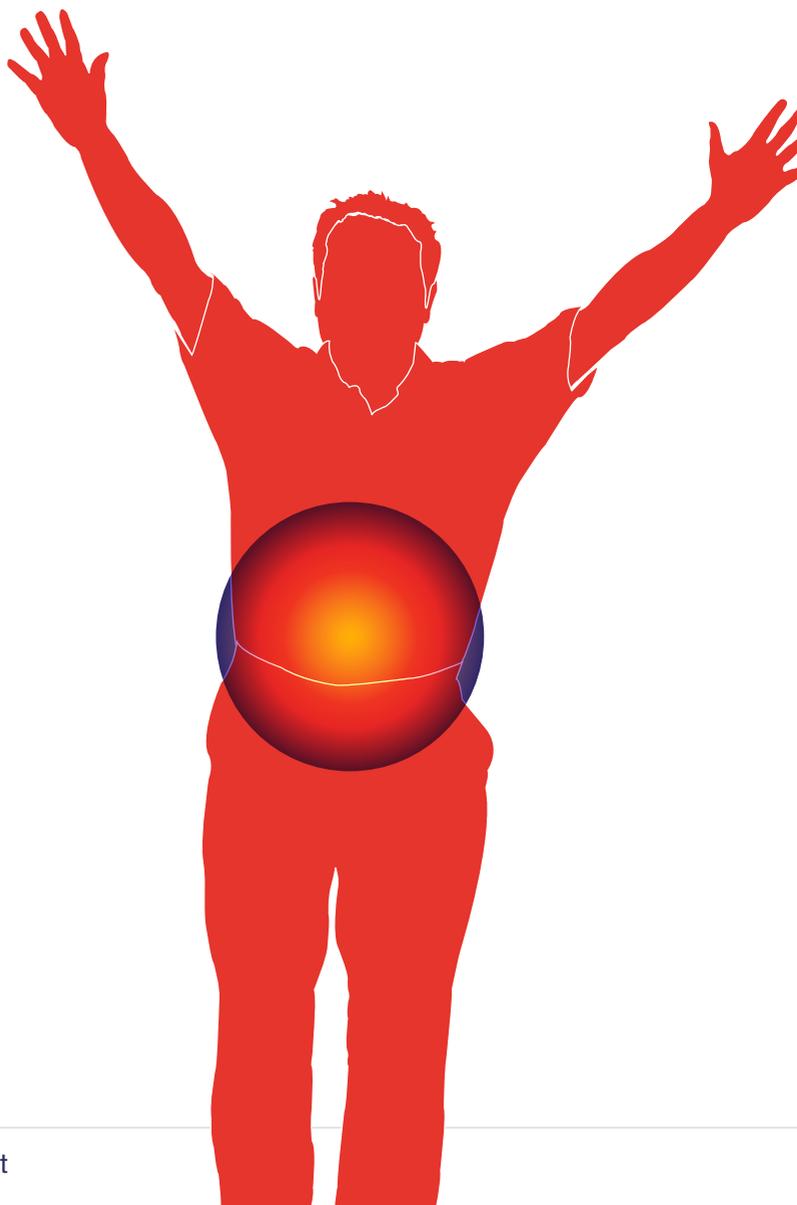
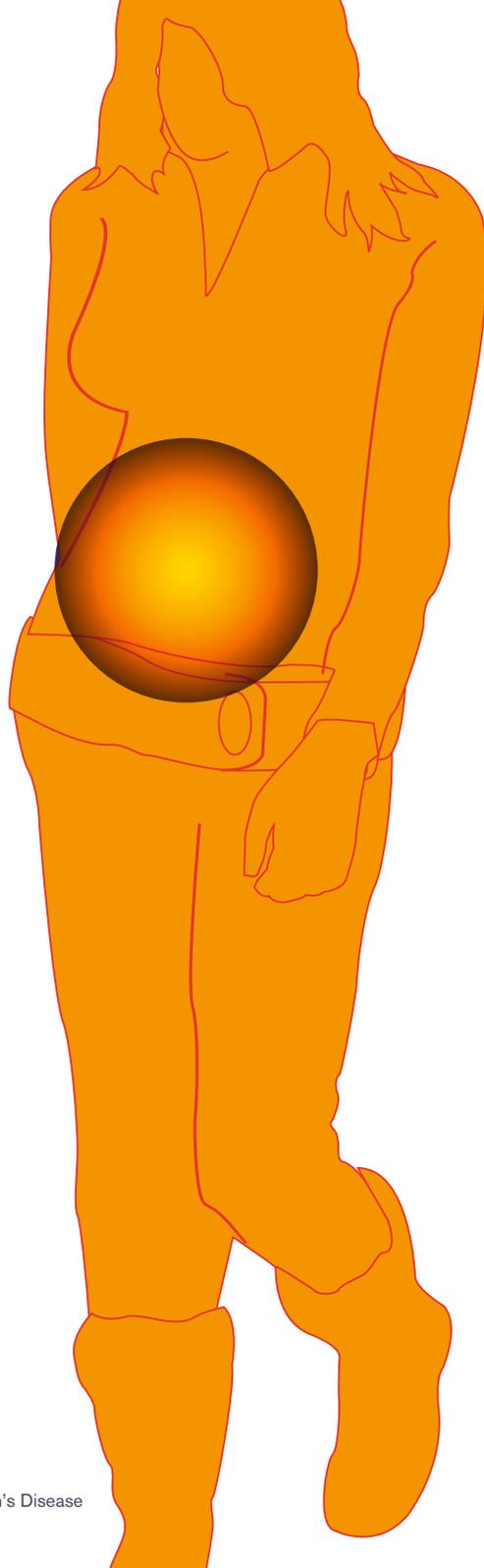


Crohn's disease and steroid treatment



What is Crohn's disease?



Crohn's disease is a chronic (long term) condition where there is inflammation in the lining of the gut (gastrointestinal tract). Inflammation frequently occurs in the last section of the ileum (small intestine) or colon (large intestine). However inflammation can occur anywhere in the digestive system from mouth to anus.

Symptoms

The most common symptoms are diarrhoea, lower abdominal pain, and feeling generally unwell and tired.

Should the disease progress other symptoms such as weight loss, cramping, fever and bloody diarrhoea may occur. Medication can help to ease symptoms when they flare-up.

Medication can help to ease symptoms when they flare-up.

Who gets Crohn's Disease?

Crohn's disease is a rare condition; it affects about 1 in 1,000 people. There are currently 60,000 people living with Crohn's disease in the UK. It can develop at any age but most commonly starts between the ages of 16 and 30, affecting women slightly more than men.

Crohn's disease is 10 times more common in immediate family members of patients with the disease, compared with the general population, suggesting there may be an inherited tendency to develop the condition. However research suggests a combination of environmental and genetic factors may be responsible for the onset of Crohns.

Will it get better?

There is currently no cure for Crohn's disease. However, medication is available to treat the symptoms and manage the condition.

People can have long periods of remission that last for weeks, months, or years where they have mild or no symptoms. This can be followed by periods where their symptoms flare-up.

About 80% of patients diagnosed with Crohn's disease will need surgery to relieve their symptoms at some time.

Crohn's disease affects about 1 in 1,000 people.

What is the treatment?

The treatment advised can depend on various factors. For example, the severity of the symptoms, the site or sites of the inflammation in the gut, whether associated problems have developed and what treatments have worked best for you in the past. Treatment decisions can become complex, and a specialist will usually advise.

No treatment

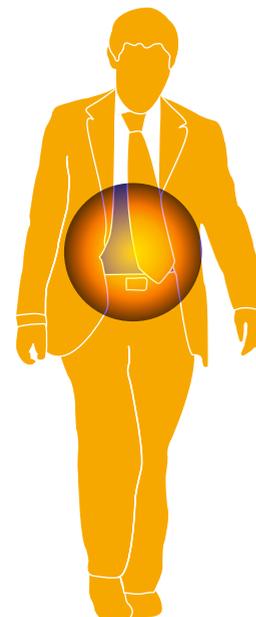
This is an option for some people who have mild symptoms. There is a chance that the symptoms will settle on their own. If symptoms get worse, then decisions about medication can be reviewed.

A course of steroids (corticosteroids)

Steroids are powerful drugs that reduce inflammation and suppress the body's immune system. The two commonly used steroids for Crohn's disease are Budesonide and Prednisolone.

In about 7 in 10 cases, symptoms are much improved within four weeks of starting steroids. The dose is reduced gradually, and then stopped once symptoms ease. A course of steroids for a specific period is normally acceptable.

Steroids are not usually continued once a flare-up has settled. The aim is to treat any flare-ups, but to keep the total amount of steroid treatment over the years as low as possible.



Steroids: the facts

Why are steroids used in the management of Crohn's Disease?

The steroids used in the management of Crohn's disease are called glucocorticoids. These are not the same as the "anabolic" steroids used by body builders. The steroids used for the treatment of Crohn's disease are powerful anti-inflammatory agents which achieve a fast response.

Steroids are usually only used to treat active disease because they are associated with side effects in the long term.

What are the concerns regarding the use of steroids?

Taking steroids for less than 12 weeks some people may experience acne, swelling of the face, hands feet or legs, mood changes such as irritability, insomnia and indigestion.

Longer term side effects might be thinning of the bones, weight gain, increased risks of infection, muscle cramps and stiffness, diabetes etc.

What are the choices of steroids?

Budesonide and Prednisolone are two steroids often used to treat Crohn's disease.

Oral 'topically acting' steroids have been developed in recent years.

Budesonide is a topically acting steroid which means that its activity mainly works at the site of the inflammation. These products have low systemic bioavailability which means that only about 10% of any given dosage will enter the body's bloodstream leading to a potentially lower risk of side effects occurring.

Budesonide is usually the first steroid that is prescribed to help control symptoms of mild to moderate Crohn's disease.

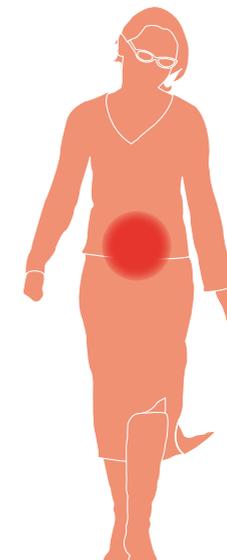
Oral 'systemically acting' steroids like Prednisolone have a higher level of bioavailability of the product into the bloodstream after a dose is given. About 80% of a dose of this steroid will enter the blood and circulate around the body. It is this circulation that leads to a high risk of side effects occurring around the body.

Corticosteroids are also available in rectal formulations like liquid or foam enemas. These can be of use when the area of inflammation is specifically located in the lower part of the bowel.



Prednisolone

Prednisolone has a highly effective anti-inflammatory action, but about 80% of a dose of this steroid will enter the blood and circulate around the body, leading to a high risk of side effects.



Budesonide

More than 90% of Budesonide is broken down during the first passage through the liver so that only a small proportion enters the blood. This means that fewer side effects are to be expected.

Frequently asked questions about steroids

Will I feel an immediate improvement?

Aren't steroids bad for you?

This depends on the steroid, the dosage and the duration of treatment.

Steroids do have side effects, but it doesn't necessarily mean you will experience all or any of them. All medications carry risks and side effects. Your doctor or specialist nurse will have assessed it to be essential for you to have steroids before prescribing them and will discuss this with you.

Why am I being given steroids?

Steroids are prescribed to control your symptoms and induce remission.

Steroids are generally only used in a flare-up of Crohn's disease as they have the ability to gain control of symptoms very quickly. Other drugs that may be used for flare-ups also carry the risks of side effects.

Will my face change shape and become round?

Will I gain weight?

Will it affect my mood?

Are there different types of steroids for Crohn's disease?

There are several different types of steroids, which can be taken by mouth or rectally through using an enema. Steroids taken rectally using an enema will carry less risk of side effects than if taken by mouth, because a limited amount of steroids are absorbed in the bloodstream. The location and severity of the Crohn's disease will determine whether oral or rectal steroids are prescribed.

How long should I take these tablets for?

You should take the tablets for as long as you are directed by your doctor or specialist nurse. The course will be over several weeks because Crohn's disease often relapses with short courses. All steroids will be reduced gradually and should not be stopped suddenly to prevent adverse effects. It is important to contact the prescriber (your doctor or specialist nurse) if your condition deteriorates whilst on the steroids and don't attempt to increase the dose or length of course without prior consultation.

Side effects considered

What are the short term side effects?

It is always important to read the patient information leaflet within the product pack for a full list of side effects. The most common side effects include weight gain due to fluid retention and increased appetite, altered mood such as feeling depressed or tearful and increased irritability. Difficulty in sleeping, spots (acne) and facial hair can also occur.

What are the long term side effects?

Once again it is important to read the patient information leaflet within the drug box for a full list of side effects. Long term side effects include bone thinning called osteoporosis, diabetes, a round swollen face and a thinning and bruising of the skin. However, these risks are generally greater when steroids are used frequently.

How can I minimise side effects?

The side effects could be minimised by taking any bone protection tablet such as calcium and vitamin D3 that is prescribed in addition to the steroids. Patients often underestimate the significance of taking these extra tablets. The side effects could also be minimised by the use of Budesonide because it limits the concentration of steroids within the bloodstream.

When will I feel better?

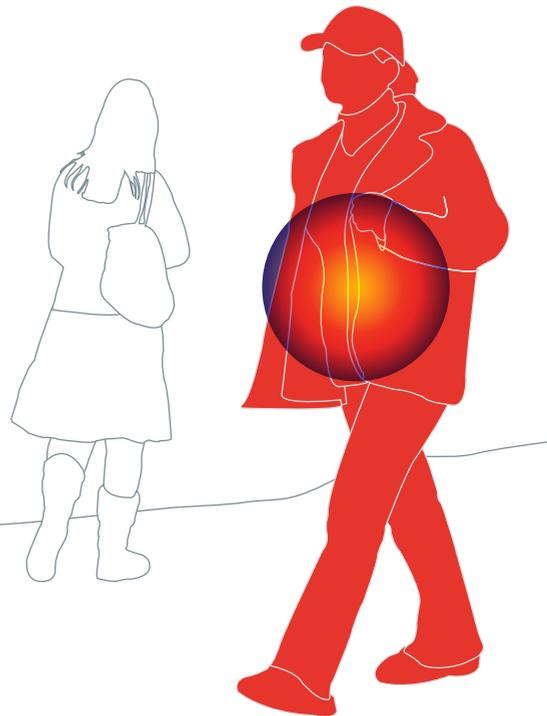
- You should expect to see a benefit and reduction in your symptoms within 10-14 days.
- As discussed previously you may experience some side effects but it is important that you **DO NOT STOP** taking your medicine unless medically advised.

What do I do if I have a flare-up?

Sometimes people with Crohn's disease experience a worsening of symptoms. The IBD helpline or IBD nurse at your hospital can offer advice and liaise with your consultant.

Action to take if you experience a flare-up:

- Call your local IBD clinic
- Arrange an appointment with your GP
- If at weekends call your emergency GP or A&E



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