

Understanding Ulcerative Colitis

Overview

Ulcerative colitis (UC) is one form of inflammatory bowel disease (IBD) in which the lining of the large intestine becomes inflamed and develops ulcers, leading to bleeding and diarrhea. This inflammation almost always affects the rectum and lower part of the colon, but it can affect the entire colon.

There is no cure for ulcerative colitis, but for many patients it can be controlled through medications, and patients can lead active and productive lives.

Causes

The cause of ulcerative colitis is not known. Ulcerative colitis tends to occur within families, suggesting a genetic component to the disease. Approximately 10 to 25% of patients with UC have a sibling or parent with IBD. When a patient with an inherited risk is exposed to illness or environmental trigger, the immune system is activated, and acts on the lining of the colon.

Ulcerative colitis has also been known to present after smoking cessation.

Symptoms

Bowel symptoms — The most common symptoms of mild ulcerative colitis include:

- Intermittent rectal bleeding
- Mucus discharge from the rectum
- Mild diarrhea (defined as fewer than four stools per day)
- Mild, crampy abdominal pain
- Straining with bowel movements
- Bouts of constipation

In people with moderate to severe disease, the following symptoms can develop:

- Frequent, loose bloody stools (up to 10 or more per day)
- Low blood count (anemia)
- Abdominal pain, which can be severe
- Fever
- Weight loss

Non-bowel symptoms — Although not well understood, people with ulcerative colitis can develop inflammation outside of the colon, including the hips, knees, eyes, the skin, and, in some cases, the lungs.

These symptoms usually occur when ulcerative colitis symptoms are active, but can develop even when symptoms are in remission.

Diagnosis

Ulcerative colitis is usually diagnosed based upon your symptoms, a physical examination, and laboratory tests. Your doctor obtains tissue samples from the colon, which can confirm ulcerative colitis and rule out other conditions that have similar symptoms, including Crohn's disease, diverticulitis, and certain infections.

Minimizing Symptoms

For most patients, the pattern of UC will consist of flares and remissions. For some patients, the incidence of flares can be reduced through some lifestyle changes.

Foods and Beverages that are known to worsen symptoms in some patients

- Milk, milk-containing products, and lactose-free milk products, including ice cream, cream cheese, cottage cheese, yogurt, pudding, whipped cream, cream, cheesecake, chocolate, pastries, crackers, pretzels, cookies, crackers, cakes, and pies
- Caffeine-containing products, including coffee, tea, and sodas
- Alcohol products
- Fruits and fruit juices
- Spices, seasonings, and spicy marinades
- Diet beverages, diet foods, diet candies, diet gum, sugar-free products
- Fried foods, fatty foods, fast foods, and Chinese food
- Condiments including ketchup, mustard, mayonnaise, and relish
- Whole-grain or multigrain breads; sourdough breads, bagels, and yeast-containing products

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- Salads, particularly added components including bacon bits, croutons, onions, and peppers
- Salad dressings that contain mayonnaise, cheese, and spices
- Vegetables including cabbage, broccoli, and cauliflower
- Legumes: beans, lentils, chili
- Red meats including steak, hamburger, sausage, bacon, and prime rib
- Gravies, spaghetti sauce, soups, stews, and stuffing
- Popcorn, peanuts, corn
- Artificial colorings, flavorings, and sweeteners
- Foods and beverages containing sorbitol, fructose, or high-fructose corn syrup

If you restrict your diet, discuss with your doctor whether a multivitamin, folic acid supplement or other dietary supplements are appropriate.

Nonsteroidal antiinflammatory drugs (NSAIDs), such as ibuprofen (Advil, Motrin) and naproxen (Aleve), are not usually recommended for patients with ulcerative colitis as they can worsen symptoms. Acetaminophen (Tylenol) should not cause a problem.

Risk of cancer

People with ulcerative colitis have an increased risk of colorectal cancer. The degree of risk is related to the length of time since diagnosis and the amount of the colon affected. In general, people who have had the disease for a longer time and those with larger areas of disease have a greater risk than those with a more recent diagnosis or smaller areas of disease.

In general, a colonoscopy is recommended 8 to 12 years after UC symptoms first appear. If this colonoscopy is normal, it is usually repeated annually.

For more information, visit the following sites:

- **National Library of Medicine** (www.nlm.nih.gov/medlineplus/healthtopics.html)
 - **National Institute of Diabetes and Digestive and Kidney Diseases** (www.niddk.nih.gov/)
 - **The American Society of Colon and Rectal Surgeons** (www.fascrs.org)
 - **The American Gastroenterological Association** (www.gastro.org)
 - **The Crohn's and Colitis Foundation of America** (www.ccfa.org)
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