

Crohn's Disease forms part of IBD month

As May is the month to highlight Inflammatory Bowel Diseases (IBD), pharmaceutical company, AbbVie wishes to create further awareness around one particular, debilitating IBD - Crohn's Disease.



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Supported by the 'Join the Fight against Autoimmune diseases' campaign, it aims to raise public understanding of Crohn's disease, highlighting how sufferers cope with its debilitating symptoms every day.

"Although there are no accurate statistics, the incidence of Crohn's disease is about 7 in every 100,000 South Africans, meaning about 3500 new cases present each year," says gastroenterologist at Milpark Hospital in Johannesburg, Dr Herbert Schneider.

While the disease is more prevalent among adolescents and young adults between the ages of 15 and 35, it can occur at any age. Men and women are equally likely to be affected.

Crohn's disease is a chronic inflammatory bowel disease that affects the small intestine and colon. It can affect any part of the gut, from the mouth all the way down to the anus. In the majority of cases, the lower part of the small intestine - the ileum - is affected. Patients with Crohn's disease often feel pain and the condition can make the intestines empty frequently, resulting in diarrhoea.

"The disease has negative psychological effects too," says Dr Schneider. "Because some patients have to go to the toilet often, they may feel anxious about travelling and going out and this can result in depression and feelings of isolation."

People suffering from Crohn's also experience loss of appetite and may lose weight as a result. A feeling of low energy and fatigue is also common. Among younger children, Crohn's may delay growth and development.

Because Crohn's is considered a chronic disease, Dr Schneider says patients will likely experience periods when the disease flares up and causes symptoms, followed by periods of remission when patients may not notice symptoms at all.

Causes

Most experts agree that the immune system of people with Crohn's disease reacts abnormally. Gastroenterologist at Sunninghill Hospital, Dr Barry Shmeizer in Johannesburg, says Crohn's is an autoimmune disease that occurs when the body's immune system mistakenly attacks and destroys healthy body tissue, causing inflammation.

While diet and stress may aggravate Crohn's disease, they do not cause the disease on their own. Recent research suggests hereditary, genetics, and environmental factors contribute to the development of the disease.

"When it comes to Crohn's disease, stress is the enemy. "If patients find themselves under stress, such as at exam time, we often see them presenting with flare ups of the condition." He adds that certain medications can also trigger a flare-up.

Who is at risk?

Approximately one fifth of all people with Crohn's disease have a close relative with some type of inflammatory bowel disease. People of Jewish descent have a higher chance of developing Crohn's disease.

"In South Africa the disease is no longer limited to certain populations and we are seeing more of the general population developing the disease," says Dr Schneider. Studies have shown that 5% to 20% of affected individuals have a first-degree relative (parents, child or sibling) with the disease. Crohn's also appears to be more common in developed countries rather than undeveloped countries, in urban rather than rural areas, and in northern rather than southern climates.

New treatments

Although Crohn's disease is not curable, Dr Shmeizer emphasises that it is treatable and controllable. Treatment for Crohn's and other IBD varieties can include the use of medication, alterations in diet and nutrition and sometimes, surgical procedures to repair or remove affected portions of the GI tract.

"This is a very exciting time in terms of new treatments for Crohn's disease," says Dr Shmeizer. "Biologic therapies represent the latest class of therapy used for people suffering from moderate-to-severe Crohn's disease."

Also known as anti-TNF agents, biologic drugs target a chemical called Tumor necrosis factor (TNF) which causes inflammation - and destroy it. Successful medical treatment allows the intestinal tissue to heal and relieves the symptoms of fever, diarrhoea and abdominal pain.

When treating Crohn's disease, clinical trials have also shown that regular, ongoing therapy with certain medications lowers the risk of hospitalisation, and the need for surgery to a significant extent.

Early, accurate diagnosis critical

Dr Shmeizer points out the earlier the disease is diagnosed, the less chance there is of complications later on. "We've found that if we can intervene with medication within two years of a patient developing Crohn's they are likely to need fewer surgeries or in some cases no surgery at all."

However, he warns that Crohn's disease is often misdiagnosed. "The only way to diagnose it is through further investigation, involving an internal examination, blood and stool samples, scans and laboratory tests. Patients are often misdiagnosed at first - the doctor may think it is an infection or something more innocuous such as Irritable Bowel Syndrome, which can delay treatment and cause further damage to the gut."

Dr Schneider says that it is also important for patients to know that Crohn's disease is not the same as Ulcerative Colitis, another type of IBD. The symptoms of these two illnesses are quite similar, but the areas affected in the gastrointestinal tract (GI tract) are different.

Even if you think you are showing signs of Crohn's disease symptoms, only proper testing performed by your doctor, can render a diagnosis. "After diagnosis, a combination of treatment options can help patients stay in control of their disease and help them to lead a full and rewarding life," concludes Shmeizer.

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