What is IBD

About IBD

The term Inflammatory Bowel Disease covers a group of inflammatory conditions, probably involving an immune reaction of the body to its own intestinal tract, causing chronic damage. Autoimmune diseases affect 2 percent of the world’s population and are characterized by the self-destruction of specific organs. IBD affects over 2.2 million people in Europe (5 million worldwide). There is a genetic predisposition for IBD and patients with IBD are more prone to the development of malignancy. Although these diseases can be usually kept under control with medication, there is currently no known cause or cure for IBD.

IBD is a progressive and debilitating disease that causes physical, mental and socioeconomic burdens, aggravated by a general lack of awareness and understanding of the disease and its evolving treatment standards.

Types of IBD

There are three major types of IBD. The two most common types are Crohn’s Disease and Ulcerative Colitis, followed by Indeterminate Colitis, which bears characteristics of the first two types.

Crohn’s Disease is a severe chronic inflammatory autoimmune disorder of the gastrointestinal tract. Crohn’s Disease may involve any segment of the gastrointestinal (GI) tract from the mouth to the anus, although it most commonly affects the final section of the small intestine or ileum.

Crohn's Disease manifests throughout the life of the patient in outbreaks or relapses of different intensity and duration. Common symptoms of Crohn's Disease include abdominal pain, diarrhea, and weight loss. Less common symptoms include poor appetite, fever, night sweats, rectal pain, and occasionally rectal bleeding with abdominal pain, diarrhea, weight loss and fever. In addition to these internal symptoms, there are

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other types of symptoms such as inflammation and pain in the joints, skin lesions or swelling of the eye or the liver, not to mention fatigue, anemia, or delayed growth.  

Ulcerative Colitis is a disease which causes damage to the large intestine (colon). On average, people are diagnosed with ulcerative colitis in their mid-30s, though the disease can appear at any age. Ulcerative Colitis is known as a ‘relapsing and remitting’ condition. This means that your symptoms can disappear and then flare up again from time to time. Flare-ups of Ulcerative Colitis can be sudden and severe. You may then have long periods with few or no symptoms at all. Common complications include bleeding, perforation of the bowel and abdominal distension.

**Diagnosis and causes**

Although IBD can manifest in individuals of all ages, IBD suffers are diagnosed at increasingly earlier ages, usually between the ages of 20 and 40. IBD disease is not hereditary; however, it can present more often in relatives of a patient with IBD.

The diagnosis of IBD starts with the identification and assessment of the patient's symptoms by the clinician. The diagnosis is usually based on a complete patient anamnesis and a series of examinations, including laboratory tests and imaging techniques (radiology, barium enema, colonoscopy), as well as biopsy tests, when required.

This chronic autoimmune disease does not have a cure, but its different types can be controlled, hence making the communication between the patient and the physician of utmost importance in order to make an accurate diagnosis.
Unfortunately, the causes of IBD disease are still unknown. Despite several theories and studies studying IBD, no proven causes which could help experts find the definitive cure have been discovered so far.\textsuperscript{10}

**Treatments**

The treatment of IBD is three-fold. In very severe cases, and when complications arise in the course of the disease, surgery is necessary to remove the affected segment of the intestine. Other treatments include drug therapy in different formats during periods of disease activity, biological agents trained by antibodies, and the adoption of healthy habits for life. However, treatment of IBD can vary greatly from one individual to another, and will be based on the particular presenting symptoms of each patient. Two different scenarios may come up when treating IBD: active treatment of outbreaks or relapses and maintenance treatment (drug therapy) aimed at lessening the chances of future outbreaks during the phases of remission of the disease, when the patient is well.\textsuperscript{11}
