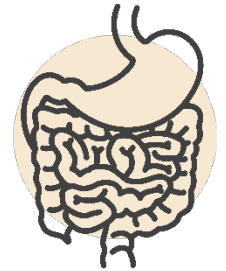


Navigating Your IBD Journey: Understanding Crohn's Disease and Ulcerative Colitis

What are Crohn's and colitis?

Inflammatory bowel disease (IBD) is a group of life-long inflammatory diseases of the digestive tract. The two primary forms of IBD are Crohn's disease and ulcerative colitis. IBD is immune-mediated, meaning that it occurs because of an abnormal immune response where a person's immune system mistakenly attacks itself.



These conditions are life-long diseases requiring ongoing management and care. IBD also follows an episodic pattern, meaning that a person with Crohn's or colitis may have periods of flare-ups and remission. During flare-ups, the inflammation in the gastrointestinal (digestive) tract picks up and the symptoms can become more severe. In contrast, during remission, there is little-to-no inflammation but people may still experience symptoms.

The prevalence of IBD is increasing worldwide, and Canada has among the highest number of cases. The number of people in Canada with IBD is increasing rapidly from 322,600 people in 2023 (0.8% of the population) to about 470,000 in 2035 (1.1% of the population).

What are the signs of Crohn's and colitis?

While Crohn's and colitis are different conditions, they still share common signs and symptoms. These include persistent abdominal pain and cramping, diarrhea, constipation, gas and bloating, blood in stools, weight loss, fatigue (lack of energy), reduced appetite, nausea and vomiting, fever, anemia (reduced level of red blood cells or hemoglobin in the blood) and sores in the mouth or around the anus.

What is the difference between Crohn's and colitis?

Crohn's disease can affect any part of the digestive tract, from the mouth to the anus, and affects all layers of the bowel wall. On the other hand, ulcerative colitis specifically targets the large intestine (colon), rectum and anus, and only the innermost layers of the bowel. Since Crohn's and colitis differ in how they affect the digestive tract, the symptoms and complications of these diseases can also vary, including:

Urgency: Many people with colitis experience an urgency to pass stools frequently during the day. This sense of urgency is due to inflammation of the rectum.

Pain: People with Crohn's can experience pain throughout the entire abdomen, whereas in those with colitis, the pain is typically focused in the left area of the abdomen.

Perianal Disease: It is more common for people with Crohn's to have perianal disease which can include swollen skin tags, abscesses (bags of pus in an infected area), fissures (small tear in the lining of the anus), or fistulas (infections that tunnel from the abscess to a hollow organ, like the rectum).

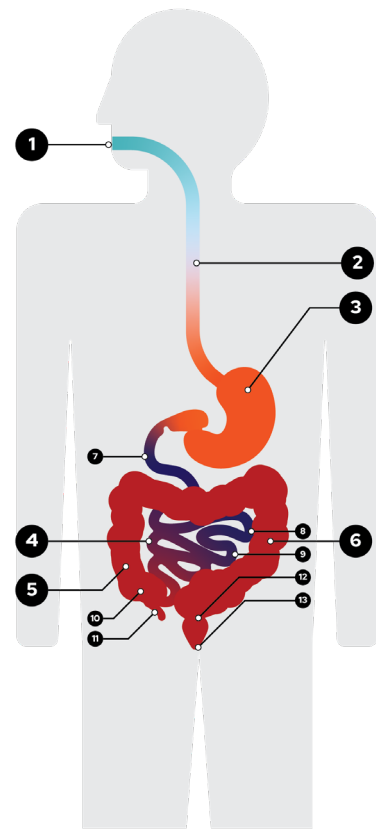
What are the risk factors of Crohn's and colitis?

It may be hard to understand the potential source(s) of Crohn's and colitis as there are many risk factors linked to these diseases. Research suggests that a combination of various environmental, genetic, and immunological factors may trigger IBD, including:

Genetics: The genetic information for IBD can be passed down from generation to generation. You may be at a higher risk of developing IBD if you have a first-degree relative with Crohn's or colitis, or if you have related autoimmune disorders (e.g., ankylosing spondylitis, primary sclerosing cholangitis, celiac disease).

Gut Microbiome: The gut microbiota is a collection of microbes in our digestive tract that help drive certain bodily processes, like digestion. The combination of gastrointestinal pathogens (disease-causing gut bacteria) and a leaky gut may promote chronic inflammation of the intestines. Due to this persistent inflammation, people with IBD are found to have gut dysbiosis (more disease-inducing microbes than protective bacteria in their intestines).

The Gastrointestinal (GI) System



1. Mouth
2. Esophagus
3. Stomach
4. Small Bowel
5. Ileocecal Valve
6. Large Bowel
7. Duodenum
8. Jejunum
9. Ileum
10. Cecum
11. Appendix
12. Rectum
13. Anus

Hygiene Hypothesis: This relates to the theory that overuse of antibiotics or a lack of microbial environmental exposures during childhood may lead to changes in gut microbes that eventually lead to inflammation. However, some infections (see below) have been related to IBD, especially Crohn's.

Gastrointestinal Infections: Gastrointestinal pathogens (disease-causing gut bacteria) may lead to changes in gut microbiota, stimulate inflammation, trigger gut dysbiosis (more disease-inducing microbes than protective bacteria in their intestines) and lead to IBD. Examples include *E. coli* and *C. difficile* bacteria, norovirus, rotavirus, and *T. gondii* parasite.

Diet: While the exact mechanisms by which individual food components affect IBD, many people with IBD experience food intolerances. Certain diets, such as the Western diet (low in fiber but high in refined sugars, salt, saturated fats, and food additives) may increase the risk of developing IBD and flare-ups of the disease.

Appendectomy: Removing your appendix may cause gut dysbiosis, which may cause inflammation and increase the chances of developing IBD.

Smoking: Smoking is associated with an increased risk and worsening disease course of Crohn's. Quitting smoking is associated with an increased risk of developing colitis. Therefore, never initiating smoking can reduce the risk for IBD.

The information presented in this factsheet is NOT exhaustive. For more information on the risk factors and causes of Crohn's and colitis, please visit crohnsandcolitis.ca/About-IBD.

What is the impact of Crohn's and colitis?

Complications of IBD, like perianal disease (e.g., fissures, fistulas) and bowel obstruction (a blockage in the intestine), can lead to issues within and outside the digestive tract, which may require hospitalization and surgery. People living with IBD are also at risk of being malnourished and developing other health conditions such as arthritis, osteoporosis, cancer, and liver conditions.

It is common for people living with IBD to report feelings of stress, anxiety, and depression. Psychiatric disorders—a broad range of conditions that affect a person's thoughts, feelings, behaviour, or mood—are 1.5–2 times more common in people with IBD than the general population. Over 20% of people with IBD are also diagnosed with clinical anxiety and about 15% are diagnosed with depression.

Beyond the mental health challenges, people with IBD can experience social isolation and limitations in participating in activities they enjoy. Managing all the different aspects of living with IBD is essential for promoting the well-being and improving the overall quality of life of people affected by Crohn's and colitis.

Crohn's and Colitis Canada

Improving the lives of people affected by Crohn's disease and ulcerative colitis – at all stages of life, from every corner of the country – is why Crohn's and Colitis Canada is on a relentless journey to **find a cure** for these lifelong diseases, and **improve the quality of life** of everyone in Canada affected by these diseases.

Our **2023-2026 Impact Strategy** sets the current targets on our journey to:

- **Accelerate the impact of research** – address key gaps and success factors; shorten the timeline from discovery to personal impact,
- **Reach further** – help more people with Crohn's and colitis and their caregivers with our wide range of programs,
- **Boost awareness and understanding** – engage and motivate Canadians, and
- **Drive system change** – advocate and partner to influence change.

Ways to help

Join us to deliver even more impact by visiting crohnsandcolitis.ca to support our efforts, volunteering to make a difference, and lending your voice to make governments aware of the needs of people with Crohn's and colitis.

This material was created in collaboration with clinical and research experts in the field of inflammatory bowel disease and Crohn's and Colitis Canada would like to thank them for their support. The material is for educational purposes only. It is of general value and may not apply to specific medical situations. Educational resources are not a substitute for the personalized judgment and care of a trained healthcare professional. The information presented in this factsheet is **NOT** exhaustive. For more information on Crohn's disease and ulcerative colitis, please visit crohnsandcolitis.ca/About-IBD.

