Crohn’s disease is a type of inflammatory bowel disease that affects the tissues of the gastrointestinal (GI) tract. It is caused by an immune reaction and may be genetic. People with Crohn’s disease have a variety of GI symptoms, including abdominal pain, diarrhea, and weight loss. These symptoms may come and go over a lifetime, alternating between symptom-free periods and flare-ups.

Treatment of Crohn’s disease is focused on keeping intestinal tissue healthy and avoiding symptoms. Proper diet, drugs that prevent or treat inflammation, and surgery to remove inflamed tissue are important components of therapy.

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Crohn’s disease is a type of autoimmune disorder in which the body’s immune system attacks healthy tissues by mistake, causing inflammation and tissue damage. The cause is unknown, although there may be genetic and environmental links. Crohn’s disease runs in families and is seen more often in city dwellers in modernized countries. Smoking is also a risk factor. High stress levels and a poor diet can make symptoms worse, but they do not cause Crohn’s disease.

Recognizing the Disorder
Crohn’s disease often begins in one’s teens or young adulthood, although it can start at any age. It can affect any part of the GI tract, including the mouth, stomach, small intestine (duodenum, jejunum, ileum), large intestine (colon), rectum, or a combination of these. The area of inflamed digestive tract determines the symptoms. The most common symptoms of Crohn’s disease are nausea and vomiting, abdominal pain and cramping, fever, poor appetite and weight loss, and diarrhea. However, not everyone with Crohn’s disease suffers from all of these symptoms.

The diagnosis is made using the information from a physical exam, a history of symptoms, blood tests, and the results from a barium enema, upper GI series, CT or MRI of the abdomen, endoscopy, colonoscopy, or sigmoidoscopy.

Inducing Remission and Avoiding Flare-ups
The treatment for Crohn’s disease focuses on keeping the intestines healthy while relieving symptoms and avoiding flare-ups. Therapy includes a well-planned diet, along with medications that stop inflammation, as well as drugs that prevent flare-ups once symptoms are controlled.

It is important to maintain good nutrition, not only to avoid intestinal symptoms, but also to prevent losing weight. A healthy diet may mean avoiding irritating foods while consuming the right amount of protein, carbohydrates, fiber, and fat, as well as vitamins and minerals. Some people must limit their dairy intake due to problems digesting these products. In addition, vitamin and mineral supplements are often prescribed.

Drugs used to stop inflammation (known as inducing remission) allow the intestinal tissue to heal. Medications are also used to avoid future flare-ups (referred to as maintenance therapy). The type of drug used in a particular patient depends on the severity and location of the inflamed intestinal tissue. Aminosalicylates (sulfasalazine, mesalamine, olsalazine, balsalazide) are anti-inflammatory medications used mostly for maintenance therapy when the colon is inflamed. Corticosteroids (prednisone and methylprednisolone) help in acute flare-ups. They are used orally or rectally. Immunosuppressants and immunomodulators (azathioprine, 6-mercaptopurine, cyclosporine A, tacrolimus) are drugs that stop the body’s inflammatory response and can be used in acute or maintenance therapy. Biologics (adalimumab, certolizumab, infliximab, natalizumab) are another immunosuppressant category of drugs that stop inflammation from occurring. Finally, some patients will require pain medications during severe flare-ups.

Eventually, most patients with Crohn’s disease will need surgery when symptoms are not controlled by drug therapy. The surgery removes diseased tissue and reconnects the healthy areas of the GI tract to help improve symptoms. Although surgery does not cure Crohn’s disease, it does help improve symptoms, often for many years.