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I've tried a number of different medications for my condition. If you're prepared to experiment and work with your GP and IBD team, then you will very likely find something that works for you.

”

Gari, age 32
diagnosed with Ulcerative Colitis in 2013

INTRODUCTION

If you have Crohn's Disease or Ulcerative Colitis, the two main forms of Inflammatory Bowel Disease (IBD), you may come across other treatments to help you cope with symptoms and side effects. This information sheet looks at a few of these. You can obtain further information from your doctor, pharmacist, the information leaflet supplied with your medication or from the website: www.medicines.org.uk.

SYMPTOMATIC DRUGS

There are a number of drugs that can help symptoms of IBD such as diarrhoea, constipation and pain, as short-term measures. These symptomatic drugs do not reduce the underlying inflammation causing the symptoms, but do help ease the symptoms themselves. Some are available over-the-counter without a prescription, but you should always read the Patient Information Leaflet and check with your doctor or IBD team before taking any of these drugs. They may not be suitable for your type of IBD, or might interact with your IBD medication. Some could also mask serious symptoms.

- **Antidiarrhoeals**

Loperamide (Imodium, Arret), codeine phosphate and diphenoxylate (Lomotil) help to reduce diarrhoea, which is the passing of loose, watery stools. They work by changing the muscle contractions in the gut, so that food takes longer to pass through your system. This allows more time for the water produced by the digestive processes to be reabsorbed by the colon, and for the stools to become more firm and less urgent.

Antidiarrhoeals should not be taken if you are having a significant flare-up, as this can occasionally lead to a serious complication called toxic megacolon. Your IBD team may also recommend that you do not take antidiarrhoeals if you have a significant narrowing of the bowel called a stricture.

Abdominal cramps and constipation can be a side effect of antidiarrhoeals, and sometimes they can cause hard stools that are difficult or painful to pass.

- **Antispasmodics**

Antispasmodics such as mebeverine (Colofac), hyoscine butylbromide (Buscopan) and alverine citrate (Spasmonal) reduce painful gut cramps or spasms by relaxing the intestinal muscles. These medicines are most likely to be recommended for people with Irritable Bowel Syndrome, but they may also be helpful for the IBS-like symptoms sometimes experienced by people with IBD.

- **Painkillers**

If you need to take over-the-counter painkillers for gut or joint pain, paracetamol is likely to be the safest option. It is best to avoid ibuprofen and diclofenac, which are non-steroidal anti-inflammatory drugs (NSAIDs). While they can be effective, there is evidence that they may make other IBD symptoms worse, or possibly trigger a flare-up. Some people may also be affected in the same way by aspirin.

For severe acute pain or after an operation, opiates such as codeine may be prescribed. These can cause side effects such as nausea, constipation, sedation and altered mood. Opiates can also lead to dependence and addiction if used regularly.

If you find you have ongoing problems with pain and need to keep taking painkillers, talk to your doctor about your symptoms, as other treatment may be more appropriate.

- **Bulking agents**

Bulking agents or 'bulk formers' contain a water-absorbent plant fibre – usually ispaghula or stercula. Popular brands include Fybogel, Isogel and Normacol. These come as granules which, when taken with plenty of water, swell up inside the bowel to thicken liquid faeces or soften hard stools. The fibre also provides bulk to help the bowel to work normally.

Bulking agents can be particularly helpful in treating diarrhoea if you have had a colectomy with ileo-rectal anastomosis, an operation to remove your colon in which your small intestine is joined to your rectum. However, you should not take bulking agents if you have a stricture (narrowing) of the bowel.

- **Bile salt binders**

Bile salts are naturally released from the liver to help with digestion, and are then reabsorbed in the ileum (the lower part of the small intestine). If you have Crohn's Disease and have had surgery to remove the ileum, higher levels of bile salts can drain into the colon and cause watery diarrhoea.

Bile salt binders such as colestyramine (Questran), colestipol (Colestid) and colesevelam combine with the bile salts and prevent them from reaching the colon. This helps reduce the diarrhoea. Colestyramine and colestipol are in powder form and can be mixed with water, juice or soft food. Colesevelam comes as a capsule, which some people find more convenient.

Possible side effects include indigestion, abdominal bloating and discomfort, nausea and constipation. Bile salt binders can also affect how well other drugs are absorbed, so other drugs should be taken at least one hour before, or four hours after, the bile salt binder.

- **Laxatives**

Constipation - passing stools fewer than three times per week, needing to strain, or passing hard stools - can also be a symptom of IBD. Laxatives help to relieve constipation, and also soften stools to make them easier to pass.

Osmotic laxatives, such as Movicol and Laxido, which contain a compound known as macrogol, are usually considered the best type of laxative for people with IBD. Others such as lactulose and senna are sometimes used, particularly in young people. However, laxatives can also cause diarrhoea, wind and stomach cramps, especially at the start of treatment.

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When I was in hospital I got blocked up and had to take Laxido. I also use it from time to time to soften my stools and have more comfort when opening my bowels. The treatment is very helpful.

”

Ally, age 20

diagnosed with Crohn's Disease in 2016

OTHER TREATMENTS FOR IBD

- **Anti-foaming agents**

People with IBD often report feeling bloated or having excess gas. If this is a problem for you, an anti-foaming agent such as Simethicone, which disperses bubbles of trapped wind, may be helpful. Simethicone can be bought over-the-counter in products such as Wind-Eze tablets and WindSetler.

- **Anti-sickness medication**

Some medications for IBD, as well as IBD itself, can occasionally cause nausea and vomiting. People experiencing this may be prescribed anti-sickness medication such as metoclopramide, ondansetron or cyclizine. These may be given as tablets or intravenous infusion. Side effects of these drugs can include drowsiness, uncontrollable movements of the body, headaches, diarrhoea and constipation.

ANTIBIOTICS

Antibiotics kill or stop the growth of bacteria, and are often used in treating complications of IBD such as abscesses and fistulas (abnormal connections between the bowel and the skin or other organs). They are also sometimes used in treating pouchitis, an inflammation of the ileo-anal pouch that sometimes follows surgery for UC.

Antibiotics are occasionally used as a treatment for other IBD symptoms, often together with other drugs. This is because while the exact cause of IBD is still unknown, it is very likely that it involves an abnormal reaction of the immune system to intestinal bacteria. Antibiotics could potentially help control symptoms of IBD by reducing these bacteria, and may also have immunosuppressant effects.

Research has shown that antibiotics have no consistent benefit for UC symptoms, so are not usually used. There is some evidence to suggest that they are effective in treating Crohn's Disease, in particular Crohn's Colitis (Crohn's Disease in the colon). Antibiotics may also help prevent Crohn's from coming back after surgery.

Using antibiotics can sometimes lead to the development of Clostridium difficile (C. difficile) infection. Clostridium difficile are potentially dangerous bacteria that can cause diarrhoea and serious complications. People with IBD are at a higher risk of C. difficile infection, and so may need to take extra care with antibiotics.

- **Metronidazole (Flagyl)**

This is the most commonly prescribed antibiotic for Crohn's Disease. It is usually taken as a tablet, but it can be taken as a suppository or be given by injection. Side effects may include nausea, lack of appetite and a metallic taste in the mouth. More rarely, long-term use can cause nerve damage and a tingling in the hands and feet. It is best to avoid drinking alcohol while taking metronidazole and for at least two days following the last dose, as there can be an interaction.

- **Ciprofloxacin**

Ciprofloxacin is also used for the treatment of Crohn's and has been found to be as effective as metronidazole, with fewer side effects. It is normally taken as a tablet, but can be given by injection. Common side effects include nausea and diarrhoea. Some people also experience tendon damage or photosensitivity (sensitivity to sunlight). Ciprofloxacin may also interact with some of the other medications used for IBD, such as ciclosporin, methotrexate and iron supplements.

NUTRITIONAL TREATMENTS AND SUPPLEMENTS

- **Iron supplements and infusions**

Many people with IBD are iron deficient, which can lead to anaemia, a lower level of haemoglobin in red blood cells. Iron deficiency can make you feel very tired, and supplements may be needed to increase iron levels. Even if you are not anaemic, your specialist may test the iron saturation in your blood, as low iron stores may contribute to fatigue in IBD.

Side effects of oral iron supplements can include constipation, blackened stools and stomach pain. Some people with IBD find that ferrous sulphate iron tablets make their symptoms worse. In these cases, a type of iron called ferric maltol may be better tolerated, as it tends to have fewer side effects. Ferric maltol (Feraccru) has been developed specifically for people with IBD, and has been shown to be effective in treating iron deficiency in people who have not responded to traditional iron tablets. Feraccru is not currently available everywhere, and cannot be taken if you are in an IBD flare-up or have a haemoglobin level that is less than 9.5 g/dL.

For people who are severely anaemic or cannot tolerate iron tablets, iron infusions are sometimes recommended. This is a very quick way to get iron into the bloodstream, and is done at the hospital as an outpatient. A thin tube called a cannula is placed in your vein and attached to a drip that slowly delivers a solution containing iron into the body. It can take from 30 minutes to several hours to complete the drip, and you will be monitored for a while afterwards to make sure you do not have an allergic reaction.

For young people who cannot tolerate iron tablets, over-the-counter multivitamins containing iron and vitamins may be recommended.

- **Vitamin B12 injections**

Vitamin B12 performs several important functions in the body, including forming red blood cells and keeping the nervous system healthy. People with Crohn's Disease who have had their ileum removed, or who have inflammation in that area, can have difficulties absorbing vitamin B12 from food. This can lead to vitamin B12 deficiency anaemia, which is usually treated with regular injections of the vitamin in a form called hydroxocobalamin.

- **Calcium and vitamin D supplements**

People with IBD are at higher risk of developing thinner and weaker bones, especially if they are on steroid medication. You may be prescribed a calcium supplement with added vitamin D, such as Adcal-D3, to help protect your bones. Side effects of these supplements are rare, but may include constipation, skin rash, and hypercalcaemia (too much calcium in your blood) or hypercalciuria (too much calcium in your urine). See our information sheet **Bones and IBD** for more details about protecting your bones.

- **Folic acid**

If you are taking an immunosuppressant called methotrexate, you are likely to be prescribed folic acid to help reduce some of the possible side effects, such as nausea and vomiting. Usually it is taken once a week, but not on the same day as methotrexate. However, a number of different regimes may be used.

Folic acid and zinc and magnesium supplements are also sometimes needed in people who have had extensive surgery and are unable to absorb these nutrients fully.

OTHER TREATMENTS FOR IBD

- **Probiotics**

Probiotics are live microorganisms that can be added to drinks or yoghurts, or taken in capsule form. Like antibiotics, it is thought that certain probiotics may help treat IBD by altering the balance of bacteria in the gut. Probiotic supplements generally produce fewer side effects than other treatments, but can occasionally cause bloating, wind, and in rarer cases, infections.

Some research has shown that a specific formulation of high-potency probiotics, previously found in VSL#3 but now sold as Vivomixx, can be effective in preventing pouchitis, and maintaining remission after antibiotic treatment. More research is needed to confirm this, and these probiotics are currently only prescribed in some areas for pouchitis.

While some studies have found that certain high-potency probiotics may help people with UC stay in remission, it is currently not recommended when other more effective options are available. As yet, there is no clear evidence that probiotics can help induce or maintain remission in people with Crohn's Disease.

- **Nutritional treatment**

If you have Crohn's Disease, a special liquid diet taken by mouth or given via a feeding tube (enteral nutrition) or nutrients injected into a vein (parenteral nutrition) may be recommended. This can improve your overall strength and nutrition, and allow the bowel to rest, which can reduce inflammation. For more information about nutritional therapy, see our booklet **Food and IBD**.

PROTON-PUMP INHIBITORS

Some people who are taking oral corticosteroids may also be prescribed a proton-pump inhibitor (PPI), such as omeprazole or lansoprazole. This can help protect the stomach from the side effects of steroids, such as gastrointestinal bleeding or dyspepsia (indigestion), in people who are at high risk of these complications.

Side effects of PPIs can include headache, diarrhoea, stomach pain, rashes, and swollen feet. More rarely, they can cause kidney problems or agranulocytosis, which is a lack of white blood cells. Proton-pump inhibitors may not be suitable if you are also taking the immunosuppressants methotrexate or tacrolimus, and are also not recommended for people with Microscopic Colitis - a form of IBD, different from UC or Crohn's, that affects the large bowel.

ALLOPURINOL

Allopurinol is a drug that is usually used to prevent gout, which is a type of arthritis. Allopurinol interacts with the metabolism of azathioprine and mercaptopurine, increasing the levels of these drugs in the blood stream. If taken at the same time as normal doses of azathioprine/mercaptopurine, dangerously high amounts of azathioprine/mercaptopurine appear in the blood, so should be avoided. However in some people, azathioprine or mercaptopurine is metabolised in a way that increases the risk of harm to the liver. In these cases you may be prescribed a very low dose of azathioprine or mercaptopurine combined with allopurinol, to redirect the drug metabolism to the normal pathway. This has to be done with great care and with frequent monitoring of blood tests.

ADACOLUMN

Adacolumn, a form of leukocyte apheresis or leukapheresis, is an emerging treatment for IBD which involves removing specific white blood cells from the blood, without drugs or surgery.

White blood cells, also known as leucocytes or leukocytes, release inflammatory substances that can cause inflammation in the lining of the bowel in people with IBD. Adacolumn treatment involves taking blood from the body, passing the blood through a device to remove specific white blood cells called granulocytes, monocytes and macrophages, and then returning the blood to the body.

Adacolumn treatment is usually given as an outpatient or in a day clinic. Blood is taken from a vein in one arm by inserting a cannula or needle into the vein. The blood is pumped slowly through the device, which consists of a plastic cylinder with small beads of cellulose acetate inside it. Some types of leukocytes are selectively removed by the cellulose acetate as the blood passes through the cylinder, so fewer of these white blood cells are available to move to the bowel wall and fuel inflammation. After passing through the Adacolumn, blood is returned to the body through a vein in the opposite arm.

A drug called heparin is given during the treatment to make the blood slightly thinner, to avoid clogging up the adsorption device. Each treatment session lasts about one hour. Sessions may take place once weekly for five weeks, although the doctor may decide to use a different treatment regimen. The outcome is usually evaluated twelve weeks after starting treatment.

Adacolumn works in a different way from drug treatment, so tends to have fewer side effects. The most common side effects reported are headaches, dizziness and flushing of the cheeks.

This treatment is more commonly used in patients with Ulcerative Colitis, because there has been more research into its effectiveness in UC than in Crohn's Disease. Adacolumn is only available in a few hospitals in the UK at present. Your IBD team might be able to make a referral if you would like to be considered for this treatment. Some studies have found Adacolumn to be effective in bringing about remission, but more research is needed.

HELP AND SUPPORT FROM CROHN'S AND COLITIS UK

We offer more than 45 publications on many aspects of Crohn's Disease, Ulcerative Colitis and other forms of Inflammatory Bowel Disease. You may be interested in our comprehensive booklets on each disease, and other topics such as **Food and IBD**. We also publish information sheets on a wide range of topics, from individual medicines to coping with symptoms and concerns about relationships, school and employment.

All publications are available to download from www.crohnsandcolitis.org.uk. The complete list is here: www.crohnsandcolitis.org.uk/about-inflammatory-bowel-disease/quick-list.

If you would like a printed copy of a booklet or information sheet, please contact our helpline on 0300 222 5700.

Health professionals can order some publications in bulk by using our online ordering system, available from the webpage above.

Our helpline is a confidential service providing information and support to anyone affected by Inflammatory Bowel Disease.

Our team can:

- help you understand more about IBD, diagnosis and treatment options
- provide information to help you to live well with your condition
- help you understand and access disability benefits
- be there to listen if you need someone to talk to
- put you in touch with a trained support volunteer who has a personal experience of IBD


Call us on **0300 222 5700** or email info@crohnsandcolitis.org.uk

See our website for WebChat (Live Online):
www.crohnsandcolitis.org.uk/livechat

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We hope that you have found this leaflet helpful and relevant. If you would like more information about the sources of evidence on which it is based, or details of any conflicts of interest, or if you have any comments or suggestions for improvements, please email the Publications Team at publications@crohnsandcolitis.org.uk. You can also write to us at Crohn's and Colitis UK, 45 Grosvenor Road, St Albans, AL1 3AW or contact us through the **Information Line: 0300 222 5700**.

ABOUT CROHN'S & COLITIS UK

We are a **national** charity established in 1979. Our aim is to improve life for anyone affected by Inflammatory Bowel Diseases. We have over 34,000 members and 50 Local Networks throughout the UK. Membership starts from £15 per year with concessionary rates for anyone experiencing financial hardship or on a low income.

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