

IBD: A treatable autoimmune disease

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Inflammatory bowel disease, better known as IBD, is a chronic inflammatory condition of the gastrointestinal tract. The keyword is chronic as most patients diagnosed with IBD

have the disease throughout their life.

IBD affects an estimated 1.6 million Americans and tends to run in families. The onset of IBD is highest among teenagers and young adult's ages 15 to 25 years and affects men and women equally.

There are two types of IBD: Ulcerative colitis and Crohn's disease.

Ulcerative colitis is limited to the colon, otherwise known as the large intestine. It involves only the very superficial layer of the large intestine. The onset of symptoms may be gradual or sudden and include bloody diarrhea, abdominal pain and weight loss.

On the other hand, Crohn's disease may affect any part of the gastrointestinal tract extending from the mouth to the anus. Another important distinction of Crohn's disease includes its involvement of the full thickness of the bowel, most commonly the

end of the small intestine extending into the large intestine. Crohn's symptoms depend on anatomical location with large intestinal involvement producing symptoms similar to ulcerative colitis whereas small bowel disease produces predominately pain without diarrhea or bleeding.

Both of these diseases have the potential for extraintestinal inflammation such as skin, eye and joint abnormalities.

Both illnesses have another strong feature in common: There is a significant abnormal response by the body's immune system. In people suffering from IBD, the immune system reacts inappropriately, and can do harm to your gastrointestinal tract and produce the symptoms of IBD.

Thanks to significant advances in medical therapy, we now can combat the abnormal immune response. On occasion, surgery is required, but most IBD patients can live nearly normal and productive lives.



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