

Three goals in treating ulcerative colitis

I enjoy reading your advice column. It is very educational. I have not seen anything in your column about colitis.

I have a relative who is nearly 50 years old. About 30 years ago, he suffered with gastroenteritis and was on Donnatal. At the time, he lived on a farm and had to work while he was sick. Now, in his bout with colitis, he is on the medication Asacol. It makes him sleepy after he takes it. How long will he have to be on the medication? It has been four months already, and he is wondering when he will get well.

He is a pessimistic person and always expects the worst. In times of stress, he often gets stomach pains.

A: There are several types of colitis. Ulcerative colitis is one of the most common. I assume this is the variety from which your relative is suffering. Asacol (mesalamine) is prescribed to treat ulcerative colitis (UC).

This condition is an inflammatory bowel disease that affects the large intestine and rectum. The cause is unknown and may affect anyone at any age, but is most common in those aged 15 to 30 and 50 to 70. The risk of developing the affliction is increased in those with a family history or Jewish ancestry. It is estimated that 10 to 15 people out of every 100,000 will develop UC.

Ulcerative colitis typically starts in the rectum and may extend into the entire large intestine. Repeated attacks of inflammation can lead to thickening of the intestinal wall. Severe cases may cause sepsis (infection that spreads into the blood and circulatory system) and/or necrosis (death) of colon tissue.

Symptoms include fever, weight loss, joint pain, nausea and vomiting, gastrointestinal bleeding, diarrhea, abdominal pain or cramping that usually resolves following a bowel movement and tenesmus (a feeling of needing to empty the bowels constantly, associated with pain, cramping and straining).

There are three treatment goals: control acute attacks, prevent future attacks, and aid the colon in healing. This can often be achieved through the use of medication, such as mesalamine or azathioprine (an immunosuppressive drug). An IV medication called infliximab (also commonly used to treat rheumatoid arthritis, severe psoriasis and Crohn's disease) has been shown to improve symptoms, but is primarily used when other meds fail to produce positive results. Severe attacks may require hospitalization. Those who do not respond to medication or those who develop serious complications may require surgery.

Ulcerative colitis varies from person to person. In some, it may be inactive and then worsen over a period of years, while others may have rapidly progressing problems. A permanent cure is unusual. The condition also carries the risk of complications, including narrowing of the colon and inflammation of the joints. Also, the risk of developing colon cancer increases every 10 years following diagnosis.

I cannot answer your question about how long your relative must remain on the medication, because I do not know the severity of his illness. His best resource for help is his gastroenterologist. If he is experiencing side effects, the specialist needs to know this. I also urge him to try to take a positive outlook, because his "doom and gloom" perspective isn't helping.

About the Author

Oxidative stress and ulcerative colitis -associated carcinogenesis

Ulcerative Colitis Expert Q A Taming the Inflammation of

Ulcerative Colitis Diet Recommendations

Oxidative Stress and Ulcerative Colitis :

Life events stress in ulcerative colitis A case-control study

Reducing Stress With Ulcerative Colitis OrganizedWisdom Health

List of Journal Titles (K)

Aberrant mucin assembly in mice causes endoplasmic reticulum

Ulcerative colitis diet nutritional supplements for colitis stress

Stress maladjustment in the pathoetiology of ulcerative colitis

<http://www.suburbanchicagonews...>

