

ULCERATIVE COLITIS

Understanding
your condition



What is Ulcerative Colitis?

Ulcerative colitis is a long-term inflammatory condition where the large intestine (colon) and rectum become inflamed. Small **ulcers** can develop on the colon's lining and can bleed and produce pus^{1,2}.

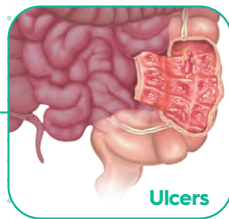
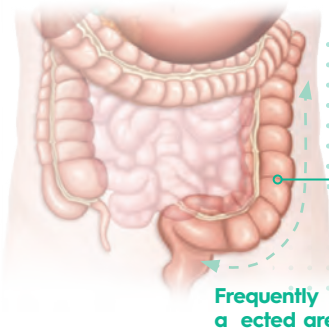
UC is characterised by relapsing and remitting **mucosal inflammation**, starting in the rectum and extending to proximal segments of the colon³.



Common manifestations⁴

- ✓ Abdominal pain
- ✓ Diarrhoea
- ✓ Blood in stool

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UC is a **lifelong disorder** with a significant impact on both physical and mental health. While UC has no cure, treatment aims to relieve symptoms and bring about long-term remission^{1,2,3}.

What causes Ulcerative Colitis?

UC is thought to be an **autoimmune condition**. This means the immune system mistakenly attacks healthy tissue. The exact cause of UC is unknown, but most experts think it is a combination of genetic, and environmental factors¹.

Genetic susceptibility



Genetics

UC tends to run in families, suggesting that **genetics** have a role in this disease. However, only about 10 to 25 percent of people with UC have a first-degree relative with inflammatory bowel disease⁴.

Risk factors

When a person with a genetic susceptibility is exposed to a **trigger**, the immune system can be activated⁴.

When this happens, the **immune system** recognises the lining of the colon as foreign and attacks it, leading to inflammation. In addition, UC can present after a person quits smoking. However, no single factor has been proven to be a known trigger in all situations⁴.

Trigger
Infection,
medication, etc.



Inappropriate inflammatory response

Types of Ulcerative Colitis

Clinical presentation might vary on the basis of disease extent³:

Left-sided colitis

Inflammation is in the distal colon. This includes the rectum and the left side of the colon (also called the descending colon). Symptoms typically include diarrhoea with blood and mucus, pain on the left side of your tummy when you need to use the toilet, urgency, and tenesmus⁶.

Pancolitis

This type often affects the entire colon. Symptoms include very frequent diarrhoea with blood and mucus, cramps and pain, tenesmus, fever, and weight loss⁶.

Ulcerative proctitis

In this type, only the rectum (the lowest part of the large bowel) is inflamed. The rest of the colon is unaffected and can still function normally. Typical symptoms include blood or mucus in the stool, diarrhoea or constipation, urgency, and tenesmus⁶.

Proctosigmoiditis

Inflammation involves the rectum and sigmoid colon (the lower end of the colon). Symptoms are similar to those of left-sided colitis⁶.

Tenesmus: urge to have a bowel movement even if your bowels are empty⁵.



Symptoms of Ulcerative Colitis

The severity of the symptoms varies, depending on how much of the rectum and colon is inflamed and how severe the inflammation is. The main symptoms of UC are **diarrhoea**, which may contain blood or mucus, **abdominal pain** (cramps), and an urgent need to empty the bowels^{1,5}.

Other symptoms may include increased frequency of bowel movements, inability to defecate despite urgency, loss of appetite, weight loss, fatigue and fever^{1,3}.

**Abdominal pain
(cramps)**



Diarrhoea



Urgency



Fatigue

The symptoms of UC can be **mild, moderate or severe**, and can fluctuate over time. Periods of active symptoms are called "**flares**".



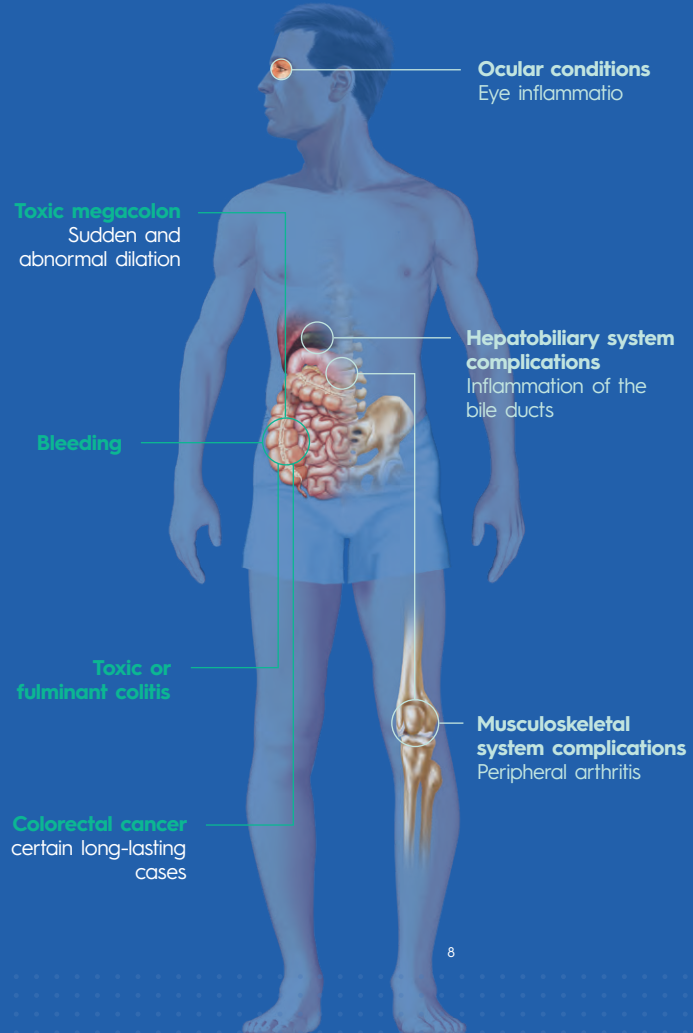
When symptoms are under control and the colon is not inflamed, the ulcerative colitis is considered "**in remission**".

Complications of Ulcerative Colitis

UC is unlikely to develop complications. Possible complications include⁷:

Intestinal involvement

Extra intestinal involvement



How will my doctor diagnose my disease?

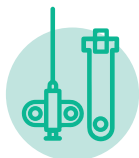
To diagnose UC, doctors review medical and family history, perform a physical exam, and order medical tests. Doctors order **laboratory studies, endoscopies, biopsies** and imaging to exclude other health problems (such as infections, irritable bowel syndrome, or Crohn's disease), confirm the diagnosis of UC and find out how severe it is and how much of the large intestine is affected^{2,5}.



Laboratory studies



Endoscopies



Biopsies

Endoscopies in UC

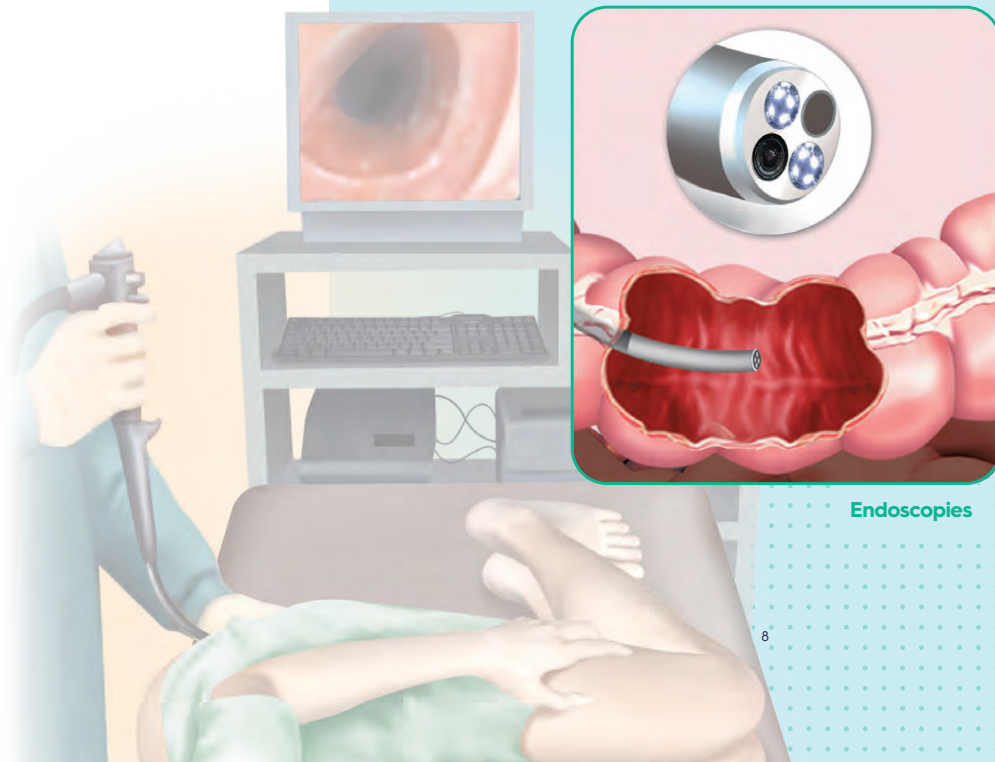
There are two types of endoscopy, both permit a doctor to directly observe the severity and extent of inflammation^{1,5}.

✓ Sigmoidoscopy

A doctor uses a thin, flexible tube containing a camera that is inserted into your rectum to view the lining of the rectum and the lower colon. A sigmoidoscopy can also be used to remove a small sample of tissue from the bowel (biopsy) so it can be tested in a laboratory^{1,5}.

✓ Colonoscopy

If your UC has affected more than the colon, another examination will be required. This is known as a colonoscopy which allows the entire colon to be examined. A biopsy sample can also be taken^{1,5}.



Endoscopies

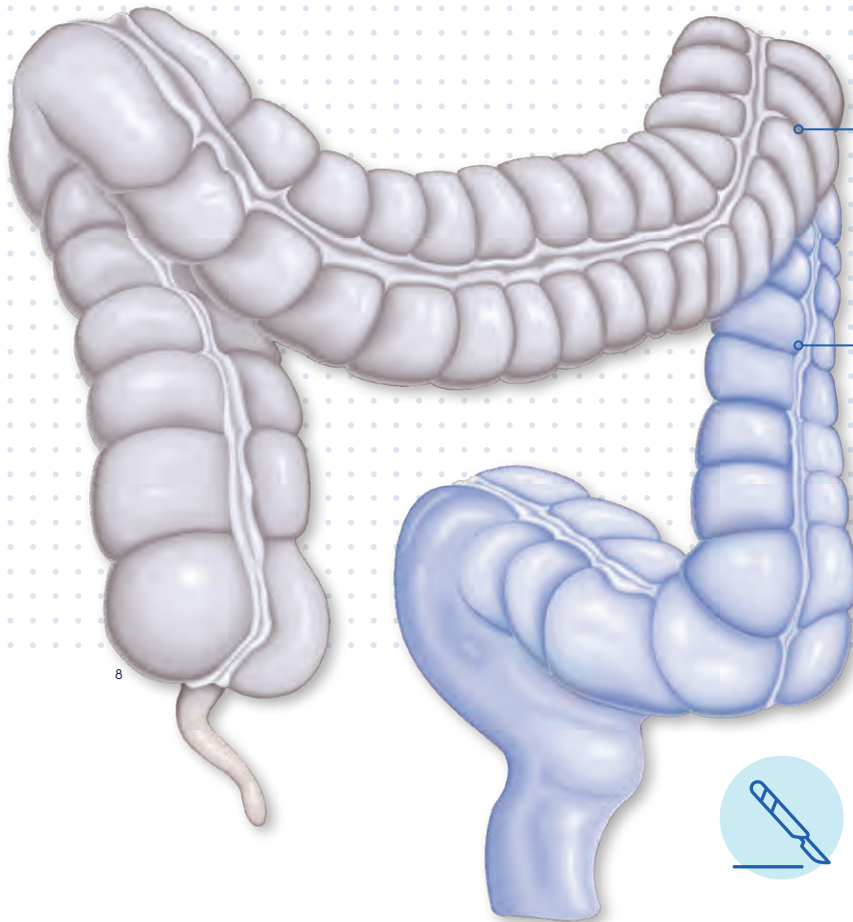
What are the treatment options?

Treatment choice for patients with UC is based on both the extent of the disease and the severity.

Rectal application of medical therapy, via suppository or enema, is usually appropriate for isolated distal disease (proctitis); however, a rectal application is usually used in combination with **systemic therapy** to help target the distal colon and therefore decrease tenesmus².

UC medicines that reduce inflammation include ⁵

- ✓ **Aminosalicylates:** to treat mild or moderate UC or to help people stay in remission.
- ✓ **Corticosteroids:** to treat moderate to severe UC and to treat mild to moderate UC in people who don't respond to aminosalicylates.
- ✓ **Immunosuppressants, biologics and related agents:** to treat moderate to severe UC and help them stay in remission.



Panoctitis

Proctitis
Proctosigmoiditis
Left-sided colitis



Intravenous medication



Oral or rectal routes



Surgery may be necessary when the patient has colorectal cancer, when complications are life-threatening or when medicines are not effective at controlling the symptoms or the quality of life is significantly affected by the condition^{1,5}.

What can I do to manage my disease?

There are a few things you can do to help keep symptoms of UC under control and reduce your risk of complications such as¹:

Stress relieve

Although stress does not cause UC, successfully managing stress levels may reduce the frequency of symptoms. The following advice may help¹:



Exercise



Relaxation techniques



Communication

Emotional impact

Living with a long-term condition that's as unpredictable and potentially debilitating as UC can have a significant emotional impact. In some cases, **anxiety and stress** caused by UC can lead to **depression**. If you think you might be depressed, contact your health care provider for advice¹.

Dietary advice

While there is no specific type of diet that has been proven to relieve symptoms, some changes to your diet can help control the condition¹:



Eat small meals

Eating 5 or 6 smaller meals a day, rather than 3 main meals, may help control your symptoms.



Low-fiber diet

Examples of foods that can be eaten as part of a low-residue diet include white bread, white rice, non-wholegrain cereals and pasta, eggs or lean meat and fish.



Drink plenty of fluid

You can lose a lot of fluid through diarrhoea; water is the best source of fluids. Avoid caffeine, alcohol, and fizzy drinks.



Take food supplements

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Building 9, Parc du Cap, Mispel Street, Bellville, 7530, RSA.
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