

Crohn's & Colitis UK is here for everyone affected by Crohn's and Colitis.

Email helpline@crohnsandcolitis.org.uk

Visit nhsinform.scot
crohnsandcolitis.org.uk

This card was inspired by the work of Squires, Boal and Lamont (Implementing a self-management strategy in inflammatory bowel disease (IBD): patient perceptions, clinical outcomes and the impact on service, 2017) and was co-produced by Crohn's & Colitis UK, the Scottish Government, patients and healthcare professionals.

SYMPTOMS OUTSIDE THE BOWEL

Inflammatory Bowel Disease (IBD) can sometimes affect other areas outside the digestive system both during and between flare-ups such as:

- Joint pain and swelling (arthritis)
- Swelling in the eyes
- Mouth ulcers
- Skin rashes
- Fatigue
- Mental health problems

You can read more about how Crohn's and Colitis affect other parts of the body in the Crohn's & Colitis Companion.

Talk to your IBD Team or your GP if you are experiencing any of the health issues above.

SIDE EFFECTS

All medicines have a small risk of side effects.

If you get any of these side effects or if you have any other side effects you are worried about while taking your medication, contact your IBD Team or your GP as soon as possible. If it is an emergency call NHS 24 on 111 or call 999:

- Chest pain or rapid heartbeat
- A sore throat, unexplained bleeding, bruising or skin rashes
- Nausea, vomiting, stomach pain, jaundice or dark urine
- New or sudden pain in your abdomen that is different to your normal symptoms

- Signs of an allergic reaction:
 - Hives (itchy rash on the skin)
 - Wheeziness, difficulty breathing
 - Swelling of the face, lips, tongue or throat

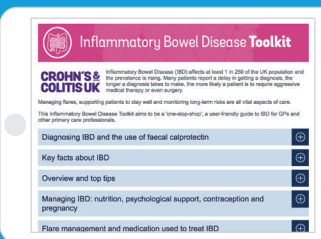
- You feel depressed, high, or your moods go up and down. You feel confused, irritable, anxious, have suicidal thoughts or difficulties sleeping

More information can be found in your medicine packet leaflet and online at:

crohnsandcolitis.org.uk/treatments

Share this card with your GP... and ask if they know about the RCGP IBD toolkit

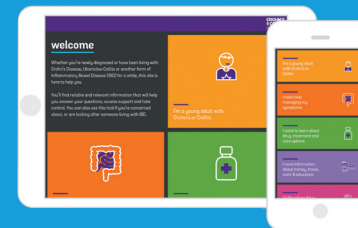
rcgp.org.uk/ibd



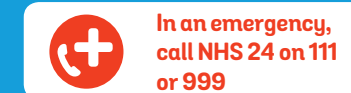
CROHN'S & COLITIS companion



We want everyone to feel empowered to manage their condition. The Crohn's and Colitis Companion can give you advice on managing symptoms, diet, and fatigue during a flare-up, and also emotional support from people who understand.
companion.crohnsandcolitis.org.uk



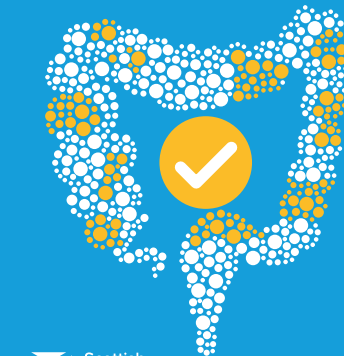
For help and advice:



CROHN'S & COLITIS UK

NHS SCOTLAND

MANAGING MY CROHN'S OR COLITIS FLARE-UP



Scottish Government

STEP ONE IS IT A FLARE-UP?

Do you have any of these signs of a flare-up?

- ? Going to the toilet more than 5 times in 24 hours – or more than is normal for you.
- ? Loose stools or diarrhoea with any blood/mucus for more than 3 days.
- ? Abdominal pain.
- ? Just generally feeling worse, especially if you have a fever.

If you answer yes to any of these questions, please contact your IBD Team, your GP or NHS 24.

STEP TWO GET TESTS DONE...

...either by your IBD Team or your GP.

Blood tests – full blood count, liver function tests, urea and electrolytes, albumin and CRP.

Stool samples – one to check for bacteria/parasites, and ask if your GP can do either a test called faecal calprotectin or one called FIT, to check for inflammation. Call your IBD Team if your GP can't test you for this.

These tests are useful to help decide on the best treatment.

STEP THREE WHAT TO DO NOW...

If you have Ulcerative Colitis and are experiencing a flare-up, you can sometimes change your medication dose without consulting your doctor, while waiting for test results (though you should still inform them of any changes you decide to make).

5-ASAs

If you have Ulcerative Colitis, you might be prescribed:

- Salofalk: 1.5g – 2g per day
- Asacol: 2.4g – 4.8g per day
- Mezavant: 2.4g – 4.8g per day
- Pentasa: 2g – 4g per day
- Octasa: 2.4g – 4.8g per day

If you are taking 5-ASAs, it is safe to double your daily dose for 6 weeks:

Salofalk: from 1.5g to 3g per day
Asacol: from 2.4g to 4.8g per day
Mezavant: from 2.4g to 4.8g per day
Pentasa: from 2g to 4g per day
Octasa: from 2.4g to 4.8g per day

Even if your symptoms settle quickly, continue taking the higher dose for 6 weeks. Then reduce back to the lower dose. If you have any questions, contact your IBD team.

SUPPOSITORIES OR ENEMAS

If you have a supply of these at home, start these as well as increasing your 5-ASA tablets.

It is safe to take these every night, to help control symptoms.

For more information about 5-ASAs, download the Crohn's & Colitis UK leaflet crohnsandcolitis.org.uk/aminosalicylates

OTHER MEDICATION

There are other types of medication for Crohn's or Colitis that you are unable to stop or start without talking to your doctor. These are:

STEROID TABLETS

You should NOT start taking steroid tablets without discussing it with your IBD Team or GP, and you should NOT stop steroids suddenly. They should be reduced gradually over a few weeks.

Usually prednisolone is taken

- starting with 40mg per day for one week
- reducing by 5mg per week for 8 weeks, 252 x 5mg tablets in total

Please tell your IBD team if your GP prescribes steroids.

If steroids work for you, your symptoms should improve within a few days.

IMMUNOSUPPRESSANTS

You should NOT increase, decrease or stop these medicines without discussing it with your IBD Team.

You might be prescribed:

- Azathioprine
- 6-Mercaptopurine
- Methotrexate



BIOLOGICS AND OTHER MEDICINES

You should NOT increase, decrease or stop these medicines without discussing it with your IBD Team.

You might be prescribed:

- Adalimumab
- Golimumab
- Vedolizumab

If you are on immunosuppressants or biologics and you have an infection (e.g. flu, chest infection, skin infection), ask your IBD Team or GP for advice.