




Medical therapies and IBD

**Although there is no cure for IBD, there are many treatment options available.**

There is no “standard treatment” for IBD that is effective in all situations or for all patients, but drug treatment is the most common and effective method for treating IBD in the short and long term.



A photograph showing a doctor in a white coat on the left, gesturing with his hand while talking to a woman on the right. The woman has blonde hair, is smiling, and has her arms crossed. The background is a bright, out-of-focus clinical setting.

Although many of these drugs are available “off the shelf” at your pharmacy, be sure to talk with your doctor, pharmacist or IBD nurse. They can give you guidance on how to effectively and safely use these drugs.

**Each category of drug works in a different way to help treat IBD.**



## Sulfasalazine and 5-aminosalicylic acids (5-ASAs)

These anti-inflammatory medications work by limiting the production of certain chemicals that trigger inflammation.

These types of drugs are generally prescribed to help milder attacks of IBD, especially in ulcerative colitis. They are also sometimes used to prevent IBD attacks or flare-ups. Sulfasalazine is cheaper and more effective. 5-ASA (mesalamine) is better tolerated and more costly.

The anti-inflammatory actions of these drugs are specific to the intestinal tract. These drugs are often made with a special coating that releases the drug in the part of the intestinal tract that is most affected by IBD. Because of this, many of these drugs should be taken without splitting, breaking or dissolving them in water.

## Steroids

Steroids such as prednisone and solu-medrol are used to quickly reduce inflammation. They are used in moderate to severe attacks or flares of IBD. Steroids are not good to take for long periods of time because they do not prevent further IBD attacks, and they have a lot of possible side effects.



## Immunomodulators

Immunomodulators change the body's immune response (how the body deals with possible infections or intruders). In IBD, the body's immune response is too active, leading to inflammation in the intestine and resulting in symptoms and damage to the intestine.

Patients who have moderate to severe attacks may use immunomodulators, but they are mostly used to prevent flare-ups.

Examples of immunomodulators include:

- Azathioprine (Imuran)
- 6-mercaptopurine (Purinethol)
- Methotrexate

Since immunomodulators suppress your ability to fight infections in general, patients using immunomodulators should be sure to wash their hands regularly during the day. As well, immunizations (vaccines) should be up to date before starting treatment.

## Anti-TNF drugs

Anti-TNF drugs are the latest generation of medications and hold great promise for the effective treatment of IBD. These medications target and block the proteins that are involved in increasing inflammation.

Anti-TNF drugs are used to combat moderate to severe attacks, and can also prevent flare-ups from occurring.

Examples of anti-TNF drugs include:

- Adalimumab (Humira)
- Infliximab (Remicade)
- Golimumab (Simponi)

## Antibiotics

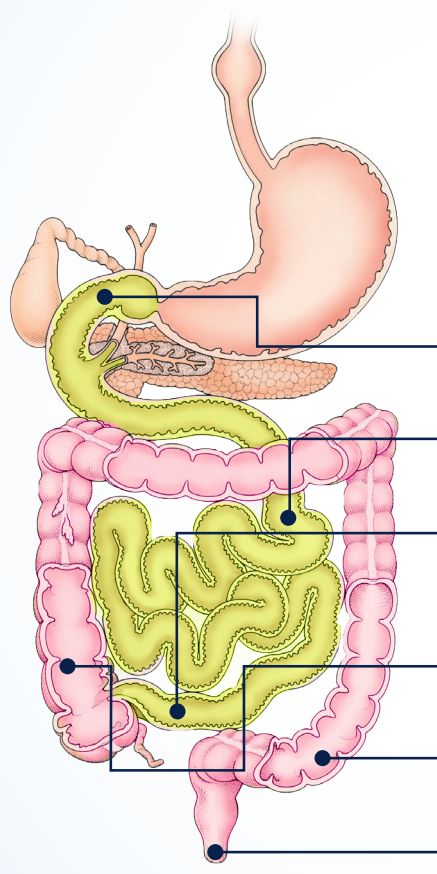
Antibiotics do not usually reduce inflammation directly. Instead, they treat infections that can result from severe inflammation or complications of Crohn's disease (such as fistulas or abscesses) or ulcerative colitis (such as pouchitis).

Examples of antibiotics commonly used in the treatment of IBD include:

- Ciprofloxacin (Cipro)
- Metronidazole (Flagyl)



# Sulfasalazine and 5-ASAs differ in location and timing of release



Examples of 5-ASAs	Pentasa	Salofalk or Mesasal	Asacol	Sulfasalazine or Olisalazine	5-ASA enema	5-ASA suppository
					Topical	
Duodenum	✓					
Jejunum	✓	?				
Ileum	✓	✓	✓			
Terminal ileum may also be affected by UC						
Proximal colon	✓	✓	✓	✓		
Distal colon	✓	✓	✓	✓	✓	
Rectum	✓	✓	✓	✓	✓	✓

Areas affected by **Crohn's only**

Areas affected by **Crohn's and UC**

## Drugs that manage symptoms

Besides the drugs that treat the underlying inflammation, there are other drugs that treat the symptoms of IBD directly.

Antidiarrheals	In general, you should not take these during a flare-up since they may cause serious complications. Check with your doctor, pharmacist or IBD nurse.
Creams, ointments and suppositories	Off the shelf creams and ointments can be applied around hemorrhoids or a stoma site to reduce swelling, itching and inflammation. Most of these creams and ointments contain a steroid such as hydrocortisone that will help to shrink inflamed tissue.
Antispasmodics	These drugs relax the muscles in the wall of the intestines in order to reduce cramping.
Bulk formers for stool	These drugs soak up water in the stool, thereby firming it up and decreasing looseness as well as frequency.
Stool softeners	These drugs soften feces in order to ease bowel movements. If you have hemorrhoids or anal fissures, talk with your doctor, pharmacist or IBD nurse before trying these.
Analgesics (pain medications)	These drugs are used to reduce the abdominal pain that can be associated with IBD. However, these are only used with close supervision from your doctor, pharmacist or IBD nurse, and usually only for a short time.
Vitamins and minerals	Vitamins and minerals may be needed as supplements if they are not in the diet in large enough amounts, if the absorption from the diet is poor, or if the needs for the vitamins or minerals are greater than normal.



## IBD drug categories

Currently, there are 5 types of drugs available that may be used to treat IBD. These medicines reduce harmful inflammation in the intestinal tract. With ongoing research, other categories are likely to be available in the coming years.



## Medical treatment for IBD is very individualized, and is based on:

- Location and severity of inflammation
- Possible side effects of medications
- Age
- Prior medication experience
- Personal preference

Your doctor may prescribe one medication, or may prescribe a combination of medications. If you have questions about drug therapy in IBD, be sure to ask your doctor, pharmacist or IBD nurse.

Research in IBD is always going on! Ask your healthcare team about the next Mount Sinai Hospital IBDWell seminar to learn more about topics in IBD.

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