



CROHN'S DISEASE and IBS

Accepting the Journey to a Happier Gut – and Soul

"My gut troubles all started at camp in the summer of 2006. For three years I was in and out of different doctors, constantly complaining, having different tests done, and not getting any answers." *The Gut Gazette*, Megan's blog chronicling her struggle with digestive problems, begins with this entry.

Megan was 16 and just beginning her last summer at camp when she first noticed diarrhea and abdominal pain. "It felt like a knife, stabbing into my upper right side," Megan describes. "I really missed out on the fun. I couldn't even stand up straight. I just curled into a ball on my bed." The camp nurse recommended more fibre in Megan's diet, but it didn't help. Megan's stomach pain escalated throughout the day, sapping her energy and appetite. "It was an awful two weeks at camp. I couldn't eat much of anything – not even dessert, which I love."

At home, Megan talked to her family doctor about her stomach problems and another concern – abnormal and skipped periods. "We were trying to figure both things out, so I just lived with my stomach problems all through Grade 11. But every day it was getting worse," Megan recalls. "I had diarrhea up to 10 times a day."

Megan started missing school. When she was at school, she worried about being singled out for her constant bathroom trips. "I got really nervous for assemblies," Megan admits. "I didn't want to get up and run out in front of everyone. I didn't have the greatest high-school experience anyways – it was stressful for me and the stomach stuff just made everything so much worse." With help from her mom and a social worker, Megan learned how to handle the stresses of high-school, but her diarrhea and pain didn't improve. So, Megan's aunt, a family doctor, urged Megan to see a specialist.

Almost two years after her first symptoms, a gastroenter-

ologist diagnosed Megan with IBS (irritable bowel syndrome). Megan started taking a drug to calm and regulate her bowel, she ate extra fibre and she eliminated bothersome foods like dairy, refined sugar and chocolate from her diet.

Despite the changes, Megan still wasn't feeling great when she started university in the fall. "I had more good days than bad, but I still wasn't 100%. There wasn't much I could eat from the residence cafeteria, which was hard. Luckily, I had a single room right across the hall from the bathroom!"

A few months later, Megan's gastroenterologist performed several tests – a colonoscopy, gastroscopy and a small bowel follow-through (SBFT) – to examine and xray Megan's intestine. The tests revealed four small ulcers on the lining of Megan's small intestine and she was diagnosed with mild Crohn's disease. Megan switched to more powerful medications and she avoided drinking alcohol. "People think it's a bit weird that I don't drink," Megan says. "But I can't – it feels like rubbing alcohol splashing on an open wound."

Now living off-campus in her second year at an Ontario university, Megan is gaining control over her condition, both physically and emotionally. Megan takes mesalamine (for bowel inflammation), amitriptyline (for pain) and she experiments with a combination of diet, exercise and stress-relieving yoga to help control her symptoms. "I eliminate trigger foods," Megan says, "And my room-mates are really open to make 'Megan-friendly' meals." Megan practices pilates and Hatha yoga to stretch and strengthen her muscles, relieve stomach cramps and improve digestion.

Megan also finds support through the university's Centre for Students with Disabilities (CSD). "I used to worry about

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my stomach and diarrhea during exams,” Megan says. “Now, I have my own exam room with a bathroom nearby and I can get up as many times as I need to. My last two midterms were the best exams I’ve ever written! And if I’m sick with a flare-up, someone will even take class notes for me.”

Through her advisor, Megan learned that she is not alone – 22 other students with Crohn’s and colitis are registered with the CSD. “That’s when I decided to start a digestive disorders support group at school,” Megan says. “I’ve planned the first meeting and advertised it across campus. A huge place in my heart has opened up to spread awareness and share with others about digestive disease.”

Blogging in *The Gut Gazette* is another process to help Megan heal. “I used to cry when I talked about my IBS and Crohn’s with family and friends,” Megan says. “But that’s changed. Now, I’m totally open. Through the blog world I’ve discovered cool tips, recipes and ideas for digestive health. And I write about what works best for me – for my symptoms. Hopefully, it can help someone else. I’ve accepted that this condition is my journey – a journey towards a happier gut and soul.”

You are not alone

Inflammatory bowel disease (IBD) consists principally of two separate disorders, Crohn’s disease and ulcerative colitis, that cause inflammation (redness and swelling) and ulceration (sores) of the small and large intestines. Canada has one of the highest incidence and prevalence rates of IBD in the world, with more than 200,000 Canadians living with the disease.

Irritable Bowel Syndrome (IBS), is a chronic, gastrointestinal disorder. Those affected may experience recurrent abdominal pain and irregular bowel patterns that are often painful. Five million Canadians suffer from IBS with 120,000 Canadians developing this digestive disorder each year. IBS affects significantly more women than men.

What you should know

Almost half of IBD patients have additional health issues affecting their joints, skin, eyes, and biliary tract that may be more debilitating than the bowel symptoms. Malnutrition and blood disorders are common conditions in IBD patients. The majority of Crohn’s disease patients will require hospitalization at some point and more than half will require surgery.

IBS is a benign, chronic problem that does not lead to cancer or any permanent damage to the bowel. Symptoms may wax and wane, getting better and worse at certain times. For some individuals, symptoms do get progressively better.

Signs and symptoms

Many of the symptoms of IBD are similar. The most common symptom of ulcerative colitis is bloody diarrhea. There may also be weight loss, fatigue, fever and abdominal pain. The most common symptoms of Crohn’s disease are abdominal pain (often in the right, lower area of the abdomen) and diarrhea. There may also be rectal bleeding, weight loss and fever. Symptoms outside the gut may include aching, sore joints, skin and mouth sores and red, inflamed eyes.

People with IBS may experience a variety of symptoms including abdominal pain related to their bowel movements and an irregular bowel pattern that results in constipation, diarrhea or diarrhea alternating with constipation. Other symptoms may include heartburn, nausea, gas, bloating cramps, and mucus present around or within the stools.

Ask yourself

- Have I experienced a new onset or change in symptoms without an obvious precipitating factor?
- Do my symptoms wake me from my sleep?
- Do I have rectal bleeding or dark red blood mixed in with the stool?
- Am I losing weight unintentionally?

If you answered yes to any of the above, you should speak to your doctor.

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- Please send me information about protecting and improving
 my digestive health.**

Over 20 million Canadians suffer from digestive disorders every year. The Canadian Digestive Health Foundation believes this is unnecessary and unacceptable.

We reduce suffering and improve quality of life by empowering Canadians with trusted, up to date, science-based information about digestive health and disease.

As the Foundation of the Canadian Association of Gastroenterology, we work directly with leading physicians, scientists, and other health care professionals to help you understand and take control of your digestive health with confidence and optimism.

Through research and public education, we aim to:

<p>↓ REDUCE the incidence and prevalence of digestive disorders</p>	<p>↑ IMPROVE understanding of digestive health issues</p>
<p>♥ SUPPORT those suffering from digestive disorders</p>	<p>+ ENHANCE quality of life for those living with digestive disorders</p>

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