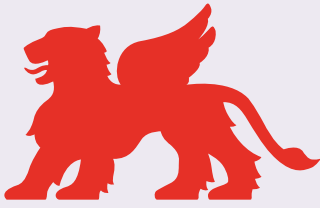


**CROHN'S &
COLITIS UK**



ST MARK'S

HOSPITAL

Managing my Crohn's or Colitis flare-up



Flare-up

People with Crohn's disease and Ulcerative Colitis have times when they have few symptoms (remission) and times when symptoms flare-up (relapse). This leaflet explains what to do if you think your IBD symptoms have returned and who to contact for support. It is important to tackle a flare-up quickly to stop it getting out of control.

Contact the IBD Advice Line after taking the steps listed in this card. Telephone: 0208 453 2368 (Voicemail). If you think your symptoms are worse than those listed in this card please contact your local A&E Department or Urgent Care Centre.



Produced as part of the Patient Information Journey process by the Patient Information Forum. pifonline.org.uk.
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STEP ONE: IS IT A FLARE-UP?

Do you have any of the following signs of a flare-up?

- Opening your bowels more than normal
- Loose poo for more than 3 days
- Mild abdominal pain
- Small amounts of bleeding from your bottom /blood in your poo
- Generally feeling worse, loss of energy and appetite

If yes, go to step two.

STEP TWO: GET TESTED

These tests are useful to help decide on the best treatment for you:

- Blood Tests
Full blood count, liver function tests, urea and electrolytes, albumin and CRP.
- Poo Samples
Take some poo samples for your GP to check for infection and ask if your GP can request a test called 'faecal calprotectin' to check for gut inflammation.

Contact your IBD Team or GP to discuss tests. Then go to step 3.

STEP THREE: ADJUSTING YOUR MEDICATIONS

If you are taking the following types of medication you may be able to control your symptoms *without* consulting your doctor.

1. 5-ASA (5-aminosalicylate) OR MESALAZINE TABLETS OR GRANULES

Types of 5-ASAs differ in dose and are released in your gut in slightly different ways. You may be prescribed the following to be taken daily in divided doses (min. - max. dose range):

- Salofalk® (1.5g to 3g per day)
- Asacol® MR (1.2g-2.4g to 4.8g per day)
- Octasa® (1.2g-2.4g to 4.8g per day)
- Mezavant® XL (2.4g to 4.8g once daily)
- Pentasa® (2g to 4g per day)
- Salazopyrin®(Sulfasalazine) (1g to 2g per day)

If you have Colitis and no history of kidney disease, it is safe for you to take the maximum dose of your 5-ASAs as above.

Your symptoms should improve in 1-2 weeks and settle in 4-6 weeks. Then you can reduce your 5-ASAs to your usual maintenance dose.

If your symptoms do not improve please contact your IBD team or GP.

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

2. SUPPOSITORIES OR ENEMAS (5-ASAs or STEROIDS)

These are medicines that are inserted or squeezed into your bottom. If you have a supply of these at home, start these as well as increasing your 5-ASA tablets, as above.

It is safe to take these every night during a flare-up, to help control symptoms.

3. STEROID TABLETS

You should NOT start taking steroid tablets without discussing it with your IBD Team or GP. Steroids should be reduced gradually over a few weeks and NOT stopped suddenly.

If steroids work for you, your symptoms should improve within a few days but you should continue to take the full course.

Please inform your IBD team if your GP prescribes steroids.

If your GP has prescribed you steroids (prednisolone):

- Starting dose is usually 40mg a day reducing by 5mg a week to 0mg (i.e. 8 week course)
- Each tablet contains 5mg of prednisolone so you will usually take 8 tablets initially
- Please discuss bone protection with your GP or IBD team whilst on steroids. Other steroids have differing dosages e.g. budesonide (MMX®) and beclomethasone (Clipper®).

If you are not better after 3 days of starting steroids or your symptoms become worse please contact your IBD team or GP.

For more information about steroids, download the Crohn's & Colitis UK leaflet: crohnsandcolitis.org.uk/steroids

4. IMMUNOSUPPRESSANTS AND BIOLOGIC SUBCUTANEOUS MEDICINES (SELF-INJECTABLE)

It is **NOT SAFE** to adjust the dose of immunosuppressants or biologic drugs without the medical advice of your IBD Team.

Immunosuppressant drugs include:

- Azathioprine
- 6-Mercaptopurine
- Methotrexate
- Upadacitnib
- Ozanimod
- Tofacitinib ('small molecule' drug)
- Filgotinib ('small molecule' drug)

Self-injectable biologic drugs include:

- Adalimumab
- Golimumab
- Ustekinumab
- Infliximab
- Vedolizumab

If you are on immunosuppressants or biologics and you have symptoms of an infection (e.g. flu, chest infection, skin infection), ask your IBD Team or GP for advice. **Then go to step 4.**

STEP FOUR: CALL THE IBD ADVICE LINE SERVICE

IBD Advice Line: 0208 453 2368 (Voicemail)

The Advice Line is a voicemail service. IBD Clinical Nurse Specialists will aim to respond to your call within 2 working days, where possible.

- Call the Advice Line service and let them know the **outcome of steps 1-3**. It helps your Specialist IBD team make treatment decisions and/or order further investigations.
- Leave your name, date of birth, telephone number and when you will be able to receive a return call.

If you need urgent attention DO NOT use the Advice Line service but please contact your GP/local urgent care centre, ring 111 or attend your local A&E.

If the IBD Advice Line service is closed contact your gastroenterologist's secretary. Numbers are found in the IBD Services section of the London North West University Healthcare NHS Trust IBD Service Information leaflet or at: www.stmarkshospital.nhs.uk/services-a-z/inflammatory-bowel-disease/

N.B. secretaries cannot offer medical advice, but can take a message and leave it for your doctor.

SYMPTOMS NOT RELATED TO THE BOWEL (GUT)

Crohn's and Colitis can affect parts of the body outside the gut both during and between flare-ups. **Talk to your IBD Team or your GP if you are experiencing any of the following health issues.** Symptoms can include:

- Joint pain and/or swelling
- Swelling of the eyes
- Mental health problem
- Eye redness and irritation
- Mouth ulcers
- Skin rashes
- Fatigue

SIDE EFFECTS

All medicines have a risk of side effects. If you develop any of these side effects while taking your medication, please contact your GP, local Urgent Care Centre, ring 111 or attend your local A&E.

- Chest pain or rapid heartbeat
- Pain in the middle of the abdomen

- Nausea, vomiting, stomach pain, yellowing of the skin (jaundice) or dark urine
- A sore throat, unexplained bleeding, bruising or skin rashes
- You feel depressed, high, or your moods go up and down
- You feel confused, irritable, anxious, have suicidal thoughts or difficulty sleeping

ALLERGIC REACTIONS

Please attend your local A&E if you have signs of an allergic reaction and inform your IBD Team once any urgent side effect or allergic reaction has been treated. These could include:

- Hives (itchy rash on the skin)

- Wheeziness or difficulty breathing
- Swelling of the face, lips, tongue or throat

More information can be found in your medicine packet leaflet and online at: crohnsandcolitis.org.uk/treatments

**CROHN'S &
COLITIS UK**

We're Crohn's & Colitis UK. And we're here for everyone affected by Crohn's and Colitis.

The Crohn's and Colitis Companion can help you find answers, access support, and take control of your condition. crohnsandcolitis.org.uk

Patients and carers can call the Crohn's & Colitis UK Helpline on **0300 222 5700** or email helpline@crohnsandcolitis.org.uk

GPs should visit the RCGP IBD Toolkit for a user-friendly guide to IBD management: rcgp.org.uk/ibd