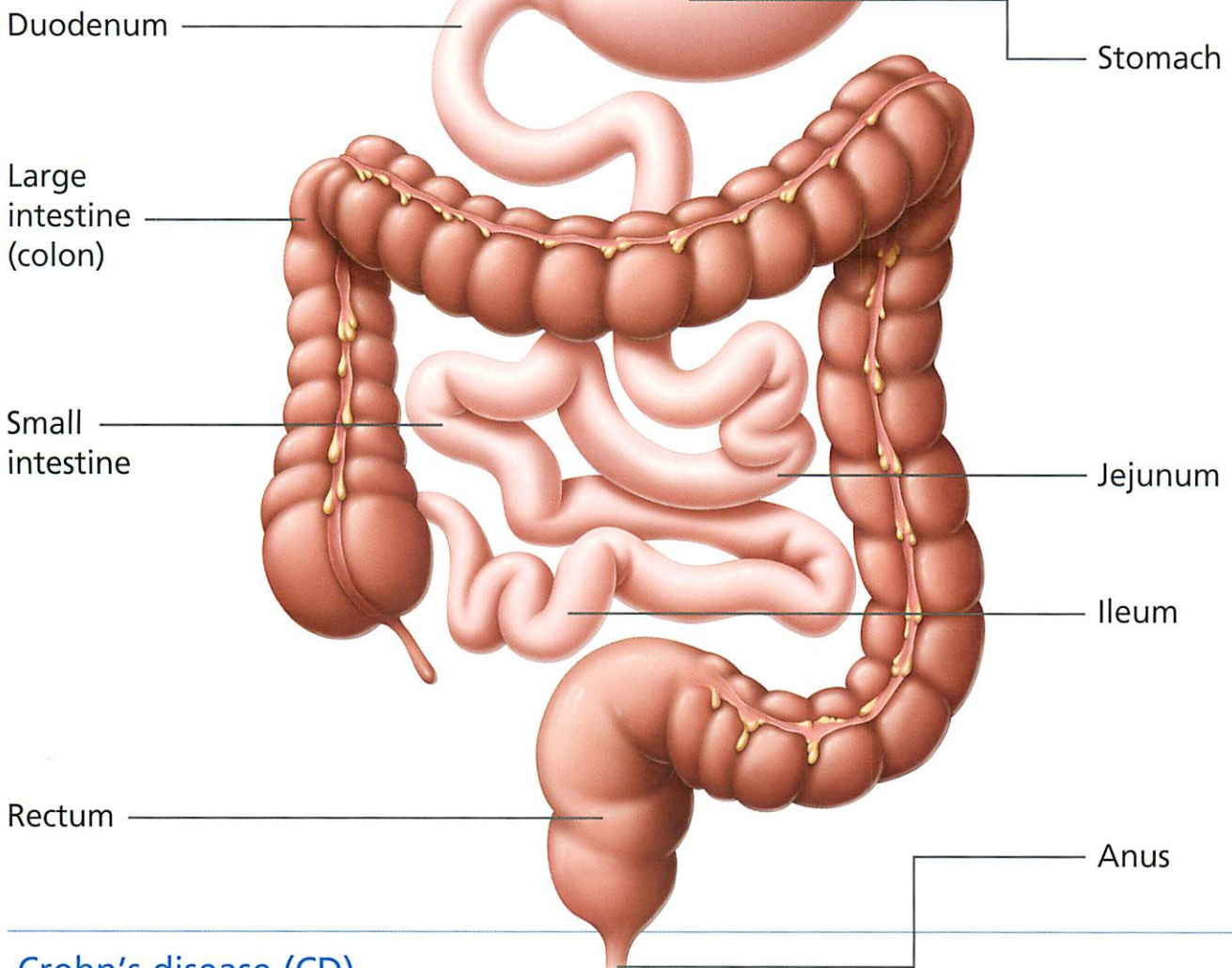


# Understanding Crohn's Disease



## Crohn's disease (CD)

A chronic illness that causes inflammation in the lining of the digestive system<sup>1</sup>

## Symptoms<sup>1</sup>

- Diarrhea
- Abdominal pain/cramping
- Bloody bowel movements
- Ulcers
- Reduced appetite
- Weight loss
- Fever
- Fatigue

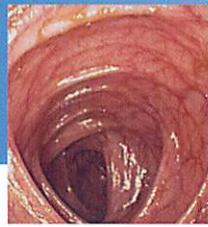
## Complications<sup>1</sup>

Potential complications arising from CD include:

- **Bowel obstruction:** CD tends to thicken the intestinal wall with swelling and scar tissue that may block the passage of digestive contents
- **Fistulas:** Passages caused by ulcers that tunnel from the affected intestine into surrounding tissues such as the bladder, vagina, skin or other parts of the intestine
- **Anal fissure:** A crack or cleft in the anus or in the skin around the anus where infections can occur



# Understanding Crohn's Disease



Healthy intestine



Intestine with CD

## Treatment goals<sup>2</sup>

- Achieve relief of symptoms and remain symptom-free
- Improve quality of life
- Minimize short- and long-term toxicity and complications
- Achieve and maintain mucosal healing

## Treatment options

Treatment of CD is tailored to each patient depending on the location, severity and complications outside the intestines. Here are some common treatment options available<sup>2,3†</sup>:

Treatment options	Description
<b>Aminosalicylates</b> e.g., 5-ASA (Asacol*, Pentasa*, Salofalk*, Mezavant*)	Oral and rectally administered anti-inflammatory drugs for mild to moderate disease; they act through several mechanisms
<b>Antibiotics</b> e.g., ampicillin, tetracycline, metronidazole, ciprofloxacin	Oral drugs that help reduce harmful intestinal bacteria
<b>Corticosteroids</b> e.g., prednisone, methylprednisone, budesonide	Oral and rectally administered drugs used to suppress the inflammatory response through a variety of mechanisms
<b>Immunosuppressants</b> e.g., azathioprine (Imuran*), 6-mercaptopurine (Purinethol*), methotrexate	Oral medications that inhibit the immune system
<b>Biological Response Modifiers</b> e.g., infliximab (Remicade*), adalimumab (Humira*)	Intravenous and injectable agents that block the action of tumour necrosis factor (TNF), a mediator of inflammation
<b>Surgery</b> e.g., colectomy	Removal of the damaged portion of the intestinal tract to treat medically refractory disease or complications

† These treatment options do not necessarily treat or prevent complications of CD.

## Notes:

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**References:** 1. Crohn's Disease. Mayo Clinic website. <http://www.mayoclinic.com/health/crohns-disease/DS00104>. Accessed November 9, 2010. 2. Lichtenstein MD, Hanauer SB, Sandborn W, and The Practice Parameters Committee of the American College of Gastroenterology. Management of Crohn's disease in adults. *Am J Gastroenterol.* 2009;104:465-483. 3. Sadowski DC, Bernstein CN, Bittori A, Croitoru K, Fedorak RN, Griffiths A, and the CAG Crohn's Consensus Group. Canadian Association of Gastroenterology Clinical Practice Guidelines: The use of tumour necrosis factor-alpha antagonist therapy in Crohn's disease. *Can J Gastroenterol.* 2009;23:185-202.

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GAST-1004554-0000