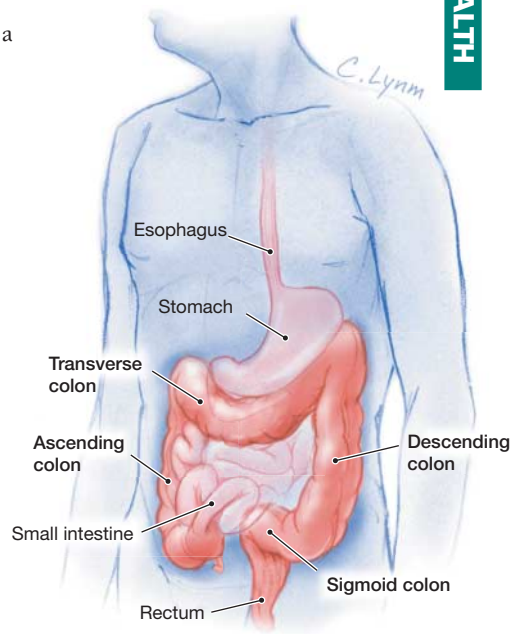
Ulcerative Colitis

Inflammatory bowel diseases (IBD) such as **ulcerative colitis** and **Crohn disease** make the bowel (**intestine**) inflamed, irritated, swollen, and unable to function in a healthy way. Ulcerative colitis affects the large intestine (the **colon**) and the rectum but does not involve the small intestine (the part of the bowel that connects the stomach to the colon and that is responsible for almost all the body's food digestion and absorption of nutrition). Crohn disease affects both the small intestine and the colon.

Ulcerative colitis is found almost equally in men and women and tends to appear in young adults, although it can be diagnosed at any age. Ulcerative colitis occurs in families in approximately 2% to 5% of cases, which is a higher frequency than expected by chance, meaning that it sometimes has an inherited (**genetic**) pattern. The main symptom of the disease is bloody diarrhea, and a person who has this symptom is usually referred to a **gastroenterologist**, a doctor who specializes in the management of digestive disorders.



SIGNS AND SYMPTOMS

- Diarrhea, which may be bloody
- Rectal bleeding
- Abdominal pain and cramping
- Anemia
- Weight loss
- Arthritis, mouth sores, skin rashes, and eye inflammation may accompany ulcerative colitis in some individuals.

DIAGNOSIS AND TESTING

- Medical history questions focus on bowel habits and other possible reasons for gastrointestinal (GI) symptoms. Physical examination looks for these other causes of GI problems, as well as for joint, mouth, skin, and eye symptoms.
- Complete blood cell count and blood chemistries may be ordered, looking for **anemia** (low red blood cell count) and other abnormalities, including those from dehydration.
- Stool specimens are usually examined to exclude infectious causes of diarrhea or bleeding.
- **Colonoscopy** uses a lighted flexible instrument, inserted through the rectum, to look at the inner surface of the colon. **Biopsies** (samples of colon tissue sent to the laboratory) may be taken to confirm the diagnosis and to exclude infections or other GI problems with similar symptoms.
- Other tests, including x-ray tests of the GI tract or computed tomography (CT scan), may be done.

TREATMENT

- Medications including aminosalicylates (drugs related to aspirin), steroids, immunosuppressive agents, and other anti-inflammatory medications are often used alone or in combination to reduce injury to the lining of the colon.
- Anxiety and depression should be treated if present. It is common to have these mental health issues along with any chronic disease. Stress reduction techniques may also help to reduce intestinal symptoms, even though stress is not a cause of the disease.
- In more severe ulcerative colitis, consultation with a surgeon may be necessary. Removal of the involved part of the colon, called a **colectomy**, may be required if treatment with medications does not help.
- Individuals who have ulcerative colitis may have an increased risk of developing colon cancer.

FOR MORE INFORMATION

- National Institute of Diabetes and Digestive and Kidney Diseases
  www.niddk.nih.gov
- Crohn's & Colitis Foundation of America
  www.ccfa.org

INFORM YOURSELF

To find this and previous JAMA Patient Pages, go to the Patient Page Index on *JAMA*'s Web site at www.jama.com. Many are available in English and Spanish. A Patient Page on colonoscopy was published in the March 16, 2011, issue; one on colon cancer was published in the December 17, 2008, issue; one on Crohn disease was published in the April 9, 2008, issue; and one on colon cancer screening was published in the March 8, 2006, issue.

Sources: National Institute of Diabetes and Digestive and Kidney Diseases, American Gastroenterological Association, Crohn's & Colitis Foundation of America

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