NHS
West Hertfordshire
Teaching Hospitals
NHS Trust

A guide to...

Managing a Crohn’s or Colitis Flare-up

Patient information on early self-management

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 198** or email **westherts.pals@nhs.net**

Language | Large Print | Braille | Audio

Step 1: 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 three days
- Mild abdominal pain
- Small amounts of bleeding from your bottom and/or blood in your poo
- Generally feeling worse, loss of energy and appetite

If yes, go to step 2.

Acute severe ulcerative colitis:

Contact your GP urgently or attend your nearest urgent care centre or emergency department if you have the following:

- More than 6 poos in a day
- Visible blood in most poos

And one of the following:

- Fever over 37.8ºC
- Heart rate above 90 beats per minute
- Anaemia or CRP more than 30 mg/L (if you have had blood tests)

Step 2: 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

5-ASAs can differ in dose and how they are released in your gut.
You may be prescribed the following (minimum – maximum dose range) to be taken in divided doses:

Octasa®	(1.2-2.4g to 4.8g per day)
Asacol MR®	(1.2-2.4g to 4.8g per day)
Pentasa®	(2g to 4g per day)
Salazopyrin® (Sulfasalazine)	(1-2g four times per day)
Salofalk®	(1.5g to 3g per day)

If you have colitis, with no history of kidney disease and you are having a flare, it is safe for you to take the maximum dose of your 5-ASA as above.

Your symptoms should improve in one to two weeks and settle in four to six weeks. Then you can reduce your 5-ASA 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 your 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 weeks and **NOT** stopped suddenly.

If your GP has prescribed you steroids (e.g. prednisolone):

- Starting dose is usually 40mg/day reducing by 5mg/week to 0mg (i.e. 8-week course)
- Each tablet contains 5mg of prednisolone so you will need to take 8 tablets initially
- Please discuss bone protection with your GP or IBD team whilst taking steroids.

Other steroids differ in dose e.g. Budesonide (MMX®).

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

Please inform your IBD team if your GP prescribes steroids.

If you are not better after three days of starting steroids or your symptoms worsen 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 immunosuppressant or biologic drug without the medical advice of your IBD Team.

Immunosuppressant drugs include:

- Azathioprine
- 6-Mercaptopurine
- Methotrexate
- Ciclosporin
- Tofacitinib ('small molecule' drug)

Self-injectable biologic drugs include:

- Adalimumab
- Golimumab
- Ustekinumab
- Vedolizumab/Infliximab (in some cases)

If you are on immunosuppressants or biologics and you have symptoms of an infection (eg 'flu, chest or skin infection) ask your IBD Team or GP for advice. Then go to step 3.

Step 3: 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 poo samples to check for infection and request a test called 'faecal calprotectin' to check for gut inflammation levels.

Contact your IBD Team or GP to discuss testing. Then go to step 4.

Step 4: Call the IBD advice line service

Telephone – 01442 287 485

The advice line is a voicemail service. IBD clinical nurse specialists will aim to respond to your call within two 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, phone number and when you will be able to receive a call.

If the IBD advice line service is closed, contact your gastroenterologist's secretary.

NB Secretaries cannot offer medical advice but can take a message for your Consultant.

DO NOT use the advice line service if you need urgent attention. Please contact your GP, local urgent care centre, ring 111 or attend your local emergency department.

Symptoms not related to the bowel (gut)

Crohn's disease and ulcerative colitis can affect parts of the body outside the gut both during and between flare-ups. Symptoms can include:

- Joint pain (arthritis)
- Eye redness and irritation
- Swelling in the eyes
- Mouth ulcers
- Skin rashes
- Fatigue
- Mental health problems

Talk to your IBD Team or your GP if you are experiencing any of the health issues above.

Side effects

All medicines have a risk of side effects. If you develop any of these while taking your medication, please contact your GP or 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 reaction

Please attend your local A&E if you have signs of an allergic reaction:

- Hives (itchy rash on the skin)
- Wheeziness or difficulty breathing,
- Swelling of the face, lips, tongue or throat.

Inform your IBD team once any urgent side effect or allergic reaction has been treated.

More information can be found in your medicine packet leaflet and online at:

crohnsandcolitis.org.uk/treatments

Further Information

Managing my 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 card explains what to do if you think your 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.

Please see below for further information:

Patients: CCUK - www.crohnsandcolitis.org.uk/about-crohns-and-colitis

GPs: RCGP IBD Toolkit - www.rcgp.org.uk/ibd

How to contact the West Herts IBD team:

Email: westherts.ibdnurses@nhs.net

Phone: 01442 287 485 (voicemail service)

How to contact Crohn’s & Colitis UK:

Email: helpline@crohnsandcolitis.org.uk

Phone: 0300 222 5700

Crohn’s & Colitis UK is the leading charity for everyone affected by inflammatory bowel disease.
www.crohnsandcolitis.org.uk

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