

## Helping patients own their IBD

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### Information for patients on self-management for IBD relapse and how to extinguish a flare

Always remember Crohn's disease and ulcerative colitis are chronic conditions and currently there is no cure. Both conditions alternate between remission (no symptoms) and relapse (where symptoms return). It can be months or years between them, but it is important to report symptoms as soon as possible so they don't get out of control.

## What you can do if you think IBD symptoms are returning or uncontrolled

A relapse or exacerbation of IBD is often called a 'flare'. If your bowel habits begin to change, it may be that IBD has become active.

### Points to notice

- Has your bowel frequency/stoma output changed significantly?
- Are stools loose or have you had diarrhoea with blood or a slimy substance for more than three days?
- Have you had abdominal pain?
- Are you waking at night with symptoms?

If yes, you should contact your GP or IBD nurse as soon as possible.

### Step one: is this an emergency?

If you have any of the following symptoms, please contact NHS [111](#) or attend your local emergency department:

- fever (a temperature above 37.5 °C)
- severe abdominal pain
- vomiting
- no bowel motions/stoma output for three days or more

### Step two: easy tests

#### Blood tests

Contact your GP or IBD nurse specialist to organise bloods tests for full blood count, liver function, urea and electrolytes, and inflammatory markers (ESR and C-RP). Blood tests are used to determine an IBD relapse and help to decide on best treatment options.

#### Stool tests

Stool tests for bacteria (MC and S) and faecal calprotectin. Did you know having IBD increase the risk of developing infections in your gut? A stool sample for MCandS can help detect this. In some cases, there may be other causes for your symptoms other than IBD. Calprotectin is a protein released in your gut during a relapse/flare, and so can be an indicator when intestinal inflammation is present.

## Step three – Current medicines

The dose for mesalazine based medicines can be increased during a flare. There are a number of different brands of Mesalazine and each has a different mechanism, as they are released differently in the bowel.

**Do not increase other medications you may be taking, such as azathioprine, mercaptopurine, methotrexate, adalimumab, infliximab, vedolizumab or ustekinumab.**

	Maintenance dose	Flare dose
Octasa and Asacol MR	Up to 2.4g OD (or in divided doses)	2.4-4.8g in divided doses
Mesavant XL	2.4g OD	2.4-4.8g in divided doses
Pentasa tablets and granules	2g OD	4g in divided doses
Salofalk Tablets	500mg TDS	0.5-1g TDS
Salofalk Granules	500mg TDS	1.5-3g OD preferably in the morning

Key:

**OD** – once daily

**BD** – twice daily

**TDS** – three times daily

**g** – grams

**mg** – milligram

If symptoms settle using 'flare dose' then after six to eight weeks reduce back to 'maintenance dose'.

## Rectal therapy – mesalazine suppositories and enemas

If you are familiar with using these, it is safe to start every night for two weeks to help improve symptoms. If symptoms do not improve within one to two weeks, please contact your IBD nurse.

## Steroids (prednisolone / budesonide / beclomethasone)

Please note these medications are not recommended as long-term treatment, these are mostly used when IBD symptoms have not responded to current therapy. If you are prescribed this by the GP, please inform your IBD team.

Current treatments for IBD are designed to prevent the requirement of steroid treatment and side effects associated with this medication. Steroid treatment must not be stopped abruptly.

## Step four: telephone the IBD advice line

Details are in contact us section.

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## Contact us

### Royal Free Hospital

Tel: [020 7830 2283](tel:02078302283) (voicemail service open Mon-Fri, 9am-5pm)

Email: [rf.ibdnurses@nhs.net](mailto:rf.ibdnurses@nhs.net) (<mailto:rf.ibdnurses@nhs.net>)

# Barnet Hospital and Chase Farm Hospital

Tel: [020 7216 4761](tel:02072164761) (voicemail service open Mon-Fri, 9am-5pm)

Email: [rf.bcfh-ibdurses@nhs.net](mailto:rf.bcfh-ibdurses@nhs.net) (<mailto:rf.bcfh-ibdurses@nhs.net>)

Please provide your full name, date of birth, contact number, and hospital (MRN) number if known with a brief message. We aim to respond within 48 hours - please note this should not be used in an emergency.

## More information

For more information visit our [Inflammatory Bowel Disease page \(\)](#).

General information on IBD on [Crohns and Colitis.org \(https://crohnsandcolitis.org.uk/\)](https://crohnsandcolitis.org.uk/).

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## **Contact details:**

General enquiries: +44 (0)20 7317 7751

Email: [rf-tr.privateenquiries@nhs.net](mailto:rf-tr.privateenquiries@nhs.net)