



Frequently Asked Questions about IBD: by Patients

Q Does stress cause IBD?

Many have considered whether stress in some ways causes IBD. Some of this has arisen from instances where patients present for the first time with their IBD after a major stressful life event or present with a flare of disease after a major life stress. There is no evidence that stress actually causes IBD. However there is an emerging consensus that stress and a person's perception of how stress affects them can impact on any chronic illness. This is also true in IBD. Hence if a patient is chronically stressed or has difficulty with stress management this requires as much attention as physical symptoms do.

Q Is IBD caused by some type of infection?

The current thinking about the cause of IBD is that persons with a genetic predisposition to the disease respond in an abnormal way to some type of infection. The leading candidate infection is a bug that resides within the persons own bowel. Our bowels contain more microbes (bugs) than we have cells in our body. Some aspect of an IBD patient's life leads to a change in the bugs that normally reside in the bowels of patients with IBD. So this suggested infection is not seemingly one that can be transmitted from one person to another. It doesn't seem to be something you can "catch" from a family member. There are a number of groups that have found that there is a specific type of E coli that may be associated with IBD, especially Crohn's disease. If this is proven to be true it is possible that specifically tailored antibiotics may one day be used as therapy.

Q Is there something in my diet that caused IBD and now that I have it should I change my diet?

A: It is possible that there is something in the diet of a patient with IBD that has triggered their IBD. It may even be that certain diets predispose to the overgrowth of certain microbes (bugs) in the bowel. For instance, if there is an E coli associated with IBD perhaps a special diet (i.e. high in carbohydrates or high in lipids) predisposes to the emergence of this bug. However since no such evidence currently exist doctors generally do not have specific diet recommendations for Crohn's disease or ulcerative colitis patients other than a low residue diet to lessen the likelihood of an obstruction from high fiber foodstuffs when their disease is active. Patients with Crohn's have higher likelihood of having lactose intolerance. Hence avoiding these foods might help with symptoms.

Q Will I get cancer because of having IBD?

Patients with colitis are at increased risk of getting colorectal cancer. This is true of ulcerative colitis and Crohn's colitis. Isolated small bowel disease does not seem to be a risk for colon cancer but is a risk for small bowel cancer. However, small bowel cancer is extremely rare. The risk for colon cancer seems to correlate with disease duration and at 8 years of disease patients with chronic colitis are recommended to undergo a screening colonoscopy for dysplasia surveillance. Dysplasia is a change in the bowel that can be a predictor that cancer is already present or is coming. Despite our concerns for colon cancer in IBD and while the risk is greater than the risk in the general population, in truth the risk to any one person with IBD is low.

Q Is there a cure for IBD?

There is no cure for either ulcerative colitis or Crohn's disease. These are lifelong diseases and until we find the causes we are not likely to find the cures. However with medications and sometimes with surgery most patients can remain in excellent health. In ulcerative colitis having the colon removed cures the disease (there is no more colon to express colitis). However, the patient is not left in a completely normal state. Nonetheless people who have surgery for ulcerative colitis and end up with an ileoanal pouch operation (where the small bowel-the ileum, is made into a pouch and brought down to the anus) have a very good quality of life.