

CROHN'S DISEASE

OVERVIEW

Crohn's disease (CD) is a chronic, immune-related, inflammatory disorder of the gastrointestinal (GI) tract that affects approximately 500,000 people in the United States. The disease usually develops between the ages of 15 and 35 and in a smaller group of patients 70 or older as well as young children. There is currently no known cure for CD.

CAUSE

The cause of CD continues to be investigated, with researchers examining several factors, including the immune system, viral or bacterial infections, genetic predisposition and diet, which appears to contribute to this chronic condition. CD is associated with abnormalities in the immune system; however, it is not known whether these abnormalities are a cause or result of the disease.

A primary risk factor for CD is family history. A person with an affected relative is 10 times more likely to develop CD than the general population and is 30 times more likely if that person is a brother or sister. American Jews of European descent are at increased risk for CD compared to the general U.S. population. However, as in other serious chronic diseases, some patients may have no apparent risk factors.

SYMPTOMS

The symptoms of CD can vary depending on age of onset and what part of the intestinal tract is affected. Symptoms most commonly reported by patients diagnosed with CD include, but are not limited to, abdominal pain and tenderness, frequent diarrhea, rectal bleeding, weight loss, loss of appetite and fever. A recent survey of people with CD conducted by Manhattan Research found approximately three-quarters of those surveyed experience stress due to their condition, and more than 70 percent experience chronic fatigue.

DIAGNOSIS

The symptoms and severity of CD can be acute or chronic and some symptoms may be similar to other conditions such as ulcerative colitis. Diagnosis of the disease can be difficult. Various tests, including blood tests, stool studies, endoscopy (sometimes with biopsy), imaging studies (x-ray, computed tomography [CT], MRI) can help physicians to exclude other causes of the inflammation and confirm a diagnosis of CD.

SURGERIES & HOSPITALIZATIONS

Surgery to remove part of the intestine can help CD but cannot cure it. The inflammation tends to return next to the area of intestine that has been removed. Many CD patients require surgery, either to relieve symptoms that do not respond to medical therapy or to correct complications such as blockage, perforation, abscess or bleeding in the intestine. A recent survey found that approximately 69 percent of people with CD have been hospitalized in the past five years and have spent an average of 38.3 days per year in the hospital.

The average annual cost of treating CD in the U.S. is estimated at \$12,417 per person with inpatient hospitalizations accounting for nearly 60 percent of those costs.

Combined with emergency room visits, radiologic procedures, unscheduled office visits and indirect costs (e.g., lost productivity), the economic impact of CD is substantial.

TREATMENT

Currently, there is no cure for CD. The goals of treatment are to control symptoms, heal mucosa, induce and maintain disease remission, reduce or eliminate use of steroids and reduce or avoid surgeries and hospitalizations. In patients with fistulizing CD, the primary goal of treatment is to close and heal fistulas.

Treatment varies depending on the severity of disease. In mild to moderate disease, a group of anti-inflammatory drugs known as 5-ASAs, or aminosalicylates (sulfasalazine, mesalamine) and antibiotics (metronidazole, ciprofloxacin) may be administered. Moderate to severe disease may be treated with corticosteroids (prednisone, budesonide) or immunosuppressants (azathioprine, 6-mercaptopurine, methotrexate, cyclosporine).

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