
Joins

[Crohn's](#) and [Colitis](#) do not just affect the gut. They can cause problems in other parts of the body, called extraintestinal manifestations or EIMs. Joint problems are one of the most common types of EIM related to Crohn's or Colitis. Joint problems can include joint pain and swelling in the joints in your back, hands, feet, arms and legs.

Recent studies have found that up to 46 in every 100 people with Crohn's or Colitis may experience joint problems.

This information is for anyone who wants to know more about joint problems related to Crohn's or Colitis.

It looks at:

- Types of joint problems, including arthritis
- How joint problems are diagnosed and which health professionals can help
- How to manage and treat joint problems

To find out how Crohn's and Colitis might affect your bones see our information on [Bones](#).

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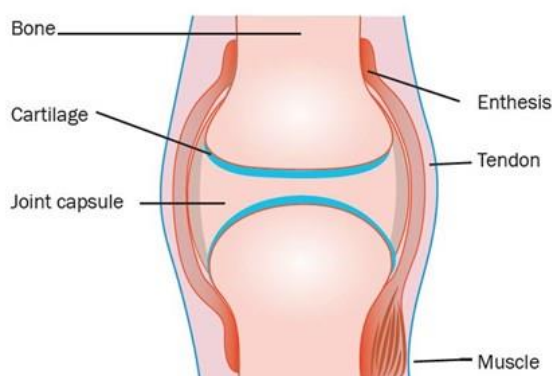
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Key facts about joints

- Joint problems can include joint pain and swelling in the joints in your back, hands, feet, arms and legs.
 - Spondyloarthritis is a group of inflammatory arthritis conditions. This means your immune system has caused damage in your joints. Having Crohn's or Colitis can increase your risk of developing spondyloarthritis.
 - Joint problems can come and go. For some people they get worse when your Crohn's or Colitis is worse. For others, you may have a flare-up of arthritis symptoms with no gut symptoms.
 - If left untreated, some arthritis conditions can lead to permanent damage. Speak to your GP or IBD team if you have pain, swelling or stiffness in your joints.
 - Medicine treatments, exercise and physiotherapy can all be helpful in managing joint problems.
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Joints explained

A joint is where two or more bones meet.



A joint is made up of:

- Surfaces of the bones. These are covered by a thin layer of cartilage, a tough but slippery surface which allows the bones to move freely and cushions the joint.
- Joint capsule. This stops the bones moving too much. The inner surface produces thick fluid that lubricates the joint.
- Enthesis. This is tissue that attaches a tendon to the bone.
- Tendons. These join muscle to bone.

Types of joint problems

Joint pain

Joint pain commonly affects people with Crohn's or Colitis.

When joint pain happens without arthritis, or inflammation of the joint, it is called arthralgia. Joint pain can be a side effect of taking some medicines such as [azathioprine](#) and will usually go away once treatment is stopped.

Speak to your doctor or IBD team if you have joint pain.

Arthritis

Arthritis is the word used to describe pain and swelling in a joint. There are many different types of arthritis.

Spondyloarthritis (SpA)

Spondyloarthritis, also known as SpA, is a group of inflammatory arthritis conditions. This means your immune system has caused damage in your joints. Having Crohn's or Colitis can increase your risk of developing spondyloarthritis. Find out more in [causes of joint problems](#).

There are different types of spondyloarthritis but the main types are:

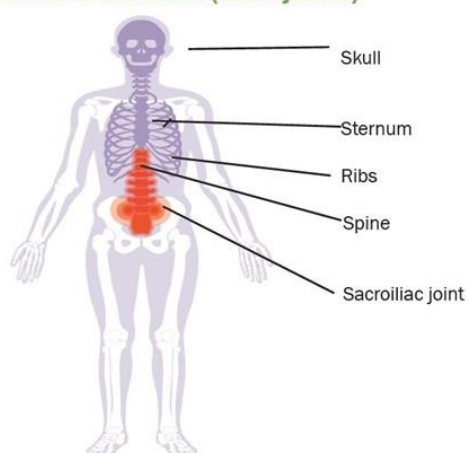
- **Axial SpA** (including ankylosing spondylitis). Axial means spine.
- **Peripheral SpA**. Peripheral joints are joints that are not your spine. These include the joints in your hands, feet, arms and legs. Peripheral spondyloarthritis is also sometimes called enteropathic arthritis (entero means relating to the gut).

If your doctor thinks you may have SpA, you will usually be referred to a rheumatologist.

Find out more in [which health professionals can help?](#)

Axial spondyloarthritis (axial SpA)

Joints of the back (axial joints)



Axial SpA is a group of conditions that includes Ankylosing Spondylitis (AS). Up to 5 in every 100 people with Crohn's or Colitis may be diagnosed with axial SpA.

Axial SpA symptoms include long-term pain and stiffness in your back and bottom.

Find out more about the [signs and symptoms of axial SpA](#) on the National Axial Spondyloarthritis Society (NASS) website.

Axial SpA is a variable condition. This means it affects people differently. Some people can have mild symptoms and others have much more severe symptoms which can lead to permanent damage if not treated.

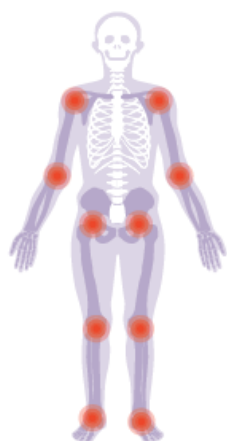
To diagnose axial SpA, your doctor may order some tests and look for some key features including inflammatory back pain, enthesitis and sacroiliitis. Find out more in [key features of spondyloarthritis](#).

If you have back pain that doesn't go away, complete the [symptom checker](#) on the National Axial Spondyloarthritis Society (NASS) website.

Peripheral spondyloarthritis (peripheral SpA)

Peripheral SpA causes pain and swelling in joints in your hands, feet, arms or legs.

This form of arthritis can affect:



- Shoulders
- Elbows
- Wrists
- Hips
- Knees
- Ankles
- Hands

Peripheral SpA is more common in people with Crohn's, particularly if it affects the colon (Crohn's Colitis). It is also slightly more common in women. Peripheral SpA affects around 5 to 20 in 100 people with Crohn's or Colitis.

Unlike axial SpA, peripheral SpA is usually non-erosive. This means it will usually not lead to permanent damage of your joints.

To diagnose you with peripheral SpA, your doctor may look for some key features including enthesitis and dactylitis.

Find out more in [key features of spondyloarthritis](#).

There are two different types of peripheral SpA associated with Crohn's and Colitis - **Type 1** and **Type 2**.

Type 1

Usually, type 1 affects:

- Less than five joints. This is sometimes called pauciarticular (pauci means few and articular means relating to joints).
- Large weight-bearing joints of the lower body such as your hips or knees.
- Usually only one side of the body (unilateral/asymmetric).

The symptoms of type 1 peripheral SpA are usually related to how active your Crohn's or Colitis is, so if you have a flare-up of gut symptoms you may also experience a flare of joint problems.

Type 2

Type 2 usually affects:

- Five or more joints. This is sometimes called polyarticular (poly meaning many).
- Usually affects the joints in your upper body.
- Likely to be on both sides of the body (symmetrical).

The symptoms may last for months or even years.

Unlike type 1, the symptoms of type 2 peripheral SpA do not usually relate to your Crohn's and Colitis symptoms. You may have a flare-up of arthritis symptoms with no gut symptoms.

Key features of spondylarthritis (SpA)

These are some symptoms or characteristics of SpA that your doctor may look out for:

Dactylitis

Dactylitis is swollen and painful fingers and toes. They are sometimes described as looking “sausage-like”.

Enthesitis

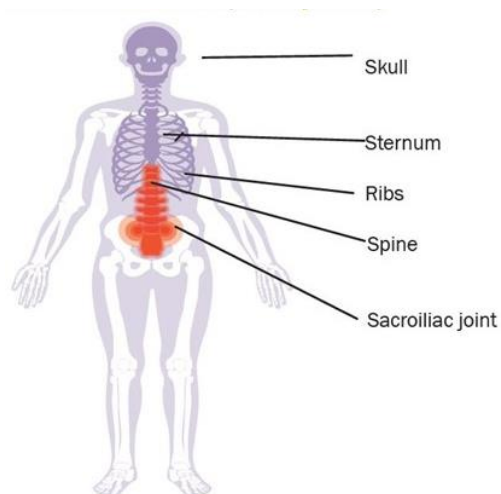
This is inflammation of the enthesis – where the tendon attaches to the bone. This often affects:

- The Achilles tendon attaching to the back of the heel bone.
- The plantar fascia attaches under the heel bone. This runs along the sole of the foot from the heel bone to the base of the toes.
- The tendons attaching around the kneecap (patellar tendons).



Sacroiliitis

Sacroiliitis is inflammation of one or both sacroiliac joints. These are the joints that connect the spine and pelvis.



Sacroiliitis can cause pain in your bottom and lower back.

In people with Crohn's or Colitis, sacroiliitis is usually caused by spondyloarthritis but can sometimes be caused by other conditions, such as osteoarthritis, or during pregnancy.

To diagnose sacroiliitis, you will need to have an X-Ray or MRI scan of your spine.

Other types of arthritis

Your doctor might do some tests and investigations to rule out other common types of arthritis.

The most common types of arthritis are:

Osteoarthritis

This is the most common type of arthritis in the UK. It usually starts in people aged 40 or older. The protective cartilage on the ends of the bones breaks down causing pain, swelling and problems moving the joint. It may affect one joint or many.

Visit the NHS website for more information on [osteoarthritis](#).

Rheumatoid arthritis

This is another form of inflammatory arthritis. It is an autoimmune condition caused by the immune system attacking healthy tissue in the joint. Rheumatoid arthritis is usually found in the joints of the hands and feet first.

Rheumatoid arthritis is a progressive condition, which means it can get worse over time. Medicine and sometimes joint replacement surgery may be needed to treat rheumatoid arthritis.

Visit the NHS website for more information on [rheumatoid arthritis](#).

How are joint problems diagnosed?

Most people experience joint problems **after** their diagnosis of Crohn's or Colitis. But for some people, joint problems can be a first symptom of Crohn's or Colitis.

Joint problems are usually diagnosed through different tests and investigations.

Your GP or IBD team may refer you to a rheumatologist to have further testing.

When your doctor is first investigating joint problems, they may:

- Ask for a history of your symptoms.
- Look at your joints and ask you to do some movements such as bending or lifting your feet.
- Do a blood test to look for signs of inflammation.
- Refer you for an X-ray or Magnetic Resonance Imaging (MRI) scan.

X-rays are sometimes used to exclude other forms of arthritis. Ultrasound can also be used to check for inflammation in the peripheral joints even at a very early stage. MRI scanning is useful for detecting early spondyloarthritis or sacroiliitis.

The National Institute for Health and Care Excellence (NICE) has information on questions that your GP or specialist might ask you when diagnosing spondyloarthritis. Find out more on their website if [your symptoms are mostly in your back \(axial\)](#) or if your [symptoms are mostly in your hands, feet, arms and legs \(peripheral\)](#).

Causes of joint problems

If you have Crohn's or Colitis, your immune system can cause inflammation in the joints and the area around them. This relationship between your joints and your Crohn's or Colitis is sometimes known as the gut-joint axis.

It is not fully understood why this happens. Research shows that it may be genetic, meaning it runs in families.

Spondyloarthritis is also more common in people who have a particular gene called HLA-B27. Your doctor may do a blood test to see if you have this gene.

Many people do not realise that there can be a link between joint and gut symptoms. Your GP or IBD team may not always specifically ask about joint problems. This can mean arthritis may not be diagnosed for some time and effective treatment can be delayed.

There are different treatment approaches depending on the type of arthritis you have and if you are having a flare-up of your gut problems. See [treatments](#) for more information.

Other causes of joint problems

Not all the joint problems you experience may be related to Crohn's or Colitis. Side effects of some medicines used to treat Crohn's or Colitis can affect the joints. Other causes include injury, infection or other types of arthritis, so careful investigation is important.

Medicine side effects

[Infliximab](#)

Common side effects can include joint pain, muscle pain and back pain.

[Steroids](#)

Stopping steroids too quickly can cause joint pain. Long term steroid use can also damage the joints (especially the hip joint) – see osteonecrosis.

[Azathioprine](#)

Joint pain can happen if your body is sensitive to azathioprine. It usually starts within three months of starting the medicine. Your doctor may recommend that you switch to mercaptopurine.

If you have started a new medicine and have joint pain, check the [Patient Information Leaflet](#) that comes with your medicine to see if this could be a side effect. Let your IBD team know.

Osteonecrosis

This is a rare but serious side effect that can produce joint pain. It happens when steroids cause problems with blood supply to a bone, usually in the hip or knee. You may need medicine or surgical treatment.

Injury

Joint pain can be due to injury such as a sprain or strain during exercise. Find out more on the [NHS website](#).

Gout

This is caused when uric acid crystals are deposited in the joints. It causes sudden and painful attacks usually in the joints of the foot, knee, ankle, hand and wrist. It is very common in the big toe.

Find out more about gout on the [NHS website](#).

Infection

Inflammation of a joint can be caused by bacterial infection. This is known as septic arthritis, and is rare but a medical emergency.

Germs can enter a wound and travel through the bloodstream to infect a joint or may infect a joint directly after an injury or during surgery.

Usually a single joint is affected. Symptoms include sudden redness and swelling around a joint and a high temperature.

You are more at risk if you are taking immunosuppressant medication to treat your Crohn's or Colitis.

Find out more about septic arthritis on the [NHS website](#).

How joint problems can impact your life

Having joint problems can have a real impact on your life. They can limit mobility, cause pain and fatigue and affect your mental health. This can mean that daily activities including work, exercise and social life are affected.

Pain

Having painful joint problems can make it difficult to do everyday activities. See the section [What can I do?](#) for more information on managing your joint problems. Versus Arthritis also have helpful information on [managing your pain](#).

I found a course on Pain Management at my local hospital extremely effective in helping me be kinder to myself and to understand the way I have to live in order to minimise my aches and pains.

Alison

Living with Crohn's

Fatigue

Fatigue can feel like never-ending tiredness, a lack of energy, or a feeling of exhaustion that does not go away after rest or sleep. But it can be very difficult to describe as it affects each person differently. We have information available on [fatigue and Crohn's and Colitis](#).

Fatigue is a common side effect of having joint problems, especially spondyloarthritis.

Read about managing fatigue on the [Versus Arthritis website](#).

Mental health

Coping with Crohn's and Colitis symptoms such as joint problems, fatigue and pain can have an impact on your mental health and wellbeing.

Our information on [Mental health and wellbeing](#) can help you to look after your mental wellbeing and find out how to get help.

What can I do?

Actively manage Crohn's or Colitis

Taking medicines and working with your IBD team to actively manage your condition may help to control inflammation in your gut, which may improve your joint problems.

Getting into a routine of taking your medicines can be challenging, but when medicines have an immediate effect on your symptoms, you may find it easy to remember to take your doses exactly as instructed.

Once you feel better and your symptoms are on your mind less, you may forget a dose. Or you may be tempted to stop taking your medicine altogether, thinking you don't need it now that you feel better.

Continuing to take medication even when you are well can help keep your symptoms under control and reduce the risk of having a flare-up. Find out more in [Taking medicines](#).

Stop smoking

Smoking has been found to be a high-risk factor for arthritis. Smoking can also lead to worse symptoms of axial spondyloarthritis. See our information on [Smoking](#).

Try gentle exercise

Exercise can help joint problems and boost your energy. You can try different types of exercise and the time of day that you do them such as in the morning after getting up, when stiffness tends to be worst.

It may take some time to find a type of exercise that works for you. Read more about exercising with arthritis on the [Versus Arthritis website](#).

Your doctor may refer you to a physiotherapist who can create an exercise plan to help ease stiffness and pain.

Look after your joints

There are a few ways you can protect your joints by reducing the stresses on them. Here are some ideas:

- Use the larger joints as levers. Try using your shoulder to open a heavy door.
- Spread the weight of an object – for example use a rucksack on both shoulders rather than a bag on one shoulder.
- Become aware of your body position, it can help to move around.

Get the help you need at work

If you have Crohn's or Colitis you may be covered by the Equalities Act at work – find out more in [our guides for employees and employers](#). You can work with your employers to make changes including:

- Starting later if your joint problems are worse in the morning.
- Using a back rest or foot support.
- Using equipment or technology that could make the tasks easier.

Which health professionals can help?

Tell your IBD team if you are experiencing pain or swelling in any of your joints. Or talk to your GP, if it is easier to contact them, and ask if they can refer you to a rheumatologist. A rheumatologist specialises in arthritis and related conditions.

Ideally, a team including a rheumatologist, gastroenterologist and physiotherapist will work with you to manage your Crohn's or Colitis and joint problems.

Treatments

Medicine treatments, exercise and physiotherapy can all be helpful in managing joint problems.

The type of treatment given will depend on where your joint problem is, and whether your Crohn's or Colitis is active or in remission.

The aims of treatment are to:

- Reduce inflammation of the joints
- Relieve pain
- Prevent any lasting damage

Many of the treatment recommendations are based on studies in spondyloarthritis and not specifically in arthritis related to Crohn's and Colitis. More research is needed to look at the best way to treat arthritis related to Crohn's and Colitis.

If your treatment is not working for you, speak to your IBD team and see if you can be offered a different treatment.

Treating axial Spondyloarthritis (axial SpA)

Guidelines say treatment should be jointly managed by your IBD team and a rheumatologist. You may also be referred to a physiotherapist.

The physiotherapist will work with you to create an exercise plan that can ease symptoms such as stiffness and pain.

The exercise plan is likely to include:

- Stretching, strengthening, and exercises to help your posture
- Deep breathing
- Exercises to move and stretch the different parts of your back and neck
- Aerobic exercise (exercise that makes you breathe harder than normal such as walking, cycling or swimming)
- Hydrotherapy (exercise in water)

The guidelines also recommend Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) including ibuprofen.

Find out more in [ibuprofen and Crohn's or Colitis](#).

If NSAIDs are not suitable for you, anti-tumour necrosis factor (Anti-TNF) medicines may be effective at treating axial SpA symptoms.

Anti-TNF medicines include [infliximab](#), [adalimumab](#) or [golimumab](#).

Treating peripheral Spondyloarthritis (peripheral SpA)

If you have peripheral SpA, one of the main aims of treatment is controlling inflammation in the gut. If this is well controlled, then joint pain will often get better.

If your symptoms do not improve, you may be offered non-steroidal anti-inflammatory drugs (NSAIDs) including ibuprofen. Find out more in [ibuprofen and Crohn's or Colitis](#).

Your doctor may suggest a [steroid](#) injection into the affected joint or prescribe [sulphasalazine](#) or [methotrexate](#). Anti-tumour necrosis factor (Anti-TNF) medicines may also be effective in treating symptoms.

Anti-TNF medicines include [infliximab](#), [adalimumab](#) or [golimumab](#).

Ibuprofen and Crohn's or Colitis

What is ibuprofen?

Ibuprofen is a type of painkiller called a non-steroidal anti-inflammatory drug or NSAID.

Why should people living with Crohn's or Colitis avoid ibuprofen?

One of the common side effects of NSAIDs that you take by mouth is gut inflammation.

This can affect the stomach, the small bowel or the large bowel.

Scientists also think that NSAIDs might trigger flare-ups in people with Crohn's or Colitis. The evidence is not certain, but there does seem to be a link between regular NSAID use

and flare-ups in people with Crohn's. The link is less certain for people with Colitis. Some studies have found a link and others have not.

Because of these risks, the prescribing information for NSAIDs says they should be used 'with caution' in people with Crohn's or Colitis. But if your Crohn's or Colitis is in remission, you may be able to take a low dose NSAIDs for a short time.

Your IBD team will discuss whether NSAIDs are right for you.

What about ibuprofen gel or cream?

When you take NSAIDs by mouth, they enter your bloodstream and travel all around your body. When you rub NSAIDs into your skin as creams and gels, only a very small amount is absorbed into your blood. So gels and creams have a much lower risk of causing side effects in your gut.

We have not found any clinical trials that looked at NSAID gels or creams in people living with Crohn's or Colitis. But:

- In people with arthritis, NSAID gels or creams had a lower rate of side effects in the gut than NSAID tablets or capsules.
- In people with pain or arthritis, NSAID gels or creams did not cause any more side effects than dummy gels or creams.

The prescribing information for NSAID gels or creams does **not** say they need to be used 'with caution' in people with Crohn's or Colitis. But to keep the risk of side effects as low as possible, use the lowest dose you can. Do not use more than the amount stated on the packaging.

If your Crohn's or Colitis symptoms get worse when you use ibuprofen gel or cream, it is sensible to stop using it. Contact your pharmacist, GP or IBD team if you need advice.

Other organisations

National Axial Spondyloarthritis Society – Act on Axial SpA

<https://www.actonaxialspa.com/>

Versus Arthritis <https://www.versusarthritis.org/>

National Institute of Health and Care Excellence (NICE) Spondyloarthritis in over 16s:
Information for the public

<https://www.nice.org.uk/guidance/ng65/ifp/chapter/Spondyloarthritis-the-care-you-should-expect>

Help and support from Crohn's & Colitis UK

We're here for you whenever you need us. Our award-winning information on Crohn's Disease, Ulcerative Colitis, and other forms of Inflammatory Bowel Disease have the information you need to help you manage your condition.

We have information on a wide range of topics, from individual medicines to coping with symptoms and concerns about relationships and employment. We'll help you find answers, access support and take control.

All information is available on our website: crohnsandcolitis.org.uk/information

Our Helpline is a confidential service providing information and support to anyone affected by Crohn's or Colitis.

Our team can:

- Help you understand more about Crohn's and Colitis, diagnosis and treatment options
- Provide information to help you live well with your condition
- Help you understand and access disability benefits
- Be there to listen if you need someone to talk to
- Help you to find support from others living with the condition

Call us on 0300 222 5700 or email helpline@crohnsandcolitis.org.uk.

See our website for LiveChat: crohnsandcolitis.org.uk/livechat.

Crohn's & Colitis UK Forum

This closed-group community on Facebook is for everyone affected by Crohn's or Colitis. You can share your experiences and receive support from others at:

facebook.com/groups/CCUKforum.

Help with toilet access when out

Members of Crohn's & Colitis UK get benefits including a Can't Wait Card and a RADAR key to unlock accessible toilets. This card shows that you have a medical condition, and will help when you need urgent access to the toilet when you are out. See crohnsandcolitis.org.uk/membership for more information, or call the Membership Team on 01727 734465.

Crohn's & Colitis UK information is research-based and produced with patients, medical advisers and other professionals. They are prepared as general information and are not intended to replace advice from your own doctor or other professional. We do not endorse any products mentioned.

About Crohn's & Colitis UK

We are Crohn's & Colitis UK, a national charity fighting for improved lives today – and a world free from Crohn's and Colitis tomorrow. To improve diagnosis and treatment, and to fund research into a cure; to raise awareness and to give people hope, comfort and confidence to live freer, fuller lives. We're here for everyone affected by Crohn's and Colitis.

This information is available for free thanks to the generosity of our supporters and members. Find out how you can join the fight against Crohn's and Colitis: call 01727 734465 or visit crohnsandcolitis.org.uk.

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We hope that you've found this information helpful. You can email the Knowledge and Information Team at evidence@crohnsandcolitis.org.uk if:

- You have any comments or suggestions for improvements
- You would like more information about the research on which the information is based
- You would like details of any conflicts of interest

You can also write to us at **Crohn's & Colitis UK, 1 Bishops Square, Hatfield, Herts, AL10 9NE** or contact us through the **Helpline: 0300 222 5700**.

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