UNDERSTANDING MEDICINES FOR CROHN'S AND COLITIS

If you have Crohn's or Colitis, you may be prescribed medicine as part of your treatment. You might be starting a new medicine, changing treatment, or taking medicines long-term. This information can help you understand your treatment plan and manage your medicines.

This information is about medicines in general. It does not replace advice from your IBD team.

Where we use the word 'Colitis' in this resource, we mean Ulcerative Colitis and Microscopic Colitis.

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KEY FACTS ABOUT MEDICINES FOR CROHN'S AND COLITIS

- Many different medicines can be used to treat Crohn's and Colitis. They can help prevent your condition from getting worse or causing other problems. They do not cure Crohn's or Colitis.
- Some people with Crohn's or Colitis use more than one medicine at a time to manage their condition. This is called combination therapy.
- Some of the medicines used for Crohn's and Colitis come in several different forms. This helps your medicine to work in the best way.
- Your IBD team is there to support you in finding a treatment plan that feels right for you.
- If you get side effects or struggle to take your medicine, your IBD team are there to support you.

WHY MEDICINES ARE USED IN CROHN'S AND COLITIS

Right now, there are no cures for Crohn's or Colitis. But there are medicines that can help you feel well.

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Medicines can work well to treat your symptoms. They can help stop your condition getting worse or causing other problems.

Many medicines used for Crohn's or Colitis work by easing inflammation in the gut.

Different medicines are used for different reasons. And your treatment may change over time. Medicines may be used to:

- Get symptoms under control
  A **flare-up** is when your symptoms come back and you feel unwell. Medicines can help to ease inflammation in your gut and get your Crohn's or Colitis under control. This is also called inducing remission.
- Keep symptoms under control
  Some people take medicines for a long time to keep their symptoms under control. This is called maintenance therapy. Your IBD team may advise you to take medicine even if you feel well. This is because inflammation can be in your gut even if you do not have symptoms. The inflammation could cause other problems if it's not kept under control.
- Help manage Crohn's or Colitis after surgery
  Some people still need medicine after surgery. This may be to lower the risk of inflammation coming back. Or it may be because inflammation is still in other parts of the gut or body.

TYPES OF MEDICINES USED FOR CROHN'S AND COLITIS

Several different types of medicines are used to treat Crohn's and Colitis. These include:

- **Steroids**
- **5-ASAs**, also known as aminosalicylates
- **Azathioprine, mercaptopurine** and **methotrexate**
- **Biologics and other targeted medicines**

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The medicine your IBD team recommends may depend on:

- Whether you have Crohn's Disease, Ulcerative Colitis or Microscopic Colitis
- How severe your condition is
- Which part of your gut is affected
- Whether you are in a flare-up or in remission
- If you have already tried any treatments
- If you cannot have some treatments

There may also be other factors that your IBD team consider.

Some medicines are only used if others have not worked.

MEDICINES WITH MORE THAN ONE NAME

You may notice that the same medicine can have different names. This is because different companies can make the same medicine and give it a different name. Medicines can have:

- A generic name. This is the name of the active ingredient in the medicine. The active ingredient is the chemical in the medicine that treats your condition.
- A brand name. This is created by the company that makes the medicine.

If several companies make and sell the same medicine, it will have several different brand names. For example, different brand names for the 5-ASA, **mesalazine** include:

- Asacol
- Octasa
- Pentasa
- Salafalk
- Mezavant

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Does it matter which type I take?

For many medicines, it may not matter which type you take. But for some, different types work in different ways.

Different types of the same medicine can contain different inactive ingredients. These ingredients do not treat your condition.

For most medicines, these differences in inactive ingredients are small. So the medicines still work in the same way and there is no difference between types. This includes generic and branded names.

For some medicines, it can matter which version you have. Inactive ingredients may help to make the medicine into other forms, such as:

- Tablets
- Granules
- Injections
- Enemas
- Suppositories

They can also give the medicine a particular colour or affect how it breaks down in your body. For example, some brands of **mesalazine** come in formulations that all target different parts of the gut.

For this reason, your doctor may decide to prescribe a particular brand. You can read more in the section about different **forms of medicine**.

Your IBD team will explain if you can take any version of your medicine, or if you should always take the same one. The type and brand you are prescribed may also depend on:

- Guidelines
- Costs
- Availability in your local area

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Read more about the difference between branded and generic medicines on the **NHS website.**

Biosimilar medicines

Some medicines used for Crohn's and Colitis are called **biologic medicines**. They help to lower inflammation.

Biologic medicines are made using living cells. Each manufacturer uses its own unique process and cells to make the medicine. This means that biologic medicines made by different manufacturers can never be exactly the same.

A biosimilar is a medicine that is very similar to an existing biologic medicine. The original version of the medicine is called the originator. Other brands of the same medicine are called biosimilars.

Example of biosimilars

Remicade was the first brand of infliximab, so it's the originator.
Biosimilars of Remicade include:

- Zessly
- Remsima
- Inflectra
- Flixabi

A biosimilar has to meet strict standards to be approved for use. These standards show that it's as safe and effective as the original biologic medicine. Because of this, biosimilars can be used in place of your usual medicine.

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You may sometimes be changed to a different biosimilar. For example, if your usual medicine becomes unavailable or there is a less expensive version available.

For more information on biosimilars, see our information on **biologic medicines.**

DIFFERENT FORMS OF MEDICINES

Some of the medicines prescribed for Crohn's and Colitis come in different forms. This means they can be taken in different ways to help them work better.

Your IBD team will recommend the best form of medicine for treating your Crohn's or Colitis. They will also explain exactly how to take your medicine.

Oral medicines

Many medicines used to treat Crohn's and Colitis come in a tablet, capsule or granule form. These are oral medicines, which means they are taken by mouth.

A medicine that you swallow will usually start to dissolve very quickly. But, some of the tablets and capsules have a special 'gastro-resistant' coating. This helps stop the tablet from being broken down by the acid in your stomach. It makes sure the medicine is released in the right part of your gut. This is usually the small bowel or colon.

Your IBD team or pharmacist will tell you how to take your medicine. You can also find this information on the patient information leaflet that comes with your medicine.

Different medicines can have different instructions. It's important that you follow the advice you're given, as this can affect how your medicine works. For example, you may be advised to:

- Swallow some tablets and capsules whole and not break or crush them
- Take some medicines before or with food

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If you see tablets or capsules in your poo, stoma output or in the toilet, let your IBD team know. Sometimes this is expected, because the medicine has been absorbed and only the capsule shell is left. But seeing some medicines in your poo could mean it has not been absorbed properly.

Topical treatment

Topical treatments are applied directly to the affected part of the body. These treatments may be given if the inflammation is in the lower part of your bowel. This can be reached through your bottom.

Steroids and **aminosalicylates (5-ASAs)** are sometimes given topically.

Topical treatments come in different forms, including:

- Suppositories
- Enemas
- Rectal foams
- Creams
- Ointments

Getting used to topical treatments

Topical treatments may take time and practice to get used to. Some people may feel unsure, embarrassed or uncomfortable when they first start using them.

Using this treatment may become easier as you get more familiar with it. Taking your time and following the instructions carefully can help.

If you are struggling to use your medicine, speak to your IBD team. They can help you find ways to make treatment easier or more comfortable.

Suppositories

Suppositories are solid medicines that are small and bullet-shaped. You use your finger to put them directly into your bottom.

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They are usually covered in a waxy substance that dissolves at body temperature. As it dissolves, it releases the medicine in the area that needs it.

It's important to follow the instructions that come with your medicine. They will explain exactly how to use it. The instructions for different medicines may vary. In general:

- Remove any packaging. Some suppositories are wrapped in plastic or foil.
- Some people find it easier to lie on their side with their legs bent in front of them.
- If possible, insert suppositories after having a poo.
- Dipping the suppository in water or using a lubricant may help you insert it.

Enemas

Enemas are liquids that you put into your bottom using an applicator. It may come as a tablet and liquid that you mix together. The instructions in the medicine will explain this. It is important to follow the instructions that come with your medicine, as different medicines may vary.

You usually take enemas before you go to bed.

Tips for using enemas:

- You might find it more comfortable to use the enema if you have a poo first.
- Some people may find it more comfortable to use lubricant on the applicator.
- Sleeping on a towel may protect your bedding from stains.

Rectal foams

Rectal foams are foams that you put into your bottom with an applicator.

Tips for using rectal foams:

- Try standing with one leg raised on a chair. If it's easier, you can lie on your side.

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- Using lubricant on the applicator may make it more comfortable.
- If possible, try to use your rectal foam medicine after having a poo.

Ointments and creams

If you have inflammation on the surface of your skin, an ointment or cream may be helpful. Tacrolimus is a medicine available in ointment form and may be used to treat perianal Crohn's. This is Crohn's that affects the area of skin around your bottom.

Injections and infusions

Some medicines are given by injection or infusion. An infusion is when a medicine is slowly delivered into a vein. This is also known as a drip.

You may be given an injection or infusion if the medicine:

- Is not absorbed well when swallowed.
- Needs to work more quickly. For example, you might have an infusion of **steroids** during a severe flare-up. This is to quickly lower inflammation.

You may have injections at home or in hospital. You may be taught to inject the medicine yourself. If you inject yourself, your medicine will come as pre-filled syringes or pens.

Infusions are usually given in hospital.

For some medicines, your first dose may be given as an infusion in hospital before you move on to injections at home. Other medicines are only given by injections and do not need an infusion.

Managing injections at home

Your doctor, pharmacist or nurse will arrange for you to be taught how to inject yourself at home. The training might be given by your homecare medicine service.

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This is a company that may deliver your medicine. Some homecare medicine services can do virtual appointments.

Your medicine for injection may be delivered to your home. Read more in the section about **getting your medicine**.

Some medicines must be kept in the fridge and allowed to reach room temperature before use. Your IBD team or homecare medicine service will explain how to store and use your medicine safely. Always read the instructions that come with your medicine.

Fear of needles or injections

It can feel scary to inject yourself, especially at first. Some people may feel anxious about needles or worry about doing the injection correctly. With time and practice you may feel more confident.

You do not have to manage this alone. Your IBD team and homecare medicine service are there to:

- Support you
- Answer your questions
- Show you techniques to make injections more comfortable
- Help you find a routine that works for you

Some people also find relaxation or distractions can help with a fear of needles. Read more about **managing a fear of needles**.

If you are not comfortable injecting yourself, tell your IBD team or homecare medicine service. They may be able to:

- Teach a family member or friend to do it for you.
- Arrange for a nurse to give you your injection at home. Although it might be difficult to get these appointments.
- Arrange extra support from your GP, if this is available.

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- Provide your medicine in a different format that does not need to be injected. For example, an infusion at a hospital.
- Consider other medicines that you take in a different way, such as tablets.

DECIDING WHICH MEDICINE TO TAKE

Your IBD team might give you a choice of different medicines to treat your Crohn's or Colitis. Before deciding to take any medicine, it's important that you think about:

- The benefits and risks of all your treatment options
- What is most important to you

Your IBD team may give you choices. But you do not have to make this decision on your own. They will help you make the decision together about what is best for you. If you do not feel able to make the decision, let them know. They can support and advise you.

> **"One thing I have learned is that if a type of medicine does not work, try not to stress. There are so many options out there, it may just take some time to find the right one for you."**
>
> **REBECCA**
> **LIVING WITH ULCERATIVE COLITIS**

You might find it helpful to prepare before any appointments with your IBD team. Our **appointment guide** has some questions you might want to ask your IBD team about the medicines being offered. It also has space to write down some questions of your own.

You may want to ask about:

- What the medicine is and why it's being offered to you

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- The possible benefits and risks
- The risk of side effects, and how can they be managed
- If there are any alternative medicines or treatments
- Which form the medicine comes in, and whether you can choose which form you have
- How often you need to take it
- If you need to take it at a certain time of day
- How to store the medicine safely
- How long you need to take the medicine for
- Will I have any tests or checks while taking the medicine
- How to safely stop taking it
- How long it usually takes to start working
- Whether the medicine contains any ingredients you are allergic to
- What happens if you choose not to take any medicine
- Who to contact if you have any concerns or are having side effects
- If there is a charge for the prescription
- Where to get the medicine from

If you are pregnant, trying to get pregnant or are breastfeeding, it's important that you tell your IBD team. Some medicines may not be suitable for you. For more details see our information on **pregnancy**, **breastfeeding** and **fertility.**

You can learn more about the different medicines used for Crohn's and Colitis:

- Our **treatments** page has information about individual medicines.
- Our **medicine tool** can help you compare medicines based on your personal preferences.

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Taking more than one medicine

Some people with Crohn's or Colitis use more than one medicine at a time to manage their condition. This is called combination therapy.

- Some people take more than one medicine for a short time to help control a **flare-up**. For example, you might be prescribed **steroids** together with a 5-ASA, such as mesalazine.
- Some people take more than one medicine for a long time. Sometimes, taking certain medicines together can be more effective than taking them alone. For example, a biologic, such as **infliximab**, may be given with another immunosuppressant, such as **azathioprine**.

Taking more than one medicine can also increase the risk of side effects. It's important to discuss the risks and benefits of combination therapy with your IBD team. They can help you decide on the right treatment for you.

SAFETY OF MEDICINES

It's common to have questions about the safety of your medicines. Especially when starting a new medicine or taking a medicine for a long time.

Before new medicines are used in the UK, they go through strict research and clinical trials involving thousands of people. This process can take many years. For more information on clinical trials, see our page on **how we talk about the effectiveness of medicines**.

In the UK, medicines are licensed by the **Medicines and Healthcare Products Regulatory Agency (MHRA)**. The MHRA demands very high standards from the companies that make medicines. It will only give a licence when it is sure that a medicine meets all its safety and quality requirements. Visit the **MHRA website** for more information about its work.

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SIDE EFFECTS

All medicines have the potential to cause side effects. This includes medicines for Crohn's and Colitis. But not everyone gets side effects. And being unwell can also cause harm and lead to more problems.

When recommending a treatment, your IBD team will carefully weigh up the benefits and risks for your personal situation. You may also have regular check-ups while you are taking treatment. Read more about this in the section about **tests and checks during treatment**.

If you have any concerns about your treatment, speak to your IBD team. They can explain why a medicine has been recommended for you, and the risks and benefits. This may help you feel more comfortable with your treatment decisions.

It's important to know the possible side effects of your medicine. These may be mild and go away once your body has got used to the medicine. Or they may be more severe and mean you have to stop taking the medicine.

> **"I find it useful to keep an ongoing record of any side effects and the frequency that they occur so I can discuss them clearly and accurately with my IBD team later."**
>
> **ROS**
> **LIVING WITH ULCERATIVE COLITIS**

Speak to your IBD team if you have any concerns about side effects. They can explain:

- How likely it is you could have side effects.
- If the side effects are likely to be mild and easy to manage, or more difficult to cope with.
- What symptoms to look for.

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- If you can do anything to lower the risk of side effects. For example, taking your medicine with food or at a different time of day.
- What to do if you have side effects.
- What tests or checks you may have.

You can find out more about the side effects for medicines used to treat Crohn's and Colitis in our **individual medicine information**.

We encourage you to report any side effects to the Medicines and Healthcare Products Regulatory Agency (MHRA). You can do this through the **Yellow Card scheme online** or by downloading the **MHRA Yellow Card app**. This helps collect important safety information about medicines.

Some people may get side effects that have not yet been recorded in any information. It can be helpful to write down when you started taking a medicine and when any new symptoms began. This may help you and your healthcare team work out if a new symptom could be a side effect.

> "It has taken me a long time, many years, to accept I have to take medication on a long-term basis and adhere to my medication regime. If I am suffering from a flare-up I already feel ill so taking new medication is particularly hard as I may have to cope with side effects too. Accepting this and understanding that I am doing this to get better in the long-term helps me."
>
> **JOANNE**
> **LIVING WITH ULCERATIVE COLITIS**

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TESTS AND CHECKS WHILE TAKING MEDICINES

You might have regular check-ups while taking your medicine. This helps your IBD team check that:

- The medicine is working
- Your treatment is suitable for you and can continue

The type of checks and tests you have, and how often you have them, will vary. It can depend on the medicine you have, the dose, and your response to the medicine.

Checks and tests could include:

- Blood tests
- Poo tests
- Blood pressure or weight checks
- Physical examinations
- Scans or other tests

Your IBD team will explain:

- What checks or tests you may need
- How often these will happen
- Where the tests will take place
- Any practical considerations, such as getting to appointments

This information will often be included in a letter to you and your GP.

Our **individual medicine pages** have more information on check-ups for specific medicines.

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LOWERING THE RISK OF SIDE EFFECTS

Everyone is different, and you may not be able to avoid every side effect from your medicine. But there are things you may be able to do help lower the risk and stay safe. This depends on the medicine you take.

Precautions for immunosuppressants

Many medicines used to treat Crohn's and Colitis are immunosuppressants. These are medicines that change how the immune system works.

Immunosuppressants used to treat Crohn's and Colitis include:

- **Steroids**
- **Azathioprine, mercaptopurine** and **methotrexate**
- **Biologics and other targeted medicines**

These medicines can change how your body responds to certain things. For example, you may be more likely to get serious infections. You may also be more sensitive to sunlight.

There are things you can do to lower these risks. You can read more about this in our information on **immunosuppressant precautions**.

If you are not sure whether your medicine affects your immune system, read our individual **medicine information** or ask your IBD team.

Other medicines

5-ASAs, also called aminosalicylates, are other medicines used for Crohn's and Colitis. They are not immunosuppressants and do not have the same side effects.

One possible side effect of mesalazine, a 5-ASA medicine, is kidney stones. You can lower the risk of kidney stones by drinking enough fluids.

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Your IBD may give you more advice about lowering the risk of side effects when taking 5-ASAs. You may also have tests or checks whilst you are taking the medicine.

You can read more about side effects in our **5-ASA information**.

Patient alert cards

For some medicines, you may be given a Patient Alert Card. This is sometimes also known as a patient reminder card.

This card tells healthcare professionals about your medicine. This is important if you need treatment or emergency care.

You can carry this card with you. You can also add it as emergency medical information on your phone.

TAKING MEDICINES FOR OTHER CONDITIONS

Your Crohn's or Colitis medicine can be affected by medicines for other conditions. This is called a medicine interaction. It could make your treatment less effective or change the side effects you get.

Your IBD team will check what medicines you take before prescribing a new one. Once you have started your medicine, it's important to check with your IBD team or a pharmacist before taking any new medicine.

This includes:

- Prescribed medicines for other conditions, including antibiotics and contraceptive pills.
- Vitamins and supplements.
- Over-the-counter medicines you buy from a pharmacy or supermarket. This includes cold and flu tablets.

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- Complementary, alternative or herbal medicines. Always let your doctor or IBD team know if you are planning to take herbal medicines. They may interact with the medicines used to treat your Crohn's or Colitis. Read more about complementary and alternative medicine on the **NHS website**.

Some food and drink can also affect how medicines work. For example, grapefruit juice can interact with some medicines.

Because there are many possible interactions, we do not list them all on this page.

Find out more about medicine interactions from:

- Our information on **individual medicines**.
- The patient information leaflet that came with your medicine. You can also find copies of patient information leaflets on the **electronic medicines compendium** website.
- Your IBD team. It can be helpful to take a list of all your medicines, including the dose, to your appointments. **Our appointment guide** has space to note down what medicines you are taking or have tried before.
- A pharmacist.

STOPPING OR CHANGING TREATMENT

Finding the right medicine for Crohn's or Colitis can take time. You may need to try different medicines before finding one that works.

Your IBD team might suggest changes to your medicine if:

- Your medicine is not working well enough.
- You are having side effects that are serious or difficult to manage.
- Your symptoms change.
- You have surgery for Crohn's or Colitis.

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- Your personal circumstances change. For example, if you are planning a pregnancy or become pregnant.

Thinking about stopping treatment

Do not stop taking your medicine without talking to your IBD team first.

Some people may want to stop treatment because they are worried about side effects. Or they may feel fed up with taking medicines.

It's best to be honest with your IBD team about why you are thinking of stopping your treatment. This can help them understand how to best support you. They will help you make a decision that is right for you.

Some medicines, such as steroids, need to be reduced gradually. Stopping them suddenly can make you unwell.

If your symptoms get better

Continuing to take your medicine, even when you feel well, is an important part of treatment. It can lower the risk of having a flare-up and help keep your symptoms under control. This is called maintaining remission.

Some people may be tempted to stop their medicine if their symptoms get better. It's very important you talk to your IBD team first. If you are taking long-term medicine to keep your symptoms under control, they may advise that you continue your medicine.

Can I change the dose of my medicine?

It's very important that you only start, stop or change any prescribed medicines if you are advised to by your IBD team, even if your symptoms improve. It's also important to take the full dose you have been prescribed.

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You may have a written **personalised care and support plan** that tells you what to do if you feel unwell. Follow the specific guidance given by your IBD team in this plan. Find out more in our **flare-ups information.**

MANAGING MEDICINES DAY-TO-DAY

Getting your medicine

Your IBD team will give you information about how to get your medicine.

Some medicines for Crohn's and Colitis must be prescribed by a specialist hospital team. This means your GP may not be able to prescribe it. In this case, you may not be able to collect your medicine from your local pharmacy. Instead, you might:

- Have your medicine delivered to you at home. Medicines delivered to your home are usually supplied by a homecare medicines service. These are private companies that work with the NHS.
- Collect your medicine from a hospital pharmacy.

Some medicines can take a while to be delivered. It's important to make sure you order your prescription in plenty of time. If you're not sure how far ahead to order, ask your IBD team.

Sometimes, your medicine may be unavailable. Speak to your IBD team if this happens. There may be alternative medicines that work in the same way. This medicine might have a different name. You can read more in the section about **medicines with more than one name**.

Paying for prescriptions

Some people can get **free NHS prescriptions**.

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If you regularly have to pay for prescriptions, it may be cheaper to get a **prescription prepayment certificate**.

Find out more on our **money and financial support** page.

If medicines feel difficult to manage

Taking medicines for Crohn's or Colitis can sometimes be difficult. You may find it hard to:

- Remember to take your medicine
- Take your medicine at the right time
- Fit your treatment around work, travel or daily routines
- Swallow tablets or capsules
- Use certain types of medicine, such as injections or suppositories
- Manage side effects
- Attend appointments for tests and checks

If you are struggling to manage your medicines, let your IBD team know. They may be able to help you find a routine that works better with your daily life. Or they may have tips to make it easier to take your medicines.

Depending on the medicine you take and your condition, your IBD team may be able to:

- Simplify your dose so you only need to take your medicine once a day
- Change the form of your medicine, such as changing from infusions to injections

Remembering to take your medicine

It can be hard to get into a routine of remembering to take your medicines every day. If you are having trouble remembering to take your medicine, you may find it helpful to:

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- Set an alarm or use a reminder app.
- Leave your medicine somewhere visible, such as by your kettle or on your bedside table. But remember to keep medicines out of reach of children or pets.
- Take your medicine just before or after another activity, such as brushing your teeth.
- Write a reminder on your fridge or another place you will go to regularly.

You may find it helpful to write on the packaging the date or time you need to take your medicine. This may help you keep track of when doses are due and whether you may have missed a dose.

If you do miss a dose, the patient information leaflet that comes with your medicine will tell you what to do. If you are unsure, check with your IBD team.

Travelling with medicines

If you're planning a trip, there may be some extra things to think about, such as:

- Working out what time to take your medicine in different time zones
- Taking medicines that you need to keep in a fridge

Our information on **travelling with Crohn's or Colitis** has helpful tips for managing your medicines while travelling.

MORE INFORMATION AND SUPPORT

If you have questions or concerns about your medicines, support is available.

Your IBD team

Your IBD team can help you:

- Understand your treatment options
- Manage side effects

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- Talk through any concerns or worries you may have

Building a good relationship with your IBD team may help you feel more confident in making decisions about your treatment. Be honest about your symptoms, feelings and any difficulties you have taking medicines. This can help your team understand what support you need and whether your treatment is working well for you.

You may find it helpful to write down questions or symptoms before appointments. Our appointment guide can help you prepare for discussions with your IBD team.

Some hospitals have an IBD service for information and support. See our **online map** to find an IBD service in your area.

Your GP and local pharmacist

You can also speak to your GP or local pharmacist about your medicines. They can answer questions about:

- How to take medicines
- Taking other medicines at the same time
- Over-the-counter medicines

Medicine information

All medicines come with a patient information leaflet. This explains how to take the medicine, possible side effects and other important safety information. Copies of patient information leaflets can be found on the **electronic medicines compendium** website.

You can also find medicine information online:

- The **Association of the British Pharmaceutical Industry** has details of companies that make prescription medicines. Some companies have information for patients, or a helpline.

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- The **Proprietary Association of Great Britain** has information on companies that make over the counter medicines. Some companies have information for patients, or a helpline.

HELP AND SUPPORT FROM CROHN'S & COLITIS UK

We're here for you. Our information covers a wide range of topics. From treatment options to symptoms, relationship concerns to employment issues, our information can help you manage your condition. We'll help you find answers, access support and take control.

All information is available on our **website.**

Helpline service

Our helpline team provides up-to-date, evidence-based information. You can find out more on our **helpline web page.** Our team can support you to live well with Crohn's or Colitis.

Our Helpline team can provide support by:

- Providing information about Crohn's and Colitis
- Listening and talking through your situation
- Helping you to find support from others in the Crohn's and Colitis community
- Providing details of other specialist organisations

You can call the Helpline on **0300 222 5700**. Or visit our **LiveChat service**. You can read our information on **when the Helpline** is open for more details..

You can email **helpline@crohnsandcolitis.org.uk** at any time. The Helpline will aim to respond to your email within three working days.

Our helpline also offers a language interpretation service, which allows us to speak to callers in their preferred language.

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Virtual Social Events

We offer people affected by Crohn's or Colitis the chance to join a virtual social event with others across the UK. The events will be a chance to chat, share experiences and potentially learn from others. Each event may have a specific topic but the overall discussion will be driven by what those attending wish to talk about.

Family, friends and colleagues are more than welcome to attend.

Visit our **Virtual Social Events** page to find out what is available.

Crohn's & Colitis UK Forum

This closed-group Facebook community is for anyone affected by Crohn's or Colitis. You can share your experiences and receive support from others. Find out more about the **Crohn's & Colitis UK Forum.**

Help with toilet access when out

There are many benefits to becoming a member of Crohn's & Colitis UK. One of these is a free RADAR key to unlock accessible toilets. Another is a Can't Wait Card. This card shows that you have a medical condition. It will help when you are out and need urgent access to the toilet. See **our membership webpage** for more information. Or you can call the Membership Team on **01727 734465**.

HOW TO HELP OTHERS LIVING WITH CROHN'S OR COLITIS

We want to make a difference to people affected by Crohn's or Colitis. But we can't do that without help.

If you want to support others in our community, here are some ways you can get involved:

- Volunteering: If you'd like to volunteer, we have a range of ways you can get involved. Find out more about our **volunteering roles**.

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- Campaigning: None of our award-winning campaigns would be possible without our amazing community of dedicated campaigners. Your voice really does matter. Find out more about **joining our Campaigner Network**.
- Fundraising: Every pound you give helps power our life-changing work. Together we'll create bold campaigns, fund pioneering research, and give vital support when people need it most. Find out about ways to **fundraise**.
- Research: Research aims to improve the lives of people living with Crohn's or Colitis. One day, it may even find a cure. But good quality research can only happen when people with Crohn's or Colitis are involved. Find out about ways **you can be involved in future research**.
- Share your story. We hear from people every day who rely on the Crohn's and Colitis community for help and support. Why not **share your story** to help others feel seen or inspired?

ABOUT CROHN'S & COLITIS UK

We're Crohn's & Colitis UK and we're changing what it means to live with these lifelong gut conditions. 1 in 123 people in the UK have Crohn's Disease or Ulcerative Colitis. These are unpredictable conditions that could flare up at any time.

No one should face that alone. That's where we can help.

We provide trusted information and support cutting-edge research. We also lead bold campaigns to get more people talking about Crohn's and Colitis. We help people understand these conditions, give them the attention they deserve and bring people together to create change.

This year, 25,000 people will be told they have Crohn's or Colitis. Once diagnosed, the obstacles continue. Today, there is no cure. People simply don't understand these conditions. So, we have listened. It's time for change & we're leading the way.

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Our information is available thanks to the generosity of our supporters and members. Find out how you can join the fight against Crohn's and Colitis by calling **01727 734465.** Or you can visit **our website**.

About our information

We follow strict processes to make sure our information is based on up-to-date evidence and is easy to understand. We produce it with patients, medical advisers and other professionals. It is not intended to replace advice from your own healthcare professional.

You can find out more on **our website**.

We hope that you've found this information helpful. Please email us at **evidence@crohnsandcolitis.org.uk** if:

- You have any comments or suggestions for improvements
- You would like more information about the evidence we use
- 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 you can contact us through the **Helpline** on **0300 222 5700**.

We do not endorse any products mentioned in our information.

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