Crohn's, Colitis and other immune-related conditions

Some people face challenges from other conditions they have alongside their Crohn's or Colitis. These other conditions are sometimes called co-morbidities. This information is for people with Crohn's or Colitis who want to find out more about some of these co-morbidities.

In this information, we look at some immune-related conditions that can exist alongside Crohn's or Colitis. The information explains:

- What each condition is
- Common symptoms
- The possible link with Crohn's or Colitis
- How having another condition might affect the management of your Crohn's or Colitis
- Where you can find out more about each condition

The conditions this resource covers include:

- Coeliac disease
- Diabetes
- Rheumatoid arthritis (RA)
- Axial spondylarthritis (Axial SpA)
- Psoriasis and psoriatic arthritis
- Multiple sclerosis (MS)
- Systemic lupus erythematosus (lupus or SLE)

This is not a list of all the conditions that may exist alongside Crohn's or Colitis. We have included those which have the strongest evidence of a link.

Just because there are links with other conditions, it does not mean everyone with Crohn's or Colitis will get one or more of these conditions as well. And other conditions that people develop may not be related to the fact that they have Crohn's or Colitis. If you are worried about any symptoms you may have, seek advice from a healthcare professional.

This information does not include:

- Conditions that occur as side effects of medicines for Crohn's or Colitis. You can find out more about these in our information on treatments.
- Conditions that occur as symptoms outside the gut in people with Crohn's or Colitis. These are sometimes called extra-intestinal manifestations or EIMs. You can find out more about these in our information on Crohn's and Colitis.
- Microscopic Colitis. We have separate information on other conditions and Microscopic Colitis.

Where we use the term Colitis in this information, we are referring to Ulcerative Colitis.

CROHN'S & COLITIS UK

Contents

Key facts about Crohn's, Colitis and other immune-related conditions

- Some immune-related conditions occur more often in people with Crohn's or Colitis.
- It is not usually practical to test for other conditions if you do not have symptoms. If you have symptoms that you think could be due to another condition, speak to your GP or IBD team.
- If you have another condition, make sure your IBD team know what medicine you are taking for the other condition.
- Your IBD team will need to work with other teams, such as rheumatology and dermatology, to ensure early diagnosis and suitable treatment.

Immune-related conditions

Crohn's and Colitis belong to a group of conditions known as immune-mediated inflammatory diseases. You may hear these referred to as IMIDs. This includes conditions such as rheumatoid arthritis, diabetes and multiple sclerosis. Some IMIDs occur more often in people with Crohn's or Colitis than in people without Crohn's or Colitis.

Even though another condition may occur more often in someone with Crohn's or Colitis, it is not usually possible to say that their Crohn's or Colitis has caused it.

What is an autoimmune disease?

The immune system is the body's defence against harmful substances and infection. As part of this defence, the immune system creates antibodies. Antibodies are proteins in the blood that usually help destroy invading substances.

In autoimmune diseases, the immune system attacks the body's own healthy cells by mistake, thinking they are harmful. And antibodies are incorrectly made against the body's own cells. These are known as auto-antibodies. It is the presence of these auto-antibodies that means a disease is autoimmune.

What is an immune-mediated inflammatory disease?

An immune-mediated inflammatory disease (IMID) is also caused by your immune system not acting normally. But for IMIDs, either the exact cause or target of your immune response is not known. Or the specific antibodies it's creating cannot be found.

Some sources call Crohn's and Colitis autoimmune conditions. But some researchers think they are better described as immune-mediated conditions. These researchers think the body is attacking bacteria in the gut, rather than its own cells. Because we do not know exactly what causes Crohn's and Colitis, it is difficult to say for sure.

Coeliac disease

What is coeliac disease?

Coeliac disease is an autoimmune disease. The body's immune system attacks the tissues in the small bowel when you eat gluten. This causes damage to the small bowel and means that the body cannot properly absorb nutrients from food.

Coeliac disease affects at least 1 in every 100 people in the UK.

Symptoms of coeliac disease

Symptoms range from mild to severe. They can include:

- Diarrhoea
- Tummy pain
- Feeling sick, also known as nausea
- Bloating and wind
- Constipation
- Tiredness
- Mouth ulcers
- An itchy rash
- Unexpected weight loss
- Anaemia

Is coeliac disease related to Crohn's or Colitis?

Most of the evidence suggests that if you have coeliac disease, you are more likely to develop Inflammatory Bowel Disease (IBD) than the general population. And if you have IBD you are more likely to develop coeliac disease, but to a smaller extent. The size of this risk varies in the research. Some studies suggest that the link is likely to be greater in people with Crohn's than those with Colitis.

What else do I need to know?

If you have Crohn's or Colitis you may continue to have symptoms, such as tummy pain or diarrhoea, even when your condition is under control. This may be because your symptoms are due to another condition, such as coeliac disease.

You can ask your GP for a blood test to check for coeliac disease. You should continue to eat gluten as usual when you have the blood test. This is because avoiding it could lead to an incorrect result.

If the results of your blood test are positive, your GP might refer you for an endoscopy. This will include a biopsy of the small intestine to confirm your diagnosis. An endoscopy is a general name for a test that uses a long, thin, flexible tube called an endoscope with a small camera on the end to look closely at the lining of your gut. An endoscopy is done by an endoscopist, a specially trained doctor, surgeon, or nurse. A biopsy is where a small sample of cells are taken for testing.

Find out more about getting a diagnosis for gut problems from What's up with my Gut? https://www.whatsupwithmygut.org.uk/

Find out more about coeliac disease

More information about coeliac disease is available from:

Coeliac UK: www.coeliac.org.uk

NHS: www.nhs.uk/conditions/coeliac-disease

Diabetes

What is diabetes?

Diabetes is a condition that causes your blood sugar level to become too high. There are two main types of diabetes, type 1 and type 2.

Insulin is a hormone that helps to control the levels of a sugar called glucose in your blood. Your body makes insulin in your pancreas. Type 1 diabetes is an autoimmune condition. When you have type 1 diabetes, your body cannot make any insulin. The body's immune system attacks and destroys the cells that produce insulin.

Type 2 diabetes is not an autoimmune condition. When you have type 2 diabetes, your body can still make some insulin. But it either does not work properly, or you can't produce enough of it.

About 7 in every 100 people in the UK have been diagnosed with diabetes. Most of these people have type 2 diabetes. Some people from different ethnic backgrounds may be up to four times more likely to have diabetes than people from white communities. These include people from:

- South Asian communities including Indian, Pakistani and Bangladeshi
- Chinese communities
- Black African communities
- Black Caribbean communities

Symptoms of diabetes

The main symptoms of diabetes are:

- Feeling very thirsty.
- Needing to pee a lot, especially at night.
- Feeling very tired, more than usual.
- Weight loss and muscle loss. This is more common in type 1 diabetes and less common in type 2.
- Itching around the penis or vagina or getting thrush a lot.
- Blurred vision.

Type 1 diabetes can develop quickly over weeks or even days. You cannot prevent or reduce your risk of type 1 diabetes.

Many people have type 2 diabetes for years without realising. This is because the early symptoms are hard to notice, or there are no symptoms at all. Some people are at higher risk of type 2 diabetes because of their ethnicity or age, or if they are obese or overweight. Type 2 diabetes can sometimes be prevented with lifestyle changes and treatment.

Is diabetes related to Crohn's or Colitis?

People with Crohn's or Colitis have an increased risk of developing both types of diabetes. Part of this risk may be related to the use of some medicines used to treat Crohn's and Colitis, such as steroids. But we do not yet know how big this increased risk is. More research is needed.

What else do I need to know?

Some of the medicines used to manage your Crohn's or Colitis can affect your blood glucose levels. For example, steroids can increase blood glucose levels and your risk of diabetes.

There is some evidence that having both diabetes and Crohn's or Colitis can increase the risk of infections, flare-ups or needing a stay in hospital.

The main treatment for type 1 diabetes is taking a medicine called insulin to manage your blood glucose levels. If you have type 1 diabetes, knowing how many carbohydrates you're eating and drinking helps you manage your blood glucose levels by matching your insulin dose to your food.

Eating a healthy diet and being more active are key to managing type 2 diabetes. Diabetes medicines are also often needed. A high-fibre diet with plenty of fruit, vegetables, wholegrains and pulses is recommended for type 2 diabetes.

Many people with Crohn's or Colitis have a low fibre intake. If you have Crohn's or Colitis, there is no need to limit your fibre intake when your condition is under control, unless you have a narrowing in your gut. But some people feel that it makes their symptoms worse, so they avoid it. Or they might not be able to tolerate an increase in fibre.

If you find it difficult to include more fibre in your diet, speak to your GP or IBD team. They might be able to refer you to a dietitian to help with what you eat and drink.

For more information on eating with Crohn's or Colitis, see our information on food.

Find out more about diabetes

You can find out more about diabetes, including how to reduce your risk of developing type 2 diabetes from:

Diabetes UK: www.diabetes.org.uk

Rheumatoid arthritis (RA)

What is rheumatoid arthritis?

Rheumatoid arthritis (RA) is an autoimmune condition. It is a long-term condition that causes pain, swelling and stiffness in the joints. RA usually affects the hands, feet and wrists. Like Crohn's and Colitis, there may be times when symptoms become worse, and times when there are few or no symptoms.

About 1 in every 100 people in the UK has rheumatoid arthritis.

RA should not be confused with joint pain that can occur as a symptom of Crohn's or Colitis. Painful, swollen joints is the most common symptom outside the gut in people with Crohn's or Colitis. This is sometimes referred to as IBD-related arthritis and is a type of spondyloarthritis. The main differences between IBD-related arthritis and RA are:

- Joint involvement. In RA symptoms often appear in the same joints on both sides of the body. In IBD-related arthritis symptoms usually appear just on one side of the body.
- Joint deformity. There tends to be less joint deformity in people with IBD-related arthritis than those with RA.
- Rheumatoid nodules are only seen in people with RA. Rheumatoid nodules are firm lumps that form under your skin, often near joints.

You can find out more about IBD-related arthritis and joint pain in our information on Joints.

Symptoms of RA

Joint symptoms include:

- Pain
- Stiffness
- Swelling, warmth and redness of the joints

Other symptoms include:

- Feeling very tired, known as fatigue
- High temperature
- Sweating
- Poor appetite
- Weight loss

Is RA related to Crohn's or Colitis?

There is increasing evidence that people with Crohn's or Colitis are more likely to have RA than those who do not have Crohn's or Colitis. But the information we have on this is not consistent. There is less evidence to suggest that people with RA are more likely to go on to develop Crohn's or Colitis.

What else do I need to know?

It can be difficult to tell the difference between joint pain related to your Crohn's or Colitis and early RA. Your IBD team may need to work with the rheumatology team when the cause of joint pain and swelling is not known. The rheumatology team are the healthcare professionals who treat conditions affecting joints and muscles.

Some of the medicines used to treat RA and Crohn's or Colitis are similar. These include:

- Methotrexate
- Anti-TNF medicines, such as infliximab and adalimumab
- JAK inhibitors, such as tofacitinib and upadacitinib

Find out more about RA

You can find out more about RA from:

National Rheumatoid Arthritis Society (NRAS): www.nras.org.uk

Versus arthritis: www.versusarthritis.org

Axial spondyloathritis (SpA)

What is axial spondyloarthritis?

Spondyloarthritis (SpA) is the name for a group of long-term immune-related conditions of the joints.

Axial spondyloarthritis (axial SpA) is where the main symptoms are back pain and morning stiffness of the spine. You may also have heard of ankylosing spondylitis. It's a type of axial SpA. But in ankylosing spondylitis, changes to the spine can be seen on an X-ray.

Symptoms of axial SpA

The main symptoms of axial SpA include:

- Slow or gradual onset of back pain and stiffness over weeks or months. This is instead of over hours or days.
- Early-morning stiffness and pain, wearing off or reducing during the day.
- Stiffness and pain that lasts for more than three months, rather than coming in short attacks.
- Feeling better after exercise and worse after rest.
- Weight loss, especially in the early stages.
- Tiredness or fatigue.
- Feeling feverish and experiencing night sweats.

Is axial SpA related to Crohn's or Colitis?

Symptoms of joint disease are common in people with Crohn's or Colitis. The link between Crohn's or Colitis and axial SpA is well known. But the size of the link varies in the research so far.

Two reviews have combined the results of studies that looked at the relationship between Crohn's or Colitis and spondyloarthritis. The first found that up to 13 in every 100 people with Crohn's or Colitis had spondyloarthritis. In the second review axial SpA was found in 5 out of every 100 people with Crohn's or Colitis.

Tell your IBD team if you are experiencing pain or swelling in any of your joints. Or talk to your GP and ask if they can refer you to a rheumatologist. A rheumatologist specialises in conditions affecting joints and muscles.

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

What else do I need to know?

To diagnose axial SpA, your doctor may order some tests. They might want to look for some key symptoms including inflammatory back pain, enthesitis and sacroiliitis. Enthesitis is inflammation of the enthesis, where the tendon attaches to the bone. Sacroiliitis is inflammation of one or both sacroiliac joints. These are the joints that connect the spine and pelvis. Find out more in our information on joints.

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

Non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and diclofenac are often used to manage axial SpA. But some evidence suggests NSAIDs can make Crohn's or Colitis symptoms worse. This could be more likely if your condition is active, or you take NSAIDs for a long time. But it's difficult to know for sure.

Your IBD team can advise whether NSAIDs are right for you.

Some of the medicines used to treat axial SpA and Crohn's or Colitis are similar. These include:

- Anti-TNF medicines, such as infliximab and adalimumab
- JAK inhibitors, such as upadacitinib

Find out more about axial SpA

You can find out more about axial SpA from:

National Axial Spondyloarthritis Society (NASS): www.nass.co.uk/

Psoriasis and psoriatic arthritis

What are psoriasis and psoriatic arthritis?

Psoriasis

Psoriasis is an immune-mediated inflammatory skin disease. It is a long-term condition. Psoriasis usually involves times when you have no symptoms or mild symptoms, followed by times when symptoms are more severe.

Psoriasis affects around 1 in 50 people in the UK. It can start at any age, but most often develops in adults between 20 and 30 years old or between 50 and 60 years old. It affects men and women equally.

Psoriatic arthritis

Psoriatic arthritis (PsA) is an immune-mediated inflammatory disease that affects the joints and tendons. It usually occurs in people who have psoriasis, affecting up to 3 in every 10 people with psoriasis.

Symptoms of psoriasis and psoriatic arthritis

Psoriasis

The most common form of psoriasis is plaque psoriasis. Plaque psoriasis is a skin condition that causes flaky patches of skin. These flaky patches can form scales. On brown, black and white skin the patches can look pink or red, and the scales white or silvery. On brown and black skin, the patches can also look purple or dark brown, and the scales may look grey.

These patches most often appear on the elbows, knees, scalp and lower back. But they can appear anywhere on the body. Most people are only affected with small patches. In some cases, the patches can be itchy or sore.

The severity of psoriasis varies from person to person. For some it's a minor irritation, but for others it can have a big impact on their quality of life.

Psoriatic arthritis

Signs and symptoms of PsA vary for each person. Like IBD, there may be times when symptoms become worse, and times when there are few or no symptoms. Some of the most common symptoms of PsA are:

- Swelling, pain, stiffness, or tenderness in one or more joints
- Swollen fingers and toes
- Tenderness, pain and swelling over the tendons
- Back and neck pain
- Changes to the nails, such as discoloration or tiny holes in the nail surface
- Feeling very tired, known as fatigue

Are psoriasis and psoriatic arthritis related to Crohn's or Colitis?

Studies show that it is likely there is a link between Inflammatory Bowel Disease (IBD) and psoriasis. People with IBD are more likely to develop psoriasis, including psoriatic arthritis, compared with those without. The risk seems to be higher in people under 30 years old. This link exists in people with Crohn's and those with Colitis. But it is thought to be greater in people with Crohn's.

It is also likely that people who have psoriasis or psoriatic arthritis are more likely to develop IBD than those who do not have psoriasis or psoriatic arthritis. But this link was not seen in all the studies. And in some studies, psoriasis and psoriatic arthritis were only linked with Crohn's, and not Colitis. More research is needed.

What else do I need to know?

Non-steroidal anti-inflammatory drugs (NSAIDs) include ibuprofen and diclofenac. They may be used to control pain in people with mild psoriatic arthritis. Some evidence suggests NSAIDs can make Crohn's or Colitis symptoms worse. This could be more likely if your condition is active, or you take NSAIDs for a long time. But it's difficult to know for sure.

Your IBD team can advise whether NSAIDs are right for you.

Some of the medicines used to treat more severe psoriasis or psoriatic arthritis and Crohn's or Colitis are similar. These include:

- Immunomodulators, such as methotrexate
- Anti-TNF medicines, such as infliximab and adalimumab
- Advanced treatments, such as ustekinumab, risankizumab and guselkumab
- JAK inhibitors, such as tofacitinib and upadacitinib.

But there are some medicines used to manage Crohn's and Colitis that should not be used in people with psoriasis. This includes steroids that you take by mouth. And there are some medicines used in psoriatic arthritis that may not be suitable for people with Crohn's or Colitis. This includes the IL-17 inhibitors secukinumab and ixekizumab.

If you have Crohn's or Colitis and psoriasis or psoriatic arthritis, make sure your doctor knows that you have both conditions before they prescribe any new treatment for you.

Find out more about psoriasis and psoriatic arthritis

You can find out more about psoriasis and psoriatic arthritis from:

The Psoriasis Association: www.psoriasis-association.org.uk/

Multiple Sclerosis (MS)

What is multiple sclerosis?

Multiple sclerosis (MS) is an autoimmune condition that affects nerves in your brain and spinal cord. In MS the immune system attacks the coating, called myelin, that protects your nerves. This damages the nerves, which stops the signals between the brain, spinal cord, and the rest of the body. This leads to a range of symptoms like blurred vision and problems with how you move, think and feel.

More than 150,000 people in the UK are living with MS. It is two to three times more common in women than it is in men.

Symptoms of MS

The main symptoms of MS include:

- Feeling very tired, known as fatigue
- Numbness or tingling
- Loss of balance and dizziness
- Muscle spasms and stiffness
- Shaking or trembling you cannot control, known as a tremor
- Pain
- Bladder and bowel problems
- Vision problems
- Changes in memory and thinking

Is MS related to Crohn's or Colitis?

Up to 7 out of every 10 people with MS experience bowel symptoms. This is usually constipation or bowel incontinence. Diarrhoea can also occur.

Studies have found that if you have one of these conditions you are slightly more likely to develop the other. But the risk is not much greater than for someone in the general population. And it is rare for a person to have both.

According to a review that combined the results of 17 studies:

- 2 in every 1,000 people with IBD also had MS
- 6 in every 1,000 people with MS also had IBD
- People with MS were slightly more likely to have IBD than those without MS
- People with IBD were slightly more likely to have MS than those without IBD

But we do not know how to predict who with IBD is going to get MS or the other way around.

What else do I need to know?

Anti-TNF medicines, such as infliximab and adalimumab, have been found to increase the risk of developing MS or MS-like symptoms. This is a rare side-effect, occurring less than 10 in every 10,000 people. Symptoms may not stop when the anti-TNF medicine is stopped. Anti-TNFs have also been associated with possible worsening of MS symptoms. We are not sure why this happens.

Let your IBD team know if you experience any side effects of your treatment.

Diagnosing MS is not easy, especially in someone without symptoms. It is not practical to test for MS in everyone with IBD. If you experience symptoms such as weakness, tingling or numbness, or trouble walking, speak to your IBD team or GP.

Find out more about MS

You can find out more about MS from:

MS Society: www.mssociety.org.uk

MS Trust: mstrust.org.uk/

Lupus

What is lupus?

Lupus is also known as systemic lupus erythematosus (SLE). It is a long-term condition that causes joint pain and skin rashes. It is an autoimmune condition, in which the body's immune system targets body tissue. This causes inflammation and damage, often to the body's organs and joints.

Lupus is more common in women than in men. And it is more common in people from Black African, Caribbean, and Asian ethnic backgrounds.

Symptoms of lupus

The main symptoms include:

- Joint and muscle pain
- Fatigue
- A rash, often over the nose and cheeks, that usually comes on after being in the sun

The digestive system is involved in up to 4 out of every 10 people with lupus.

Is lupus related to Crohn's or Colitis?

Only a few cases of lupus have been reported in people with Crohn's or Colitis. Because of this, it is not possible to say if there is any link between lupus and Crohn's or Colitis.

Some people develop lupus-like symptoms after taking certain medicines. Anti-TNF medicines, such as infliximab and adalimumab, have been shown to cause this in people with Crohn's or Colitis. In recent studies, infliximab caused lupus-like symptoms in about 5 in every 100 people taking an anti-TNF medicine for Crohn's or Colitis. Adalimumab caused lupus-like symptoms in just under 1 in every 100 people. For these people, symptoms are usually manageable and stop after stopping the anti-TNF.

There is also a small number of reports of this happening for people taking vedolizumab. But this is very rare.

What else do I need to know?

There are many similar symptoms between lupus and IBD. So it can be very difficult to distinguish between them.

Find out more about lupus

You can find out more about lupus from:

Versus Arthritis: www.versusarthritis.org/about-arthritis/conditions/lupus-sle/

Help and support from Crohn's & Colitis UK

We're here for you whenever you need us. 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 help 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. You can also visit our livechat service. Lines are open 9am to 5pm, Monday to Friday, except English bank holidays.

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.

Social events and Local Networks

You can find support from others in the Crohn's and Colitis community through our virtual social events. There may also be a Local Network in your area offering in-person social events. Visit our Crohn's and Colitis UK in your area webpage 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.**

About Crohn's & Colitis UK

Crohn's & Colitis UK is a national charity, leading the fight against Crohn's and Colitis. We're here for everyone affected by these conditions.

Our vision is to see improved lives today and a world free from Crohn's and Colitis tomorrow. We seek to improve diagnosis and treatment, fund research into a cure, raise awareness and give people hope and confidence to live freer, fuller lives.

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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