

Learn
about your
treatment
options

P. 8

Try these
smart
swaps!

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“I finally
found
relief!”

IBD

Tricia Werry suffered with mysterious “stomach issues” for years before getting diagnosed with ulcerative colitis. Today she’s found a medication that works—and is feeling healthier than ever!

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Tricia Werry suffered with mysterious “stomach issues” for years before getting diagnosed with ulcerative colitis. Today she’s found a medication that works—and is feeling healthier than ever!

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RAM24

Cover photo by Brad Ziegler



THE BASICS

Get back to feeling *your best!*

Today’s treatments mean symptoms of Crohn’s or ulcerative colitis can no longer keep you on the sidelines.



David R. admits that living with Crohn’s for the past 15 years has led to some dark times.

“At my worst, I was about 30 lbs. underweight and struggled with such low energy, I barely had the ability to get out of bed in the morning. I even had to drop out of school because I couldn’t keep up.”

David had been on many of the usual first-line treatments over the years: steroids to help calm the inflammation in his intestines whenever his symptoms flared, and—since Crohn’s is an autoimmune condition—a daily immunosuppressant.

Unfortunately, while the treatments helped, they never fully resolved David’s symptoms, and he ended up in the hospital.

Once stabilized, David met with a new gastroenterologist, who suggested he could benefit from a kind of drug called a biologic, which would more specifically targets the immune system malfunction that triggers his Crohn’s.

“At that point I was down for anything, so I agreed right away,” David recalls.

Within a few weeks of his first infusion, David noticed a difference. “I was eating without constant pain and nausea, and the food wasn’t just running through me—I could feel it working!”

After several infusions, a colonoscopy confirmed the inflammation in his colon was cleared. Today, David has maintained full remission while on the treatment, and is back to his “fighting weight.”

“I feel strong, healthy and ready for anything—I’m so grateful to this medication for getting me here!” ▶



IBD IS NOT JUST A WHITE PERSON'S DISEASE

Because Crohn's and ulcerative colitis historically affected people of European ancestry, a myth arose that IBD doesn't affect people of color. In truth, the prevalence of IBD has increased among all racial and ethnic groups since 2001, with the highest increase among Black persons. And recent research from Johns Hopkins says Black persons' risk for IBD is only slightly lower than that of White persons. If you're a person of color with symptoms of IBD, be sure to report them to your healthcare provider and ask for appropriate testing.

Start taking charge—today!

Because IBD progresses differently in different people, there's no single treatment plan that works for everyone. (Learn about the options on p. 8.) In addition, IBD can change over time, affecting your body in new ways. So keep in mind that no matter what treatment you're receiving now, your regimen may have to be adjusted later on. And make it a point to keep up with regular appointments and blood tests: Treating severe inflammation is key to avoiding complications.

Finally, don't be afraid to aim high. The latest treatment advances, including biologics, now mean remission—near-freedom from symptoms—is within reach of most anyone with IBD. So partner with your care team to find the answer that works for you. And be patient—it can take some trial and error to get there!

What is IBD?

IBD is an umbrella term for conditions that affect the gastrointestinal (GI) tract, increasing your risk for colorectal cancer. The two main types are Crohn's disease and ulcerative colitis (UC). Both are marked by chronic inflammation that can damage part of the GI tract. They can also share common symptoms such as:

- Persistent diarrhea
- Rectal bleeding/bloody stools
- Loss of appetite/unintentional weight loss
- Urgent need to move the bowels, or feeling of incomplete bowel movement
- Abdominal pain and cramping
- Loss of energy
- Low-grade fever

In addition, Crohn's disease and UC can trigger inflammation-related symptoms outside the GI tract, called extra-intestinal symptoms, such as joint pain, eye problems and skin sores.

However, there are a few key differences between these diseases. One of them is where they occur (see diagrams, p. 5): Crohn's disease can affect any part of the GI tract from the mouth to the anus, while UC affects the colon (also called the large intestine).

In addition, the inflammation associated with UC is generally confined to the innermost lining of the colon. But with Crohn's, inflammation may reach through multiple layers in the walls of the GI tract and potentially affect other nearby organs.

Regardless of their differences, both are lifelong diseases with

symptoms that can come and go—and flare for no reason.

What factors come into play?

While the exact cause of IBD is unknown, it seems to develop as a result of genetics, environmental factors (e.g., smoking) and immune system abnormalities. You are also more likely to develop IBD if a close family member has it.

One theory is that IBD occurs when the immune system overreacts to or misrecognizes harmless bacteria that aid digestion, flooding the body with white blood cells to fight infection. Some of these cells stay in the intestine, ultimately leading to chronic inflammation there. The cells may travel to other parts of the body, too, which explains why some people with IBD develop symptoms outside the GI tract.

In addition, it's important to understand what IBD is not: It is not the same as irritable bowel syndrome (IBS), which does not cause inflammation. And IBD is not caused solely by diet or stress, although these can aggravate your symptoms. IBS is much more common than IBD, and the two can coexist in the same patient.

What you can do

While IBD cannot be cured, it *can* be effectively managed, and this three-step approach is the best way to take control:

1. Work closely with your doctor. Getting help for IBD starts with telling your healthcare pro-

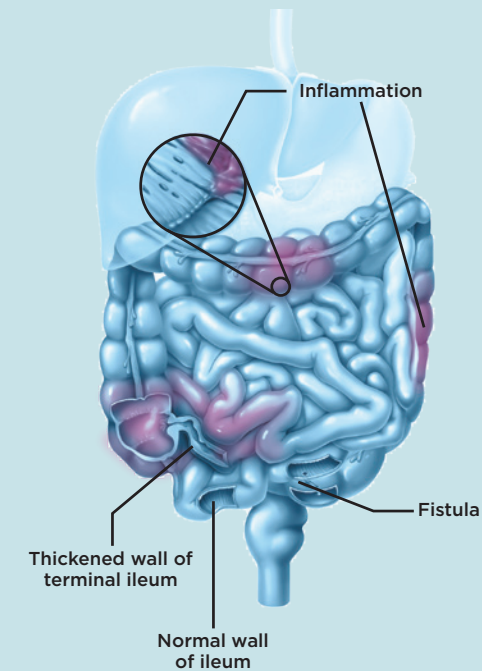
vider about your symptoms and the problems you're having. For example: *How many times a day do you use the bathroom? Is the urge so strong you sometimes don't make it?* The answers to such questions can help your doctor find your best treatment. To get the conversation started, fill out the worksheet on p. 7 and discuss it at your exam.

2. Follow your treatment plan. Together, you and your healthcare provider will decide on a course of action. But, if you're having trouble taking your medication or cannot tolerate it, alert your care team. (Learn more about your treatment options on p. 8.)

3. Monitor your progress. Stay in close contact with your care provider, and track your symptoms between visits; if they're getting worse, or if new ones appear, tell your care team right away. Because IBD can change over time, your treatment may no longer work as well as when you started. Discussing options like biologics with your doctor will help you find the therapy that's best.

Whether you have Crohn's disease or UC, one thing's for sure: Not addressing your symptoms may lead to serious, long-term consequences. Start taking charge right now by reading this guide to learn more about what you can do. And get inspired by people like Tricia (p. 10), Holly and Tina (p. 17), who refused to let IBD take away their freedom. Like them, you, too, can find lasting relief! ●

THE TWO FORMS OF INFLAMMATORY BOWEL DISEASE

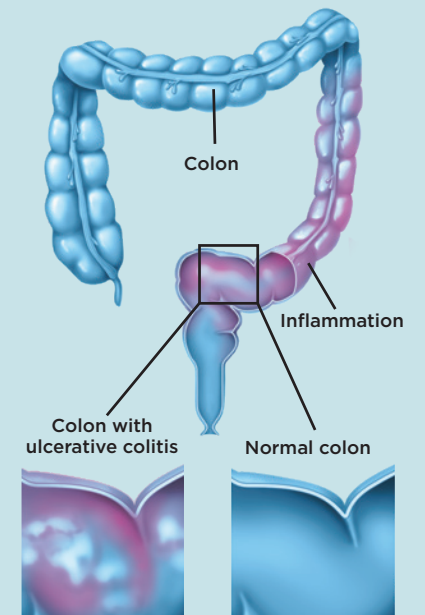


In Crohn's disease...

- Inflammation occurs anywhere in the GI tract (from the mouth to the anus), although it often strikes the small intestine and beginning of the colon
- May cause intestinal thickening and scarring
- Damage is "patchy," with normal areas between patches of diseased intestine
- Inflammation may reach through multiple layers of the GI tract walls and out to other organs (fistula)

In ulcerative colitis...

- Inflammation occurs in the colon (large intestine) and rectum
- Causes tiny open sores (ulcers) that produce pus, mucus and blood, which may appear in the stool
- Damaged area is continuous, usually starting at the rectum and spreading higher into the colon
- Inflammation affects only the innermost lining of the colon





YOU & YOUR CARE TEAM

Your IBD care team

These medical professionals can help you manage your digestive health:

Gastroenterologist:
This MD specializes in treating digestive disorders of the gastrointestinal tract.

Primary care physician (PCP):
MD who checks your overall health and coordinates care with your gastroenterologist.

Gastrointestinal (GI) surgeon:
This MD specializes in surgery of the digestive system.

Physician associate (PA)/nurse practitioner (NP):
This healthcare professional has received specialized training and is licensed to provide routine care, including writing prescriptions.

Infusion nurse:
A registered nurse who specializes in administering medication through an intravenous (IV) line.

Registered dietitian (RD):
This nutrition professional can counsel you on dietary changes to help ease your symptoms and find ways to avoid nutrient/vitamin deficiencies.

YOU & YOUR CARE TEAM

How are you feeling?

Fill out this worksheet and share it with your healthcare provider, so you can be sure your treatment plan for Crohn's disease and/or ulcerative colitis is effective.

1. In the past month, I've experienced:

	Constantly	Often	Sometimes	Never
Diarrhea or loose stools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cramps/abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rectal bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent need to use the bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inability to get to the bathroom in time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouth sores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye irritation or vision problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain around the anus or genital area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distress/embarrassment about gas or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear/anxiety about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. In the past month, IBD has caused me to:

	Constantly	Often	Sometimes	Never
Lose sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skip meals/avoid eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miss work/school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoid exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoid activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear adult diapers or pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry "emergency" clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. IBD negatively affects my:

	Yes	No	Somewhat
Energy levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. I've noticed the following can trigger a flare:

- Certain foods/beverages (list:)
- Stress (circle: work, family, financial, relationship)
- Other (list:)

5. Check any that apply to you:

	Yes	No	Somewhat
I smoke.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat a high-fat diet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat a lot of processed foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a lot of stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am anemic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have bone loss (osteopenia or osteoporosis).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am underweight or malnourished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have arthritis (joint pain).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel dehydrated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always check for the nearest bathroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I buy over-the-counter antidiarrheal medicine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Medications I take or have recently taken:

- Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen or naproxen sodium
- Antibiotics
- Oral contraceptives
- Other (list:)



The treatments that can help you

With today's IBD therapies, there's every reason to believe you'll find an option that lets you reach remission.

Here's the good news: Your dreams of freedom—from painful symptoms and unpredictable bowel habits caused by inflammatory bowel disease (IBD)—are within reach. Even though there is no cure for diseases like ulcerative colitis (UC) and Crohn's, treatment advances can help you feel as if you don't have it. The key to unlocking that potential? Working closely with your doctor to achieve remission.

Tell me about remission—and how I get there!

When you're in remission, the disease is no longer active and is not causing damage to your gastrointestinal tract. Signs of remission include:

- You experience no more, or very few, symptoms such as diarrhea, abdominal pain and fatigue.

- Blood tests show no signs of inflammation.
- Bowel lesions start to heal.
- You feel normal and enjoy better quality of life.

Achieving remission often takes perseverance—things like keeping all your medical appointments, taking medication as directed, and being willing to try therapies until you find one that controls your symptoms. That's especially important because uncontrolled intestinal inflammation can not only trigger symptoms but also lead to serious complications, such as severe ulcers and bowel blockage. It can also increase the risk of developing cancer or pre-cancerous lesions.

Above all, remember this: You are the most important member on the team. By providing your doctor with vital information—i.e., describing your symptoms and how they affect daily activities—you can stay ahead of IBD.

Will I need medication?

Most likely, and finding the one that will work for you requires being open and honest with your care provider about your symptoms. Also, never skip a blood test, as your doctor uses the results to assess how well your treatment is working.

It's important to be informed about all your medication options, so review the table on the next page. If you're still experiencing symptoms on your current regimen, ask your care provider if you're a candidate for biologics, which have been helping many people with treatment-resistant IBD achieve remission.

What about surgery?

Most patients with IBD can be managed with medical therapy; however, surgery is also an option in emergency situations and when medical therapy has failed. For Crohn's, one type of surgery is resection, where a portion of the diseased intestine is removed and

the normal ends are reattached. This type of surgery may require a temporary ostomy where a stoma, or opening, is created on the abdomen and an appliance and bag are worn over it to collect output. Another surgery option for Crohn's is stricturoplasty, in which intestine that has narrowed due to scar tissue buildup is widened. There are also surgical solutions available to address fistulas (abnormal connections between organs caused by severe, uncontrolled inflammation), and drains can be placed by radiologists for abscesses (infected cavities filled with pus found near the anus or rectum).

A surgical option for those with UC is a proctocolectomy (removal of the entire colon and rectum) along with the creation of an internal pouch to collect stool; the most commonly used pouch is known as the J-pouch.

Last, surgery may be a consideration if pre-cancerous lesions or colon cancer develops over the course of the disease.

The importance of lifestyle choices

First and foremost: If you use tobacco, quit! Research shows that smoking can trigger more frequent and more severe IBD symptoms.

Also, although there's no proven diet to treat IBD, certain foods or drinks could be triggers for you. Keeping a food and symptom diary can help you pinpoint possible culprits so you can avoid them.

And avoid taking over-the-counter NSAIDs (nonsteroidal anti-inflammatory agents) like ibuprofen, as these can trigger symptoms.

Finally, stay on top of your overall health: Get good sleep, find ways to relieve stress and keep active. Also, because having IBD increases your risk of colorectal cancer, you will need more frequent colonoscopy screenings. ●



WHICH MEDICATION?

Medication can help keep your symptoms and inflammation under control. It may even help you avoid surgery or improve the outcome if an operation becomes necessary. Talk about all the symptoms you're having to help your doctor determine the right treatment plan for you!

MEDICATIONS	HOW THEY WORK
Anti-inflammatory (aminosalicylates)	Heal the inflammation that causes symptoms
Corticosteroids	Lower inflammation and suppress the immune system; generally recommended for short-term use
Immune system suppressors	Lessen the body's immune response, reducing inflammation and helping to prevent symptom flares
Biologics	The newest therapies, biologics help control inflammation and relieve symptoms by blocking specific immune system signals
Antibiotics	Help prevent or control infection (used if you have a fever, a sign of infection)
Anti-diarrheal agents	Reduce diarrhea
Anti-spasmodics	Ease your abdominal pain and discomfort

“I *finally* found relief!”

Tricia Werry suffered with mysterious “stomach issues” for years before getting diagnosed with ulcerative colitis. Today she’s found a medication that works—and is feeling healthier than ever! —BY NANCY MORGAN

Looking back, Tricia Werry laments the years she lost to unrelenting and undiagnosed stomach issues.

“It felt sometimes like I never could find relief,” says the Clinton Township, MI, resident. “I kept having the same symptoms and they would get so bad I would go to the doctor, but they’d all tell me the same thing: ‘Just change your diet!’ Sometimes they’d prescribe a steroid, which would help while I was on it, but then I’d flare up again when the course ended.”

“I didn’t want to be a bride with bowel problems”

Fast forward to 2016, and Tricia was busy planning a wedding to her soon-to-be husband, Arthur.

“I’m not sure if it was the stress of wedding planning or something else, but my symptoms seemed to be getting noticeably worse.”

No longer able to handle the constant bloating, gas, painful cramping and diarrhea, she made an appointment with a doctor who finally agreed to perform a colonoscopy.

“I think previous doctors had waved off my symptoms and skipped the diagnostics because I was young, in my thirties at the

time, but it turned out that was the key—the results of the test showed I had ulcerative colitis.”

Unfortunately, the doctor who ordered the colonoscopy simply handed Tricia a pamphlet, another course of steroids and again suggested dietary changes and sent her on her way.

“We turned to faith”

Tricia brought Arthur to her next appointment, hoping that having an advocate at her side would help. Her symptoms were still active and getting worse. But the doctor repeated the same refrain: You need to change your diet. “That’s all she cared about,” Tricia recalls. “I was so upset. I said to Arthur, ‘What do we do?’” As a pastor, he answered, “We pray.”

They did, and their prayers were answered in the form of an appointment with Samuel Gun, DO, of Tri-County Gastroenterology in Clinton Township. Dr. Gun immediately took Tricia’s case very seriously. “He went so far as to call me to check on me while he was on a cruise. From the middle of the ocean!” For the first time in a long time, she had a sense of hope.

Continued on p. 16 ▶



Photos by Brad Ziegler



Entyvio[®]
vedolizumab

You weren't made for moderate to severe ulcerative colitis or Crohn's disease.

BUT ENTYVIO IS.

ENTYVIO has helped many people achieve long-term relief and remission. It may help you too. At your next doctor visit, make sure to:

- Bring up ALL symptoms that are bothering you (don't worry, they've heard it all!)
- Ask how ENTYVIO works
- Ask if ENTYVIO is right for you



Patient portrayal



Scan or visit www.ENTYVIO.com/get-started for help talking to your healthcare provider

Important Safety Information

- **Do not receive ENTYVIO[®] if you** have had an allergic reaction to ENTYVIO or any of its ingredients.
- **ENTYVIO may cause serious side effects, including:**
 - **Infusion-related and serious allergic reactions** can happen while you are receiving ENTYVIO or several hours after treatment. You may need treatment if you have an allergic reaction. Tell your healthcare provider or get immediate medical help if you get any of these symptoms during or after an infusion of ENTYVIO: rash, itching, swelling of your lips, tongue, throat or face, shortness of breath or trouble breathing, wheezing, dizziness, feeling hot, or palpitations (feel like your heart is racing).
 - **Infections.** ENTYVIO may increase your risk of getting a serious infection. Before receiving and during treatment with ENTYVIO, tell your healthcare provider if you think you have an infection or symptoms of an infection, such as fever, chills, muscle aches, cough, shortness of breath, runny nose, sore throat, red or painful skin or sores on your body, tiredness, or pain during urination.
 - **Progressive Multifocal Leukoencephalopathy (PML).** People with weakened immune

systems can get progressive multifocal leukoencephalopathy (PML) (a rare, serious brain infection caused by a virus). Although unlikely while receiving ENTYVIO, a risk of PML cannot be ruled out. PML can result in death or severe disability. There is no known treatment, prevention, or cure for PML. Tell your healthcare provider right away if you have any of the following symptoms: confusion or problems thinking, loss of balance, change in the way you walk or talk, decreased strength or weakness on one side of the body, blurred vision, or loss of vision.

- **Liver problems** can happen in people who receive ENTYVIO. Tell your healthcare provider right away if you have any of the following symptoms: tiredness, loss of appetite, pain on the right side of your abdomen, dark urine, or yellowing of the skin and eyes (jaundice).
- **The most common side effects of ENTYVIO include:** common cold, headache, joint pain, nausea, fever, infections of the nose and throat, tiredness, cough, bronchitis, flu, back pain, rash, itching, sinus infection, throat pain, pain in extremities, and with injections under the skin; pain, swelling, or redness at the injection site. These are not all the possible side effects

of ENTYVIO. Call your healthcare provider for medical advice about side effects.

- **Before receiving ENTYVIO, tell your healthcare provider about all of your medical conditions, including if you:** have or think you may have an infection or have infections that keep coming back; have liver problems; have tuberculosis (TB) or have been in close contact with someone with TB; have recently received or are scheduled to receive a vaccine; or if you are pregnant, breastfeeding, plan to become pregnant, or plan to breastfeed.
- **Tell your healthcare provider about all the medicines you take, especially if you take or have recently taken** Tysabri (natalizumab), Tyruko (natalizumab-sztn), a Tumor Necrosis Factor (TNF) blocker medicine, a medicine that weakens your immune system (immunosuppressant), or corticosteroid medicine.

Please see the Important Facts for ENTYVIO on the following page and talk with your healthcare provider.



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ENTYVIO is available for:

- **intravenous (IV) infusion: 300 mg vedolizumab.**
- **subcutaneous (SC) injection: 108 mg vedolizumab (for UC only).**

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

What is ENTYVIO (vedolizumab)?

ENTYVIO is a prescription medicine used in adults for the treatment of:

- moderately to severely active ulcerative colitis (UC).
- moderately to severely active Crohn's disease (CD).

It is not known if ENTYVIO is safe and effective in children under 18 years of age.

IMPORTANT FACTS

ENTYVIO® (en ti' vee oh) (vedolizumab) for injection, for intravenous use	ENTYVIO® (en ti' vee oh) (vedolizumab) injection, for subcutaneous use	ENTYVIO® (en ti' vee oh) PEN (vedolizumab) injection, for subcutaneous use
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What is the most important information I should know about ENTYVIO?

ENTYVIO may cause serious side effects, including:

- **Infusion-related and serious allergic reactions.** These reactions can happen while you are receiving ENTYVIO or several hours after treatment. You may need treatment if you have an allergic reaction. Tell your healthcare provider or get medical help right away if you get any of these symptoms during or after an infusion of ENTYVIO: rash, itching, swelling of your lips, tongue, throat or face, shortness of breath or trouble breathing, wheezing, dizziness, feeling hot, or palpitations (feel like your heart is racing).
- **Infections.** ENTYVIO may increase your risk of getting a serious infection. Before receiving ENTYVIO and during treatment with ENTYVIO, tell your healthcare provider if you think you have an infection or have symptoms of an infection such as fever, chills, muscle aches, cough, shortness of breath, runny nose, sore throat, red or painful skin or sores on your body, tiredness, or pain during urination.
- **Progressive Multifocal Leukoencephalopathy (PML).** People with weakened immune systems can get progressive multifocal leukoencephalopathy (PML) (a rare, serious brain infection caused by a virus). Although unlikely while receiving ENTYVIO, a risk of PML cannot be ruled out. PML can result in death or severe disability. There is no known treatment, prevention, or cure for PML. Tell your healthcare provider right away if you have any of the following symptoms: confusion or problems thinking, loss of balance, change in the way you walk or talk, decreased strength or weakness on one side of the body, blurred vision, or loss of vision.
- **Liver Problems.** Liver problems can happen in people who receive ENTYVIO. Tell your healthcare provider right away if you have any of the following symptoms: tiredness, loss of appetite, pain on the right side of your stomach (abdomen), dark urine, or yellowing of the skin and eyes (jaundice).

See “**What are the possible side effects of ENTYVIO?**” for more information about side effects.

What is ENTYVIO?

ENTYVIO is a prescription medicine used in adults for the treatment of:

- moderately to severely active ulcerative colitis (UC).
- moderately to severely active Crohn’s disease (CD).

It is not known if ENTYVIO is safe and effective in children under 18 years of age.

Who should not receive ENTYVIO?

Do not receive ENTYVIO if you have had an allergic reaction to ENTYVIO or any of the ingredients in ENTYVIO. See the end of the Medication Guide for a complete list of ingredients in ENTYVIO.

Before receiving ENTYVIO, tell your healthcare provider about all of your medical conditions, including if you:

- have an infection, think you may have an infection or have infections that keep coming back (**see “What is the most important information I should know about ENTYVIO?”**).
- have liver problems.
- have tuberculosis (TB) or have been in close contact with someone with TB.
- have recently received or are scheduled to receive a vaccine. Talk to your healthcare provider about bringing your vaccines up-to-date before starting treatment with ENTYVIO.
- are pregnant or plan to become pregnant. It is not known if ENTYVIO will harm your unborn baby. Tell your healthcare provider right away if you become pregnant while receiving ENTYVIO.
 - **Pregnancy Registry:** There is a pregnancy registry for women who use ENTYVIO during pregnancy. The purpose of this registry is to collect information about the health of you and your baby. Talk with your healthcare provider about how you can take part in this registry or you may contact the registry at 1-877-825-3327 to enroll.
- are breastfeeding or plan to breastfeed. ENTYVIO passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby if you take ENTYVIO.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins and herbal supplements.

Especially tell your healthcare provider if you take or have recently taken Tysabri (natalizumab), Tyruko (natalizumab-sztn), a Tumor Necrosis Factor (TNF) blocker medicine, a medicine that weakens your immune system (immunosuppressant), or corticosteroid medicine.

How should I use ENTYVIO?

When given in a vein (intravenously):

- You may receive ENTYVIO through a needle placed in a vein (intravenous infusion) in your arm.
 - ENTYVIO is given to you over a period of about 30 minutes.
 - Your healthcare provider will monitor you during and after the ENTYVIO infusion for side effects to see if you have a reaction to the treatment.

When given under the skin (subcutaneously):

- You may receive ENTYVIO as an injection under your skin (subcutaneous) every 2 weeks. You may receive your first subcutaneous injection after at least 2 intravenous infusions in place of the next scheduled intravenous infusion.
 - **See the detailed Instructions for Use that comes with ENTYVIO about the right way to prepare and give ENTYVIO.**
 - ENTYVIO is provided as single-dose prefilled syringe or single-dose prefilled pen (ENTYVIO PEN) for subcutaneous use. Your healthcare provider will prescribe the type that is best for you.
 - If your healthcare provider decides that you or your caregiver can give your injections of ENTYVIO at home, you or your caregiver should be shown the right way to prepare and inject ENTYVIO.
 - Do not inject ENTYVIO until you or your caregiver have been shown the right way by your healthcare provider.

- Always check the label of your prefilled syringe or prefilled pen to make sure you have the correct medicine before each injection.
- Do not shake ENTYVIO.
- ENTYVIO is injected under your skin (subcutaneously) 1 time every 2 weeks.
- Inject ENTYVIO under the skin (subcutaneous injection) in your upper legs (thighs) or stomach area (abdomen). The upper arms may also be used if a caregiver gives the injection.
- Use a different injection site each time you use ENTYVIO.
- Do not give an injection into moles, scars, bruises, or skin that is tender, hard, red, or damaged.
- If you are not able to inject ENTYVIO at your regular scheduled time or you miss a dose of ENTYVIO, inject the dose as soon as possible. Then, inject your next dose every 2 weeks thereafter. If you are not sure when to inject ENTYVIO, call your healthcare provider.
- If you take more ENTYVIO than you were told to take, call your healthcare provider.

What are the possible side effects of ENTYVIO?

ENTYVIO may cause serious side effects, see “**What is the most important information I should know about ENTYVIO?**”.

The most common side effects of ENTYVIO include: common cold, headache, joint pain, nausea, fever, infections of the nose and throat, tiredness, cough, bronchitis, flu, back pain, rash, itching, sinus infection, throat pain, pain in extremities and with injections under the skin; pain, swelling, or redness at the injection site.

These are not all of the possible side effects of ENTYVIO.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about ENTYVIO

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use ENTYVIO for a condition for which it was not prescribed. Do not give ENTYVIO to other people, even if they have the same symptoms that you have. It may harm them. You can ask your pharmacist or healthcare provider for information about ENTYVIO that is written for health professionals.

Manufactured by: **Takeda Pharmaceuticals U.S.A., Inc.**

Lexington, MA 02421

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For more information, go to www.ENTYVIO.com or call 1-877-TAKEDA7 (1-877-825-3327).

US-VED-2551 09/23

Biomarkers—levels of different proteins and other contents found in bloodwork—were, at the time, a big part of UC diagnosis and monitoring. But Tricia’s biomarkers didn’t always show up, which is one reason her diagnosis had been so delayed. So Dr. Gun’s recommendation was for Tricia to get a colonoscopy every three months. “That way,” said the doctor, “even if your markers don’t show a UC flare, it will show up on the colonoscopy and we can start treating before you’re feeling symptoms.”

Few people welcome the idea of frequent colonoscopies, but Tricia trusted Dr. Gun. And right around her first wedding anniversary, they discovered she was having a flare.

That’s when Dr. Gun recommended Tricia try a biologic. He explained the drugs work by targeting the proteins that cause the immune system malfunction that leads to UC—in other words, they treat the cause, not just the symptoms. And unlike the steroids, she could stay on a biologic long-term.

Unfortunately, one after the other either didn’t work for her, or wasn’t covered by her insurance.

“There are drugs out there that really help. Don’t stop looking!”

“But neither I nor Dr. Gun wanted to just give up,” Tricia recalls. “He explained that different biologics target the immune system in different ways, so we just had to keep trying until we found one that did the trick.”

Eventually, they tried a biologic that had been approved just a few years earlier—and that one was a winner!

“I can’t tell you how good it feels to finally find relief after all those years of struggling,” Tricia says. Follow-up colonoscopies have also proven the results. “Dr. Gun told me, ‘When I look at your colonoscopy, I wouldn’t know that you ever even had a UC flare!’ It took so much persistence to get here, but I think I’m living proof that if you don’t give up, you can find answers and you can feel better. Now I can stop spending all my time thinking about my UC and concentrate on the important things—being with my family and living my life!” ●

TRICIA’S TOP TIPS FOR TAMING UC

Here, Tricia offers some thoughts and strategies that have helped her, in the hope that they might help you, too.

Don’t be afraid to get a second, or third, opinion.

“You need a healthcare provider who’s open to talking with you,” advises Tricia. “You have to have someone who will listen to what you want to try.”

Surround yourself with support.

“When you feel awful, it’s easy to go into that, ‘Nobody loves me; everybody hates me’ place,” says Tricia. “But then you’ll turn inward, and that’s not a good place to be. When you find people who will understand and be there for you, be open to them.”

Laugh when you can.

Tricia’s daughter was 11 years old when her mother was diagnosed with UC. When it was colonoscopy time, she would say, “My mom is having a buttectomy.” It was a way for her daughter to understand it, but it also made them laugh. “This is part of me now. I need to do whatever I can to make it lighter.”

Don’t stop living.

“As best as you can, continue to live a normal life. If you stay inside all the time, that becomes your life. So go out. Just be prepared—pack a bag so that you have what you might need. Even if you don’t feel great, you’ll be able to say, ‘At least I tried.’ Even if it’s just for a few minutes, you showed up.”

Never give up.

“It may take a while to find the right medication,” advises Tricia, “but if you have an open relationship with your doctor, you’ll get there. Your life is not over. It might not be what you were planning, but it’s not over!”

TRUE INSPIRATION

“We’re taking control of our health!”

From joining a support group to testing for food allergies, Holly and Tina offer several strategies that have been helping them navigate life while living with IBD. —BY AMY CAPETTA



“Be kind to yourself!”

HOLLY FOWLER
LOS ANGELES, CA

LIVING WITH
ULCERATIVE COLITIS

Inquire about specific tests.

Even though Holly was diagnosed with ulcerative colitis (UC) at the age of 19, she recalls suffering from stomach issues (pain, bloating, gas, diarrhea) as far back as elementary school. The initial treatment plan included two prescription meds, which did provide some relief. However, she would land in the hospital about every six months over the next five years due to terrible flares. “Along with having blood in my stool, I was throwing up and wasn’t able to keep anything down,” she recalls. It wasn’t until Holly moved from South Carolina to California and took a job at a health tech company that things started to shift. She was introduced to doctors in the area and was advised to undergo food allergy and food sensitivity tests. “I had never been told about these tests before, and I received a lot of guidance from the results, including that I had sensitivities to gluten, dairy and sugar.”

Take a look at your plate.

With this information in hand, Holly began focusing on her diet, including limiting the foods she was sensitive to. “My health did a complete 180,” she states. “I had more energy, less brain

fog, zero joint pain and reduced inflammation. On top of that, I was able to lose all the weight that I gained from constant steroid use with UC.” When people in her life started asking her for advice, she started a blog, as well as an Instagram account (@hollsfowler) to share the information she had gathered. One year later, she received a certification in nutrition, and then during the pandemic she quit her career in marketing to launch her virtual nutrition consulting business. “When it comes to diet, I will say as a caveat that everyone is different,” she continues. “Focus on building a plate of protein and veggies (either steamed or roasted) with a small amount of starches. Keep in mind that anti-inflammatory foods can help support the body in achieving remission, which for me means being symptom-free.” If you’re looking for some inspiration, she suggests checking out recipes created by Danielle Walker (a cookbook author who was diagnosed with UC), as well as those on [AutoimmuneWellness.com](https://www.AutoimmuneWellness.com).

Prepare for emergencies.

Whenever Holly leaves home for an extended period of time, she makes sure to bring along a bag filled with IBD es-



sentials. “I’m always planning ahead,” she states. “I’ll pack water and a snack, sometimes I’ll bring along a change of clothes—and truthfully, there’s always an adult diaper,” she laughs. “I live in Los Angeles and traffic can get bad. A restroom may not be available, yet knowing I have that bag can alleviate some of the anxiety.”

Practice stress management.

“Exercising is a big part of my life,” says Holly, who is also a certified personal trainer and can be found on her site *hollyfowler.com*. “It’s one of my biggest stress releasers and helps with my mental health.” In fact, a review published in the journal *Intestinal Research* found that the benefits of moderate to intense exercise among adults living with IBD were associated with improvements in gastrointestinal symptoms, sleep quality, energy levels, mental health and overall quality of life. When she’s not dealing with UC symptoms, Holly sweats it out during HIIT workouts—but when she’s managing a flare, she tones down the intensity and turns to stretching out on the yoga mat and going for a hike. “I am constantly in a state of rebuilding my strength,” she adds. Holly also practices breathwork, a calming strategy designed to minimize stress. “Breathwork can really help to reset the nervous system. I love it because it can be done anywhere, plus it could be practiced proactively, as well as during stressful times.” And don’t underestimate the relaxing effects of Mother Nature. “Getting outside for some sunshine and fresh air can really go a long way.”



“Seek acceptance!”

TINA ASWANI-OMPRAKASH
NEW YORK, NY

LIVING WITH
CROHN’S DISEASE



Partner with a specialist.

While working with a gastroenterologist (GI) is essential, all GIs are not created equal, says Tina. “When I was first diagnosed, I didn’t understand that it’s important to involve a doctor who has expertise with Crohn’s,” she explains. “A general GI may not have the depth of knowledge to treat patients with the advanced therapies.” Tina advises searching for a physician who is affiliated with a teaching hospital or a university medical center. If you live far from an IBD facility, keep in mind that some general GIs are willing to partner with a specialist. “Patients may need to get creative with how they approach treatment, especially if they are newly diagnosed and feel like their case is complex.”

Learn about the disease.

Educating yourself about IBD can be vital for your well-being, Tina adds. “In the beginning, I did not want to learn because I was in denial,” she admits. “Many patients will not talk about the disease because they don’t want the illness to take over their life. But knowledge is power.” When Tina’s

condition became more complex after undergoing surgery, she consulted with physicians at the Mayo Clinic and Cleveland Clinic. “At the time, the medication hadn’t caught up to the kind of disease I had manifested,” she explains. “It meant that I had to become my own best advocate. Even though I didn’t know the terminology at the time, I felt I had to become a partner in my care.” Tina headed to respectable online sources, such as the Crohn’s & Colitis Foundation’s website and *pubmed.ncbi.nlm.nih.gov*, where she taught herself how to read research. Years later, she would go on to work with leading healthcare organizations (such as the American Gastroenterological Association and the United Ostomy Associations of America), speak at medical conferences and academic medical centers (including Mount Sinai, Boston University and Cleveland Clinic), as well as co-author several research papers in peer-reviewed medical journals.

Join a support group.

After undergoing her first life-saving ostomy surgery, Tina’s mother had

the wisdom to encourage her to seek mental health therapy, along with attending a support group. However, Tina remained silent for years during the group meetings. “Even despite my mom’s encouragement, I’m of South Asian descent and addressing mental health components is very nontraditional in our culture,” she states. “I felt very ashamed of what I had and felt like discussing my issues was akin to complaining.” Thankfully, Tina worked through these struggles with her therapist, which led to the creation of her award-winning blog, *OwnYourCrohns.com*. “I think my blog became prominent because a lot of people from all over the world—Africa, South America, Asia, the Middle East—were reaching out. While our cultures are not the same, there’s a lot of overlap where we face similar challenges.” This overwhelming response prompted her to become a co-founder of South Asian IBD Alliance, the first patient-clinician organization in the IBD space to address global disparities in South Asian IBD patient care. Currently, this non-profit hosts a Facebook support group with more than 1,500 members. “It’s very

rewarding to know that we can make a difference,” she continues. “Support groups can be very helpful since you can talk about all the nonsense you’re going through because of this disease. It’s a safe place to ask others about their experiences with medications and surgeries and to discuss IBD at different stages of life—and the conversations never leave the room.” ●

Health Monitor

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NEEDLEPHOBIA I've been on a biologic for a few years now, and it's been doing great at keeping my ulcerative colitis symptoms in remission. The only downside? The infusion process! It really cuts into my day, and I need to get them multiple times a year. Are there any biologics I can take for UC that don't need to be given via IV drip?

Q

A

Answers to your top questions about IBDs

A: Yes, you do have options that do not require IV infusions. Some medications, including adalimumab and vedolizumab, can be administered via an injection you give yourself at home after your initial loading doses (which are still given by infusion). These medications have been shown to be both very efficacious as well as safe for treatment of ulcerative colitis.

AVOIDING SURGERY

Q: *Since being diagnosed with Crohn's I've been doing a lot of research online and I'm getting more and more anxious. Is there anything I*

can do to avoid needing surgery or having to live with a colostomy bag?

A: Having anxiety about your Crohn's disease progressing is normal. Luckily, though, there are actions you can take that will minimize the chance of your disease progressing. First, eating a healthy diet and getting regular exercise are always the foundation for good health, including your digestive system. Next, adhering to your treatment regimen—including taking your medications as prescribed—is vital to optimizing management of your disease. Last, be sure to share any con-

cerns and anxiety with your gastroenterologist. Together, you can make sure you have a clear plan for managing any flares, minimizing symptoms and keeping complications at bay.

OTC SAFETY

Q: *How often can I safely use over-the-counter antidiarrheals to treat my IBD? Right now I feel like I need them 3-4 times a week to avoid accidents.*

A: Over-the-counter antidiarrheals are a helpful tool in the management of IBD. Using these medications 3-4 times a week is safe. However, it is important to share the frequency you are using this medication with your gastroenterologist (GI). Also, make your GI aware of any changes in your bowel regimen and/or if you are requiring more antidiarrheal medications than you used to. These changes could indicate that an adjustment in your treatment regimen is needed. ●

OUR EXPERT

Julius Wilder, MD, Assistant Professor of Medicine; Chair, Duke Dept. of Medicine Diversity, Equity, Inclusion and Anti-Racism Committee



Gut Friendly RECIPES

A New World of Food for IBD Patients

Knowing what to eat can be tricky if you have inflammatory bowel disease (IBD). Our new Gut Friendly Recipes—powered by Nestlé Health Science—helps take the stress out of making meal choices and allows you to enjoy cooking! With one click of this digital tool, you can explore a world of food that's right for your dietary needs and personal tastes.

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Get cooking today at gutfriendlyrecipes.org!

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Thank you to our sponsors for their support of this important project:



Keeping certain foods off the menu? Try these!



If you've been diagnosed with inflammatory bowel disease (IBD, such as Crohn's or ulcerative colitis), you may be wondering what exactly you can eat. Luckily, while you may need to eliminate some of your favorites, there are often substitutions you can try that are just as tasty. See this chart for ideas, and keep in mind: Not everyone with IBD has food sensitivities. To determine if you have any, try keeping a food diary, such as the one found here: [cdc.gov/healthyweight/pdf/food_diary_cdc.pdf](https://www.cdc.gov/healthyweight/pdf/food_diary_cdc.pdf).

INSTEAD OF....



Milk, other dairy

IBD can bring on lactose intolerance because it decreases the production of lactase, an enzyme that helps you digest dairy, in the small intestine.

TRY THIS...



Almond milk, soy milk

Available in the dairy section, these are made from soybeans or ground-up almonds and can be fortified to contain as much calcium as regular milk.



Red meat and pork

These high-fat meats are more difficult to digest.



Lean meats and fish

Rich in protein and omega-3s, foods like chicken, turkey, salmon, tilapia and flounder are easily digestible. Skip the deep fryer—steam, broil or grill for healthier options.



Fruits with seeds

You may have a hard time digesting the seeds of fruits like strawberries, raspberries and blackberries.



Tropical fruits

Rich in nutrients like vitamin C, vitamin A and potassium, fruits like bananas, mango, papaya and cantaloupe are easier to digest.



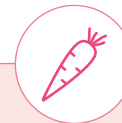
Beans, lentils

Unfortunately, these legumes can cause intestinal gas in some people.



Hummus

When puréed, chickpeas and lentils are less likely to trigger symptoms.



Raw veggies

These contain insoluble fiber, which draws water into your colon and can worsen diarrhea.



Cooked or puréed veggies

You can still benefit from their nutrients, without aggravating symptoms. Think: puréed soups, like butternut squash and carrot.

Health Monitor Living

Questions to ask at today's exam



Scan this QR code for free home delivery

Do my symptoms indicate if I have either Crohn's disease or ulcerative colitis?



Do I need any special health screenings, such as a colonoscopy, or a CT scan or blood tests?



How will you know if my treatment is working?



Am I a candidate for any other treatment, like a biologic?



Do I need to make any adjustments to my diet to be sure I'm getting enough nutrients?



Does my condition increase my risk for any other medical concerns, such as anemia or bone loss? If so, how can I avoid these?



Is my condition under control if I'm still having flare-ups?



What kind of treatment do you recommend and why? What are the risks and benefits of this treatment?



When should I make my next appointment with you?



On treatment and need help covering the cost?

Ask your healthcare provider about patient assistance programs or call the manufacturer of the treatment you have been prescribed. Many pharmaceutical companies offer copay assistance programs that can make treatment more affordable.