

Women & IBD

Crohn's disease and ulcerative colitis are chronic digestive diseases of the small and large intestines, collectively known as inflammatory bowel diseases (IBD). More than 1.4 million American have IBD and there are about 30,000 new cases of Crohn's disease or ulcerative colitis diagnosed each year.

Crohn's disease causes inflammation in the lower part of the small intestine (ileum), the large intestine (colon), or any part of the digestive tract. Ulcerative colitis causes ulceration of the inner lining of the colon and rectum. If you have IBD, you may suffer from diarrhea, abdominal pain, rectal bleeding, and fever. Loss of appetite and weight are common. There is no known cause or cure for IBD, but fortunately there are many effective treatments to help control these diseases. If medications fail to control the symptoms of the disease, or if certain complications occur, surgery may be required. Yet, in spite of the physical and emotional demands of coping with IBD, most patients are able to lead full, satisfying lives.

Crohn's disease and ulcerative colitis are primarily diseases of young people, and women are as likely to be affected as men. On average, people are more frequently diagnosed with IBD between the ages of 15 and 25, although the diseases can occur at any age. If you are a woman with IBD, it is important to understand how the events in a woman's life—menses, pregnancy, and menopause—can affect the course of your disease, and how your disease, in turn, can affect these milestones. Some commonly asked questions and answers about women and IBD are discussed below. Log on to www.cdfa.org for more information and to view the **Women & IBD Teleconference**.

FREQUENTLY ASKED QUESTIONS

Why are my periods irregular with this disease?

Many factors contribute to regular menstrual periods, including hormone levels, adequate nutrition, and amount of stress. When a woman has active disease, the inflammation itself can cause the body to shut down normal hormone function. Restoring health is the mechanism to restore regular periods

My disease always seems to be worse the week before or the week of my period. Is this common?

Yes, this pattern is common for many diseases, actually. It is important to appreciate the fluctuation in symptoms that may be associated with menses, so that you are not over-treating your disease when symptoms may wax and wane based on your cycle.

Is it common to have pain during intercourse if I have Crohn's disease or ulcerative colitis?

There is no reason that ulcerative colitis or Crohn's disease should cause dyspareunia (the medical term for painful sexual intercourse). For women with Crohn's disease, dyspareunia may signal active disease in the perianal region or a fistula in the vagina. With ulcerative colitis, it may represent severe inflammation. Although this may be embarrassing to talk about, you should discuss this symptom with your gastroenterologist and/or gynecologist.

Are my chances of having iron deficiency higher with IBD?

Yes, the chances are higher for you than for women of the same age who do not have IBD. Not only is there the normal loss of iron from menstrual flow, but also the increased chance of bleeding, and the decreased absorption of iron from an inflamed small intestine make the chances higher.

Can women with Crohn's disease or ulcerative colitis conceive as easily as other women?

Generally, yes. Studies have shown that women with ulcerative colitis have the same rate of fertility as women without IBD. Studies of the fertility rates of women with Crohn's disease are conflicting. One large study showed no difference in fertility rates, but older studies and a more recent one show a slightly decreased rate of conception in women. This is true for active Crohn's disease, not inactive disease, where the rate looks to be the same as in the normal population. However surgery in the pelvis, such as a colectomy with J pouch, will reduce fertility.

If the male partner is taking sulfasalazine, temporary male infertility may occur because this drug decreases sperm production, a reversible side effect. Before attempting conception, the male partner should stop the sulfasalazine and/or change to another 5-ASA compound, which has not been shown to interfere with sperm production.

Will pregnancy harm a woman with Crohn's disease or ulcerative colitis?

Any woman contemplating pregnancy should consider the state of her health before conceiving. It is a good idea for a woman to have her disease in remission before pregnancy. According to recent studies, women with either illness should do well during the pregnancy if disease was inactive at the time of conception. If a pregnancy occurs during a period of active disease, however, either disease is likely to remain active or to worsen. There is also a subset of women whose disease will actually get better. One study has suggested a relationship between the amount of shared genetic information between mother and child; the more alike they are, the worse the disease will be.

What are the chances that the child of a mother with IBD will develop one of these diseases?

It is possible but certainly not inevitable that a child of a parent with IBD will have it, too. If one parent has Crohn's disease or ulcerative colitis, the chance of a child developing the condition is approximately 2-9%. If both parents have IBD, the child's chances may be as high as 36%.

Does having IBD have an effect on menopause?

No. If the disease is inactive and periods are regular, menopause occurs naturally. Surgical menopause has been noted to have a positive effect on symptoms that otherwise occur with menses.

CCFA offers important resources for those with Crohn's disease or ulcerative colitis: information, guidance, support, and the latest clinical and scientific information in the field. Learn more about CCFA at www.ccfa.org. You can join your local chapter, connect with others living with these diseases, and get involved. Most of all, know that we're here for you whenever you need us. You can reach us at our Information Resource Center at 888.MY.GUT.PAIN (888-694-8872) or info@ccfa.org.

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