
***CIGARETTE SMOKING AND
INFLAMMATORY BOWEL DISEASE***

Cathy Walsh

Clinical Nurse Specialist

Letterkenny University Hospital

Inflammatory Bowel Disease (IBD) is a chronic, relapsing, inflammatory condition of the gastrointestinal system. It is the umbrella term for Crohn's disease and ulcerative colitis.

Cigarette Smoking and Inflammatory Bowel Disease

Smoking is well known to cause major illness such as cancer, lung disease, strokes and heart attacks. What is less well known is that it also affects the lining of the gastrointestinal system causing a reduction to the protective mucosal barrier along the gastrointestinal tract which in turn increases the risk of ulceration and cancer.

Research is on-going regarding many aspects of IBD which includes smoking and how it affects the condition. It has been found that smoking affects Crohn's disease and ulcerative colitis very differently. While both conditions present with similar symptoms, there are remarkable differences between the two with regard to smoking.

The link with Inflammatory Bowel Disease and smoking is complex as smoking has been shown to have beneficial effects for ulcerative colitis but harmful in Crohn's disease.

Crohn's disease and Smoking

Smokers have an increased risk of developing Crohn's disease. Smoking has a detrimental effect on Crohn's disease and can make the condition much worse:

- ***Increases the risk of flare-ups***
- ***Increases the severity of the condition***
- ***Increases the need for steroid treatments***
- ***Increases the risk of hospitalization***
- ***Increases the risk for surgery***
- ***Increases the risk of complications***
- ***Increases the risk of relapse following surgery***
- ***Increases the risk of fistula and peri-anal disease***
- ***Increases the risk of extra-intestinal manifestations***
- ***Decreases the effectiveness of medications prescribed to treat Crohn's disease***

Smoking cessation improves the course of the disease

Ulcerative colitis and Smoking

Ulcerative colitis affects the large bowel (colon) and is rarely seen in active smokers. It can present very quickly on quitting smoking. Research has shown that smoking has a protective factor for ulcerative colitis. The protective effect is only temporary and smokers are at a higher risk of developing ulcerative colitis. There is some indication that this may be due to reduced blood flow and alteration of the permeability of the layers of the bowel wall. Trials with nicotine patches in mild to moderate disease have shown limited evidence to support their benefit as the side effects out-weigh the benefits.

Smoking is not recommended by your health care professional due to the risks of cancer, heart disease, lung disease and stroke. It is associated with gastrointestinal cancers e.g. oesophagus and stomach.

It is not recommended as a treatment for ulcerative colitis. There is limited evidence to support the benefits of using a nicotine patch or nicotine gum. The use of electronic cigarettes is not advised as their safety has not been proven.

Conventional treatments used for the management of IBD have been indicated as more effective than nicotine. These would be considered a much safer option.

Your consultant and/or nurse specialist can advise you on smoking cessation and make a further referral to the smoking cessation officer in your area.



SMOKING CESSATION OFFICER

Tel no:

Useful websites:

Crohn's and Colitis UK

Irish Society Crohn's and Colitis (ISCC)

Produced by Cathy Walsh CNS March 2018

Publication of this booklet was made possible through an educational grant by Tillotts Pharma Limited. Further copies may be obtained from Tillotts Pharma Limited, 25 Sandyford Office Park, Dublin 18, Ireland. T: 01 - 2942015 Registered names, illustrations, trademarks, etc. used in this leaflet, even when not marked as such, are not to be considered unprotected by law.



TILLOTTS PHARMA

GI-health is our passion™