
Understanding Medication in Inflammatory Bowel Disease (IBD)

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If you have been diagnosed with ulcerative colitis or Crohn's disease, otherwise known as Inflammatory Bowel Disease (IBD) you will most likely be prescribed medication to treat your condition. IBD is a chronic condition for which there is no cure. This means that you will have IBD for life and medications are usually required to treat your condition. This patient information leaflet will address questions you may have in relation to medications for IBD.

Why do I need medications?

All chronic conditions require a strict drug regimen in order to control the disease. Taking medications regularly ensures that there is a correct level of the medication in your body for it to be effective and avoid your symptoms getting worse. The aim of taking medication is to prevent a flare-up, prevent a hospital admission, improve quality of life and achieve remission. The type of medications are decided by the severity of your disease. Once your inflammation is under control you will need to continue to take medication to keep you in remission. This is known as maintenance treatment and is usually required to be taken long term.

What do I need to know before I start medications?

Before you take any medication it is important to understand what it is you are taking. You should know:

-  • What medications you are being prescribed e.g name and dose?
-  • The possible side effects of the medication.
-  • How is it taken-for example tablet, suppository, enema, injection or infusion (drip).
-  • When do you take it and how often?
-  • What is the best time of day or night to take your medication?
-  • How do you safely store medication?
-  • How long will you be taking the medication for?
-  • How long will it take to work and be effective?

Your IBD team will advise and inform you about your medication and provide you with the appropriate information for you to read carefully before you commence treatment.

What are the different types of medications used in IBD?

Medications for IBD come in different forms. They are taken orally, rectally, injection or infusion.

1. **Oral medication** come in the form of a tablet or granules which are swallowed by mouth. They are convenient to take and can be increased or decreased if required by your Doctor or IBD nurse. Tablets and granules are indicated for mild to moderate IBD disease.
2. **Topical medication** come in the form of suppositories, enemas and foam. They are used for inflammation of the lower part of the bowel and rectum. This is a safe way of taking medication as they do not enter the bloodstream and as a result cause fewer side-effects.
3. **Injections** are usually given in a pre-prepared pen which you inject under the skin of your thigh or tummy areas. You will have a visit from a nurse who will provide all the education to you at home.
4. **Infusions** (Drip) are into a vein and this requires you to attend the hospital for a number of hours on a regular basis.

How do I use suppositories and enemas?

Advice on how to use suppository:

Suppositories may only be administered rectally. Do NOT take by mouth.

- You may find it easier to use the suppository before going to bed.
- Empty your bowel and bladder completely before using the suppository.
- Wash your hands before and after inserting the suppository.
- Remove the leaflet from the package and read carefully.
- Remove one suppository from the foil and hold at the blunt end side.
- You can lubricate the tip of the suppository with water or water-based lubricant to make it easier to insert.
- Lie on your side with your top leg bent towards your stomach or you may find it easier to insert the suppository standing up so find a position that suits you.

- Relax, spread your buttocks, and insert the suppository pointed end first into your back passage (rectum). Push it in as far as possible and squeeze your buttocks together to help it stay in place.
- Try not to go to the toilet for an hour after inserting the suppository, to give it time to work.
- The suppository will dissolve and breakdown overnight. This may cause a little leakage, which is normal. You can put a towel down on your bed to absorb any leaks.
- If the suppository comes out within 10 minutes, don't worry, try again with another suppository.
- It is important to use your suppositories regularly and consistently as prescribed.

Practical advice on how to use an enema:

- It may be easier to take enemas at night-time.
- Lie on your left side or find a position suitable for you.
- Place a towel on the bed in case of any spillage.
- Use some lubricating gel and place on the nozzle tip of the enema.
- Place the tip into your back passage.
- Gently squeeze or pump a little of the medication into your back passage (rectum).
- Wait a moment and then over the next few minutes continue to squeeze or pump the remaining enema into your back passage.
- Stay on your side for 10 - 15 minutes. You may feel that you need to use the toilet but continue to hold and then sit on the toilet. Some of the enema may not be completely absorbed initially. Do not worry, this should improve over time. Continue with the treatment as prescribed.

Why do I need to take medication if I am well?

The medication is controlling your symptoms and that's why you feel well. However as IBD is a chronic and unpredictable condition you may experience a 'flare-up' despite taking your medication regularly. It is important to take your medications as prescribed as being compliant plays an important role in keeping your symptoms under control.

What is meant by being compliant?

Compliant means following a medication regimen as recommended by your Doctor or Nurse. Are you taking your medication exactly as prescribed for you? Learning about your medication will help you understand it and is an effective way of improving compliance. A common cause of non-compliance is forgetfulness. When you are well it can be easy to forget about your medication.

What tips are there to help me to remember to take my medication?

- Take at the same time every day.
 - Leave medication in a visible place such as the kitchen.
 - Use a medicine wall schedule or chart.
 - Use a dosage box, which you buy in your pharmacy.
 - Use your phone reminder.
 - Get Track App from the Apple or Google play store.
 - Arrange for repeat prescription at least two weeks before your last dose.
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What if I miss a dose?

Missing one dose of medicine every now and then may not seem to cause you any problems but an accumulation of missed doses overtime will have an impact on your condition. If the level of the drug becomes low due to missed doses then the medicine loses its effect. This may take months before you notice any symptoms. Even if you stop medicine, symptoms do not present straight away as the medicine stays in your body for some time. Ideally you need to take your medicine within an hour of the scheduled time. Take it as soon as you remember but do not double the dose.

How much does IBD medication cost?

Medications for IBD can be expensive. If you have a medical card then your medication is covered otherwise you need to ensure that you have the Drug Payment Scheme (DPS) card. This ensures that you pay no more than an allocated sum of money monthly. This varies annually but approximately €80 per month is the maximum you will be charged. You can apply online www.hse.ie or ask for an application form at your local pharmacy. With private prescriptions you can also claim 20% tax back every year for medical expenses.

What is a Hi Tech prescription?

High tech drugs are medicines which are prescribed or initiated in hospital by a consultant. Examples of High tech drugs used in IBD are Adalimumab, Uteskinumab, Golimumab and Tofacitinib.

- Check with Consultant/ IBD nurse in your hospital about who to contact to obtain your repeat prescription.
- You should give at least 1-2 weeks' notice for a repeat prescription.
- Ensure you have your blood tests up to date.

What if I have side-effects?

All medications have possible side-effects. Follow instructions on how to take your medications e.g. with food or fasting. Your pharmacist will advise you. Side-effects vary from each type of medication and will be discussed with you prior to commencing medication. Always contact your GP or IBD nurse if you are concerned about side effects.

What do I need to know about pregnancy and medication?

It is advisable to plan your pregnancy and discuss with your health care professional regarding medication in IBD and pregnancy. You will be advised if it is suitable to continue with your medication pre pregnancy, during pregnancy and post pregnancy. Ask your IBD nurse for information leaflet on Pregnancy and IBD which provides detailed information on the various medication.

What do I need to know about travel and medications?

- Plan well in advance regarding your medication supplies before you travel.
- Bring adequate supplies plus a few days extra.
- Bring your prescription with you in case you may need it.
- Have a travel letter with you from your IBD nurse/GP which indicates that you are travelling with medications.
- Carry medicines in your hand luggage in case of lost luggage.
- Injections will freeze in the cargo of an airplane and need to be carried as hand luggage.
- Arrange with your local pharmacy if you plan to travel longer than one month so that supplies can be ordered well in advance.

How do I store my medication?

Store in a cool dry place, always away from direct sunlight. It is ideal to keep your medication in its original box so that you can see the name, dose and expiry date. You may however, use a 'pill box' which is set up for you by your local pharmacy. Always keep medicine out of reach of children.

Where can I get further information on Medications and IBD?

- Websites: Crohn's and Colitis Ireland (CCI) and Crohn's and Colitis UK (CCUK)
- Local pharmacist
- IBD Nurse
- IBD passport: ibdpassport.com

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