3.13 Digestive health - Crohn's disease

Malcolm had a colonoscopy 3 weeks ago. It confirmed inflammation and probable Crohn's disease. He was given the biopsy result 1 week ago. It confirmed Crohn's. The letter from the specialist is in your records. Malcolm is a smoker. The consultant recommended prednisolone 40mg daily until the symptoms improve.

Elicit: So, you've been told you have Crohn's disease. Was there anything you wanted to ask about it?

Malcolm: I just want to feel better and spend less time in the bathroom.

Provide: With Crohn's your gut is inflamed some of the time. When you're symptoms are bad, we should see you to give you something to settle it down. If you get diarrhoea with blood or mucus, tummy pain, feel generally unwell, lose weight or become nauseated, come and see us.

Elicit: Would you like me to go over that again, or would you prefer to read it online?

Malcolm: No thanks, I've got it. But what will I take to get on top of this flair?

Provide: Steroids are often used when your symptoms are bad, but they don't work to keep crohn's at bay. It's certainly worth giving up smoking, because smoking makes Crohn's worse. Let us know when you ready to get some support to stop? The gastroenterologist (bowel doctor) has suggested that I give you a steroid called prednisolone until you improve.

Elicit: How does that sound?

Malcolm: OK, I guess. But won't that cause side effects?

Provide: Possibly, but the inflammation of your gut is not good for you either. The main things that we need to think about are: to protect your bones and to protect your stomach. Once you've been using steroids for a few weeks, you should not suddenly stop them.

Elicit: How's about we talk about that next week on the phone, when we check that the steroids are doing their job?

Malcolm: I guess so. How do I use these tablets?

Provide: Take 8 prednisolone tablets after food, usually breakfast, each day. Please contact us urgently, in the unlikely event that you get persistent upper tummy pain, or black tarry poo.