

# Chronic Inflammatory Bowel Disease, Ulcerative Colitis, Crohn's Disease and Colorectal Cancer

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Chronic inflammatory bowel disease is a multidimensional experience that involves a permanent alteration in a person's lifestyle. Chronic inflammatory bowel disease can have a major impact on all aspects of a person's life. Home, social, work and sex lives can be disrupted, which can lead to the impairment of emotional and psychological function, as well as physical debilitation. The consequences of inflammatory bowel disease can be costly in terms of healthcare, both in relation to primary and secondary healthcare settings and to human sufferings (Rowlinson, 1999a).

## Contents

- Definition of chronic inflammatory bowel disease
- Epidemiology
- Aetiology
- Anatomy and physiology of the intestinal tract
- Pathophysiology
- Clinical manifestations
- Investigative tests
- Treatment
- Nursing interventions
- Colorectal cancer and chronic inflammatory bowel disease
- Aetiology
- Treatment
- The role of the nurse, including the nurse specialist

## Learning Objectives

By the end of the chapter you should be able to demonstrate knowledge of

- Factors associated with the epidemiology and aetiology of ulcerative colitis and Crohn's disease.
- Differences between the pathophysiology and clinical manifestations of ulcerative colitis and Crohn's disease.
- How ulcerative colitis and Crohn's disease are diagnosed and treated.
- Nursing interventions that reflect the chronic nature of the disorders and the potential impact physically, psychologically and socially.
- The role of the specialist nurse.
- The potential complications of chronic inflammatory bowel disease, including colorectal cancer.

## Definition

Inflammatory bowel disease (IBD) is an all-embracing term for the chronic inflammatory disorders of the intestine. Ulcerative colitis and Crohn's disease are idiopathic chronic inflammatory disorders of the gastrointestinal tract, characterized by periods of relapse and remission. There is some overlap in their clinical features; the major difference between them, however, is that ulcerative colitis is confined to the large bowel whereas Crohn's disease can occur in any part of the gut, from mouth to anus. Both diseases can have a major impact upon all aspects of a patient's life. There is a significant risk of carcinomatous change in patients with long standing inflammatory bowel disease.

## Epidemiology

Ulcerative colitis and Crohn's disease are more prevalent in Europe and North America (Allison *et al.*, 1998). The incidence of IBD varies widely between populations: Crohn's disease appears to be rare in the underdeveloped world, yet ulcerative colitis, although still unusual, is becoming more common. In the West, the incidence of ulcerative colitis is stable at 10 per 100 000 while that of Crohn's disease is increasing and is reported to be 5–7 per 100 000 (Palmer and Penman, 1999). An exception to this trend is in Scandinavia where the incidence of ulcerative colitis has risen sharply (Allison *et al.*, 1998).

In the United Kingdom (UK) inflammatory bowel disease affects between 15 and 30 people per 10 000 of the population (Rowlinson, 1999a). Ulcerative colitis affects approximately 95 000 people in the UK, which is about 1 in 600 of the population and Crohn's disease affects approximately 55 000 people in the UK, which is about 1 in 1000 of the population. Approximately 5500 new cases of ulcerative colitis are diagnosed each year and 3000 new cases of Crohn's disease (National Association for Colitis and Crohn's Disease [NACC], 2001b). The incidence of ulcerative colitis in the UK may be as high as 26 per 100 000