

Ulcerative Colitis: Alternative Therapy

What We Know

- ▶ Ulcerative colitis (UC) is a chronic, inflammatory bowel disease of the colon and rectal mucosa.^(3, 4, 6, 7, 11) (For more information, see *Quick Lesson About...Ulcerative Colitis*)
 - The cause of UC is unknown, but theories about etiology involve genetics, autoimmune response, bacterial agents, dietary factors, and environmental triggers; incidence of UC is highest in Caucasian and Jewish populations, in females, and in individuals aged 14–38 years^(2, 4, 6)
 - Signs and symptoms of mild UC include bowel urgency, diarrhea, scant rectal bleeding, and tenesmus (e.g., cramping, straining, constant feeling of having to empty the bowels); moderate to severe UC can cause fever, weight loss, dehydration, anemia, and manifestations external to the colon (e.g., liver disease, kidney stones, osteoporosis)^(2, 3, 4, 7, 11)
 - Although UC is cured with colectomy, this is considered a last resort for patients with advanced disease; most patients with mild to severe UC are managed with conventional treatment that includes medication and dietary and lifestyle changes^(2, 3, 4, 5, 7, 11)
 - Medications to reduce inflammation include corticosteroids (e.g., prednisone, budesonide enemas), sulfa drugs (e.g., sulfasalazine), 5-aminosalicylic acid compounds (e.g., mesalamine, olsalazine), antidiarrheal medication (e.g., loperamide), and immunosuppressants (e.g., azathioprine, methotrexate)^(2, 3, 4, 5, 7)
 - The success of dietary modifications varies among patients with UC^(3, 4)
 - ▶ Avoidance of cola drinks, chocolate, sucrose, and animal fats improves UC in some patients
 - ▶ Eating citrus fruits and a low-residue diet improves UC in some patients
 - Lifestyle changes are considered important because the frequency of stools and the inability to control symptoms of diarrhea can be disruptive and anxiety-inducing; common lifestyle changes include counseling with a mental health clinician, joining a social support network, managing stress, and limiting activity during UC exacerbations⁽¹¹⁾
- ▶ Over half of patients with UC try alternative therapies during the course of their illness due to dissatisfaction with the results of conventional therapy and/or a desire for more holistic treatments^(1, 6, 8, 9, 11, 12, 13)
 - Types of alternative therapies include hypnotherapy, traditional Chinese medicine (TCM), herbs and nutritional supplements (e.g., flaxseed and selenium), yoga, and acupuncture^(1, 2, 5, 7, 9, 11, 12)
- ▶ Although the majority of alternative therapies have not been proven effective in randomized controlled trials, some therapies have been shown to improve UC manifestations when used as an adjunct to conventional treatment^(8, 9, 10, 12, 13)
 - Oral aloe vera gel was shown to improve UC signs and symptoms in a small randomized controlled trial of 44 patients⁽¹⁰⁾
 - Flower extract of *Punica granatum*, commonly known as pomegranate, significantly attenuated colonic inflammation in experimental studies in mice⁽¹²⁾
 - Short-chain fatty acid (SCFA) enemas administered daily improved rectal colitis in some patients, although randomized controlled trials have produced mixed results⁽¹⁰⁾
 - TCM attributes UC to an excess of “damp-heat,” “blood-stasis,” and “spleen/kidney deficiency.” Supplementation with TCM herbs (e.g., bai jiang cao, ku shen) that increase blood flow to the colonic capillaries is thought to shorten the course of UC and increase the therapeutic effect of conventional medications^(2, 13)
 - Hypnotherapy received on a weekly basis for 12 weeks by patients with UC or other types of inflammatory bowel disease decreased corticosteroid requirements and improved quality of life in 60% of participating patients⁽⁹⁾
 - A 50-minute session of gut-focused hypnotherapy reduced rectal inflammation, measured by histamine levels, in 17 patients with symptomatic UC⁽⁸⁾

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September 9, 2011

What We Can Do

- ▶ Learn about alternative therapies for the treatment of UC so that you can assess your patients’ level of satisfaction with current treatments, and suggest asking the treating clinician about supplemental alternative therapies when indicated; share this information with your colleagues
- ▶ Educate patients about UC, including treatment option risks and benefits
- ▶ Provide written information about alternative therapies for the treatment of UC, if available
- ▶ Assess your patient’s anxiety level and provide emotional support if he/she is experiencing a disruption of normal activities due to frequent diarrhea and other UC manifestations
- ▶ Request referral to a social worker for identification of local resources for support groups and Internet resources (e.g., Crohn’s and Colitis Foundation, <http://www.ccfa.org>)
- ▶ Request referral to a mental health practitioner, if appropriate, for counseling on strategies for stress management and coping with a chronic disease

Coding Matrix

References are rated in order of strength:

- M** Published meta-analysis
- SR** Published systematic or integrative literature review
- RCT** Published research (randomized controlled trial)
- R** Published research (**not** randomized controlled trial)
- C** Case histories, case studies
- G** Published guidelines
- RV** Published review of the literature
- RU** Published research utilization report
- QI** Published quality improvement report
- L** Legislation
- PGR** Published government report
- PFR** Published funded report
- PP** Policies, procedures, protocols
- X** Practice exemplars, stories, opinions
- GI** General or background information/texts/reports
- U** Unpublished research, reviews, poster presentations or other such materials
- CP** Conference proceedings, abstracts, presentations

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