Cheatography

IBD (UC & Crohn's) Cheat Sheet by Michellephillips02 via cheatography.com/214485/cs/46713/



ULCERATIVE COLITIS

Ulcers in the colon & rectum. Starting in rectum & works up

Periods of inflammation & remission

S/S: cannot store contents, cannot distinguish between gas & solids, fatigue, low energy, small stools

Montreal classification

E1: Ulcerative proctitis (distal to the rectosigmoid junction)

E2: left sided UC (distal to the splenic flexure)

E3: Extensive UC (proximal to the splenic flexure)

not known exactly - genetics, smoking, abnormal immune system, bacteria, environemntal triggers, low fibre

genetics infections

smoking antibiotics

dysregulated immune response

Exclude infections and gastrotroenterities

Stool test - feacal calprotein (measures inflammation)

Endoscopy, colonoscoty, sigmoidoscopy, CT/MRI

Biopsies UC vs DC

- ↓ RBC
- ↑ WBC
- ↑ CRP
- UC ↑ pANCA

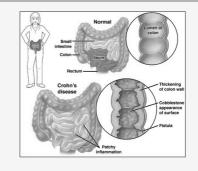
CD - ↑ ASCA

By Michellephillips02

Not published yet. Last updated 11th July, 2025.

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Aminosalicylates (Sulfa- salazine, Mesalazine) (<i>UC</i> <i>ONLY</i>)	Long-term to maintain remission in mild-to-moderate UC. Nausea, ↓ appetite, diarrhoea, folate deficiency
Corticosteroids (Predni- solone, Prednisone, budesonide)	Reduce inflammation quickly; short term. ↑d appetite, weight gain, fluid retention, bone loss -> Ca & Vit D supps
Antibiotics (<i>Metronidazole, ciprofloxacin</i>)	Nausea, \downarrow appetite, diarrhoea, \downarrow Vit K
Immunomodulators (<i>azathioprine (Imuran),</i> <i>mercaptopurine(Purine-</i> <i>thol), thioguanine (Lanvis</i>)	supress the immune system. Up to 3 months to work
Biologics (infliximab (Remicade), adalimumab (Humira), vedolizumab (Entyvio))	Target specific inflammation pathways for moderate-severe-IBD. Fatigue, weight changes, ↑d infection risk, altered gut absorption
Methotrexate	↓ growth of cells and suppress the immune system. Causes low folate levels. Nausea, ↓ appetite, liver toxicity
Steroids	Reduce inflammation. Stimulates appetite. Swelling, weight gain, hair growth and acne. Often need Ca & Vit D supps.



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Page 1 of 2.

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CROHN'S DISEASE

Chronic inflammation - affect Entire GIT – commonly end of S.I (ilium) & start of L.I

immune system upregulated - not able to turn itself off again

Characteristics: Fat wrapping around bowel. Muscle hypertrophy. Fissures (small tears). Strictures (narrowing of part of the intestine because of scar tissue). Fistulas (opening, connection forms between two organs/skin)

S/S: Abdominal pain, diarrhoea, weight loss, loss of appetite, anal skin tags, stunted growth (children), mouth ulcers, blood in stools

CROHN'S DISEASE

Montreal classification		
A1 <16 yr		
A2 17-40 yr		
A3 >40 years		
L1 ileal		
L2 colonic		
L3 ileocolonic		
L4 isolated upper disease		
B1 non-stricturing, non-penetrating		
B2 stricturing		
B3 penetrating		
P perianal disease		

Nut Reqs

E: 125-145kj/kg (active), 100-125 kj/kg (remission)

P: 1.2-1.5kj/kg (active), 0.8-1g/kg (remission)

Intervention

Remission = varied healthy diet

No evidence to restrict fibre unless strictures or an obstruction

ONS/EN if indicated

Screen for malnutrition

CROHNS ONLY DURING FLARE - Exclusive Enteral Nutrition (EEN): nutritionally complete formula as sole source of nutrition – no food, but water allowed (6-8 weeks)

PAEDS CHRONS ONLY - Crohn's Disease Exclusion Diet (CDED) + partial enteral nutrition (PEN). Reduces dairy, wheat, animal fat, emulsifiers, pre-packaged foods, alcohol, coffee, artificial sweeteners

By Michellephillips02

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Conside

Strictures, avoid "stringy" = avoid – celery, pineapple, organs, mangoes, gristly meats

Dairy products - transient lactose intolerance during flares

Patients mental health - draining, painful condition

PN - if ileus, ischemia, high output fistula

Example PESS

Chronic disease or condition related malnutrition (NC-4.1.2)

Guidelines & References

Bishoff et al. ESPEN practical guideline: Clinical nutrition in inflammatory bowel disease

Forbes et al. ESPEN guideline: Clinical nutrition in inflammatory bowel disease

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