

IBD (UC & Crohn's) Cheat Sheet by Michellephillipso2 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 smoking infections 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

Aminosalicylates (Sulfasalazine, Mesalazine) (UC ONLY)

Long-term to maintain remission in mild-to-moderate UC. Nausea, ↓ appetite, diarrhoea, folate deficiency

Corticosteroids (Prednisolone. Prednisone. budesonide)

Reduce inflammation quickly; short term. 1 d appetite, weight gain, fluid retention, bone loss -> Ca & Vit D

Antibiotics (Metronidazole,

Nausea, ↓ appetite, diarrhoea, ↓ Vit K

ciprofloxacin)

Immunomodulators (azathioprine (Imuran), mercaptopurine(Purinethol), thioguanine (Lanvis) 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, 1 d infection risk, altered gut absorption

Methotrexate

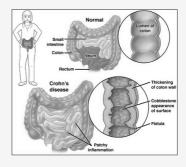
↓ growth of cells and suppress the immune system. Causes low folate levels. Nausea, ↓ appetite, liver

toxicity

Steroids

Reduce inflammation. Stimulates appetite. Swelling, weight gain, hair growth and acne. Often need Ca & Vit

D supps.





By Michellephillips02

Not published yet. Last updated 11th July, 2025. Page 1 of 2.

Sponsored by Readable.com Measure your website readability! https://readable.com

cheatography.com/michellephillips02/



IBD (UC & Crohn's) Cheat Sheet by Michellephillipso2 via cheatography.com/214485/cs/46713/

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

Nut Reas

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

Consider

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



By Michellephillips02

Not published yet. Last updated 11th July, 2025. Page 2 of 2. Sponsored by Readable.com Measure your website readability! https://readable.com

cheatography.com/michellephillips02/