Understanding your Crohn’s disease and ulcerative colitis medications
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Crohn's disease and ulcerative colitis medications: an overview

Crohn's [krohnz] disease and ulcerative colitis [UL-ser-ah-tive coh-LY-tis] are inflammatory bowel disorders (IBD), which are diseases that cause swelling in the gastrointestinal (GI) tract (the part of the body where food is digested, including the mouth to the anus and the opening of the rectum). Symptoms of Crohn's disease and ulcerative colitis include watery stool, blood in the stool, fever, reduced appetite, abdominal pain and weight loss. While the two conditions have similar symptoms, they are treated very differently. There is no cure for Crohn's disease or ulcerative colitis and most people have long-term symptoms that get better, go away (remission) or worsen (flare) over time. Using medications to control symptoms can help with maintaining an active and full life.

Staying on track with your medications

Once diagnosed with Crohn's disease or ulcerative colitis, medications are often recommended to help manage the condition. For most people, medications work well as long as they are taken as prescribed. Here are some tips to help get the most out of your Crohn's disease or ulcerative colitis medications:

• Learn as much as you can about your medications, such as brand and generic names, what the medications look like, how to store them properly, what to do if a dose is missed and any side effects and how to manage them.

• Follow the directions from your doctor or pharmacist on how to use the medication and never skip or change doses of medication on your own.

• Do not take medications that belong to someone else, or let someone else take your medications.

• Keep an up-to-date, written list of all your medications, including prescription and over-the-counter (OTC) drugs and dietary supplements, such as vitamins and herbal products, and show this list to your doctor or pharmacist at all visits. Don’t be afraid to ask if they have had any formal training with herbal products. If not, and you’re thinking of taking them or exploring them further, you may need to seek out a specialist such as an herbalist, nutritionist, acupuncturist or homeopathist. If you are currently taking herbal products, let all your healthcare providers know you are taking them.

• Pay attention to how you feel, and notify your doctor or pharmacist if you are having any problems with medications such as side effects.

Take your medication for as long as your doctor tells you to, even if you feel your Crohn's disease or ulcerative colitis is getting better. Because remembering to take medication on a regular basis can be difficult, there are many ways to help remind you to take your medication.

Here are some tips that may help:

• Set daily routines to take your medication. Take medication with normal daily activities, such as eating a meal or going to bed.

• Keep medications where you will notice them. For example, if you take your medication in the morning, put it next to something that is part of your morning routine where you will be reminded to take it daily. Make sure that you keep your medications away from children and pets.

• If possible, keep backup supplies of medication at work or in your briefcase or purse in case you forget
to take them at home. Be sure to avoid extreme temperatures while storing your medications. For example, leaving your medications—including tablets, capsules, and liquids—in your car during hot days or freezing temperatures may make your medications less effective.

- For tablets and capsules, use a pill box that is labeled with the days of the week to organize your medication.
- For injections, be sure to keep a sharps container at home and in other locations, such as at work, where you may be injecting yourself. This container is used for safe disposal of injections and injection supplies. It may also serve as a reminder to inject your medication. For more information, please refer to the section on how to properly administer medication requiring self-injection in the Welcome to specialty pharmacy services patient education booklet you received.
- Set an alarm on a clock, watch or cell phone to remind you to take your medication, or post reminder notes at home in places you are likely to see them, such as on the refrigerator door.
- Keep a hand-written or computer-created schedule of your medications and the times to take them. Once the medication is taken, it can be checked off the list. If you miss a dose, check with your doctor or pharmacist about taking the skipped dose or changing to a new dosing schedule.
- For children who take medication during the school day, contact the child’s school and find out what policies there are regarding prescribed medications.

These are simply some suggestions. What’s important is finding ways that work for your schedule.

**Pregnancy and breastfeeding considerations**

Women with Crohn’s disease and ulcerative colitis are usually able to have a normal pregnancy but it is important to keep the condition managed as well as possible while pregnant. If you have Crohn’s disease or ulcerative colitis and are pregnant or plan to become pregnant soon, talk to your doctor or pharmacist about your medications. Some medications used to treat Crohn’s disease or ulcerative colitis are not considered safe during pregnancy, and you may have to stop taking them for a little while. Do not stop or start any medications without talking with your doctor or pharmacist first. If you are planning to breastfeed, talk to your doctor or pharmacist before you give birth about which medications are safe to take while breastfeeding.
A variety of medications are used to treat Crohn’s disease and ulcerative colitis. These include rectal treatments (inserted into the rectum, the lower end of the GI tract); biologic response modifiers (BRMs), such as infliximab [in-FLIKS-e-mab]; aminosalicylates (a-ME-no-sal-eh-SI-lates), such as sulfasalazine [sulfa-SAL-a-zeen] and mesalamine [me-SAL-a-meen]; and steroids, such as prednisone [PRED-ni-sone]. Some of these medications can be taken by mouth (orally), while others are given by injection or infusion into a vein (intravenous, in-tra-VEEN-us). Infliximab is approved for use in pediatric patients older than 6 years, and balsalazide [bal-SAL-a-zide] is approved in patients older than 2 years. Be sure to discuss the range of available treatment options with your doctor for your condition.

Table 1. Treatment of Crohn’s disease

<table>
<thead>
<tr>
<th>Symptom classification</th>
<th>Medicines used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild to moderate</td>
<td>Steroids by mouth</td>
</tr>
<tr>
<td>Moderate to severe</td>
<td>Steroids by mouth until symptoms get better – usually one to four weeks</td>
</tr>
<tr>
<td></td>
<td>BRMs* at times given to those who can’t take steroids</td>
</tr>
<tr>
<td>Severe/fulminant</td>
<td>Treatment usually given in the hospital if symptoms are severe</td>
</tr>
<tr>
<td></td>
<td>Intravenous steroids are often used</td>
</tr>
<tr>
<td></td>
<td>Surgery may be needed</td>
</tr>
<tr>
<td>Maintenance (long-term)</td>
<td>Goal is to avoid long-term use of steroids</td>
</tr>
<tr>
<td></td>
<td>BRMs* are commonly used</td>
</tr>
</tbody>
</table>

*Biologic response modifiers
During a disease flare when symptoms worsen, extra medication may be needed to get the disease under control. The medications used during flares are the same as those used at other times, but the exact treatment depends on how severe the symptoms are.
Rectal therapies

When ulcerative colitis symptoms are caused by swelling at the end of the GI tract, medications can be given rectally. Using rectal medications is more common for ulcerative colitis than for Crohn’s disease since ulcerative colitis is more likely to be located in only one part of the GI tract. Medications that can be given rectally are listed in Table 3. Three forms of rectal medication are used for ulcerative colitis:

- Enemas, which contain medication in a liquid
- Foams, which contain medication in a frothy spray
- Suppositories [seh-PAHZ-eh-tore-eez], which contain medication in a waxy, greasy solid

No rectal therapies are approved for use with children.

Table 3. Rectal therapies for ulcerative colitis

<table>
<thead>
<tr>
<th>Generic name (brand names)</th>
<th>Condition</th>
<th>Available forms</th>
<th>Common side effects</th>
<th>Other information*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aminosalicylate</td>
<td>Ulcerative colitis</td>
<td>Enema, Suppository</td>
<td>Stomach upset, stomach pain, rectal discomfort, headache</td>
<td>Store at room temperature, Store enemas in foil wrapper until just before use, To prevent melting, do not store suppositories near heat or direct light, People with an allergy to sulfites (a chemical used to preserve food) should use the sfRowasa® enema</td>
</tr>
<tr>
<td>Mesalamine (Rowasa®, sfRowasa®, Canasa®)</td>
<td>Ulcerative colitis</td>
<td>Enema, Suppository</td>
<td>Stomach upset, stomach pain, rectal discomfort, headache</td>
<td>Store at room temperature, Store enemas in foil wrapper until just before use, To prevent melting, do not store suppositories near heat or direct light, People with an allergy to sulfites (a chemical used to preserve food) should use the sfRowasa® enema</td>
</tr>
<tr>
<td>Steroid</td>
<td>Ulcerative colitis</td>
<td>Enema, Foam, Suppository</td>
<td>Can increase risk of mood changes, Can increase appetite, blood glucose (sugar) and levels of fats in the blood, Can increase risk of osteoporosis (brittle bones that may be easy to break) when taken for a long period of time</td>
<td>Store at room temperature, To prevent melting, do not store suppositories near heat or direct light</td>
</tr>
</tbody>
</table>

*Definition of room temperature varies. Read the manufacturer storage instructions for exact temperature ranges.
Types of medications used for Crohn’s disease and ulcerative colitis (continued)

Biologic response modifiers (BRMs)

BRMs, which target specific parts of the immune system to reduce symptoms, are generally given to people with moderate or severe Crohn’s disease or ulcerative colitis. The BRMs, listed in Table 4 can also work for people who may still have symptoms after taking other treatments. Some of these drugs can be used at home and are self-injected, but others are given by a nurse or doctor. If the medication can be used at home, your doctor, nurse or pharmacist will teach you how to inject the drug. For more information, please refer to the section on how to properly administer medication requiring self-injection in the Welcome to specialty pharmacy services patient education booklet you received. These drugs must be used with caution because they have strong effects on the immune system and may cause life-threatening infections.

Because BRMs are relatively new, their long-term effects are still uncertain. Infliximab is the only BRM approved for use in children (older than 6 years of age).

Table 4. Biologic response modifiers (BRMs)

<table>
<thead>
<tr>
<th>Generic name (brand name)</th>
<th>Condition</th>
<th>Available forms</th>
<th>Common side effects</th>
<th>Other information*</th>
</tr>
</thead>
</table>
| adalimumab [a-da-LIM-yoo-mab] (Humira®) | Crohn’s disease | Injection given subcutaneously (under the skin) | • Injection site reactions  
• Flu-like symptoms  
• Headache  
• Infections | • Store in a refrigerator between 36°F and 46°F (2°C and 8°C)  
• Do not freeze  
• Prefilled syringes should be protected from light  
• People with latex allergy should not use the prefilled syringe |
| certolizumab pegol [cer-to-LIZ-yoo-mab PEG-ol] (Cimzia®) | Crohn’s disease | Injection given subcutaneously (under the skin) | • Injection site reactions  
• Flu-like symptoms  
• Headache  
• Infections | • Store in a refrigerator between 36°F and 46°F (2°C and 8°C)  
• Do not freeze  
• Prefilled syringes should be protected from light |
| infliximab (Remicade®) | Crohn’s disease and ulcerative colitis | Infusion given intravenously (into the vein) | • Infusion-related reactions (fever, chills)  
• Headache  
• Feeling tired  
• Watery stool  
• Infections  
• Damage to the liver | • Store in a refrigerator between 36°F and 46°F (2°C and 8°C) |
| natalizumab [na-ta-LIZ-you-mab] (Tysabri®) | Crohn’s disease | Infusion given intravenously (into the vein) | • Injection site reactions  
• Flu-like symptoms  
• Headache  
• Infections  
• Increased blood counts  
• Feeling tired | • Store in a refrigerator between 36°F and 46°F (2°C and 8°C)  
• Do not freeze  
• Vial should be protected from light |

*Definition of room temperature varies. Read the manufacturer storage instructions for exact temperature ranges.
Managing BRM side effects

Since BRMs weaken the immune system, these medications carry an increased risk of infection. Some infections can be serious and even life-threatening, so it is important to report any signs of an infection, such as fever, sore throat, tiredness or chills, to your doctor right away. It is also important to see your doctor for regular check-ups to monitor your blood counts and check for any signs of infection. People receiving BRMs should not receive certain vaccines (such as herpes zoster, varicella, polio, measles, mumps, rubella, and some influenza vaccines) during this treatment due to the risk of infection and potential that the vaccine will not work as well as it should. Children should be up to date with all vaccines before starting BRMs.

Natalizumab has been linked with a serious infection of the brain that can lead to death (progressive multifocal leukoencephalopathy or PML). Due to this risk, natalizumab is only available through a special program from the manufacturer called the Tysabri Outreach: Unified Commitment to Health (TOUCH) program. The program only allows certain doctors, pharmacies and hospitals to prescribe and use natalizumab and makes sure that patients are monitored for PML.

Injection versus infusion routes of administration

Injections involve the use of a needle and syringe to deliver medication into a muscle or, in the case of Crohn's disease and ulcerative colitis, under the skin. For injections, the needle is only in the body for a very short period of time. An infusion is when medications are given intravenously for a longer period of time (such as two hours for infliximab) so the needle stays in the body for longer. Infusions are usually given at a doctor’s office or infusion center and a special pump is used to make sure the medication is given for the right amount of time.

Injection-site and infusion-related reactions

One of the most common side effects of BRMs is a reaction at the place the injection was made, also known as an injection-site reaction. Signs of an injection-site reaction include redness, rash, stinging, tingling, swelling, itching, pain, bruising or discomfort in the area where the drug was injected. Here are some tips to help prevent injection-site reactions:

• Allow the syringe to come to room temperature before injecting the medication.* Set it on a counter for the amount of time recommended by the manufacturer. Some drugs can be used after five to 10 minutes, whereas others must be left on the counter for as long as 30 minutes. Do not warm the medication by using a microwave or by placing it into hot water, as this may make your medications less effective or explode.
• Use the correct injection method. If you are not sure how to inject the medication, be sure to call your doctor, nurse or pharmacist to ask any questions. For more information, please refer to the section on how to properly administer medication requiring self-injection in the Welcome to specialty pharmacy services patient education booklet you received.

• Change the location of your injection site regularly to reduce pain. New injections should be at least 1 inch away from previous injection sites.

• Never reuse needles, syringes or other materials.

• Never inject into an area that is bruised, red, tender, hard or swollen, or where you have scars or stretch marks, making absorption of the medication more difficult.

• Keep a written record of previous injection locations as well as the date of the injection.

• If a severe reaction occurs after an injection (such as difficulty breathing, hives, dizziness, or peeling skin), contact your doctor or pharmacist right away.

*Definition of room temperature may vary. Read the manufacturer storage instructions for exact temperature ranges.

Another type of reaction that can occur with drugs that are infused is called an infusion-related reaction. This type of reaction can occur when the drug is being given or shortly after the drug has been given. Symptoms of an infusion-related reaction can include hives (red, itchy patches of skin), shortness of breath and low blood pressure. To help prevent this type of reaction, you may receive other medications before each treatment.
Other therapies

Aminosalicylates

Oral aminosalicylates listed in Table 5 reduce swelling throughout the GI tract in the same way as rectal mesalamine, but they are easier for some people to take. Balsalazide is the only oral aminosalicylate approved for use in children (older than 5 years of age). None of these medications come as a liquid and they can’t be crushed or chewed. An exception is balsalazide capsules, which can be opened and sprinkled on applesauce.

Here are some tips for learning to swallow oral medications:

• Practice swallowing small candies such as ice cream sprinkles or miniature chocolates, gradually increasing the size of the candy until you can swallow one about the size of your medication.
• Mix whole candies in ice cream or applesauce and try to swallow them whole.
• Drink sips of water before and after trying to swallow.
• Relax, take deep breaths and take your time.

Managing aminosalicylate side effects

Taking oral aminosalicylates with food can prevent the most common side effect of stomach upset. Even when taken with food, watery stool is more common with olsalazine and sulfasalazine than the other agents. Starting at a low dose and slowly increasing may also prevent stomach upset. Some people have a worsening of colitis symptoms at the beginning of aminosalicylate treatment, which is normal.

Mesalamine can cause kidney problems, so your doctor may check your kidney function when you start this medication and during treatment. Tell your doctor immediately if you have chest pain or trouble breathing when taking mesalamine, since these may be symptoms of a serious heart problem called pericarditis. Also tell your doctor if you have sore throat, fever, yellow skin or red spots on your skin while taking sulfasalazine.

Sulfasalazine can turn your skin and urine an orange-yellow color. This is not a serious side effect, but you should tell your doctor if this occurs. People who are allergic to sulfasalazine may be able to take balsalazide, mesalamine or olsalazine instead.

Table 5. Aminosalicylates for ulcerative colitis

<table>
<thead>
<tr>
<th>Generic name (brand name)</th>
<th>Condition</th>
<th>Available forms</th>
<th>Common side effects</th>
<th>Other information*</th>
</tr>
</thead>
<tbody>
<tr>
<td>balsalazide (Colazal®)</td>
<td>Ulcerative colitis</td>
<td>Capsule</td>
<td>• Stomach upset, headache</td>
<td>• Do not take aminosalicylates if you are allergic to aspirin</td>
</tr>
<tr>
<td>mesalamine (Apriso®, Asacol®, Asacol HD®, Lialda®, Pentasa®)</td>
<td></td>
<td>Capsule</td>
<td>Stomach upset, headache</td>
<td>• Do not take sulfasalazine if you are allergic to sulfa drugs (such as Bactrim® or hydrochlorothiazide)</td>
</tr>
<tr>
<td>olsalazine [ole-SAL-a-zeen] (Dipentum®)</td>
<td></td>
<td>Tablet</td>
<td>Stomach upset, especially watery stool</td>
<td>• Store at room temperature</td>
</tr>
<tr>
<td>sulfasalazine (Azulfidine®, Azulfidine EN®, Sulfadine®, Sulfadine EC®)</td>
<td></td>
<td>Tablet</td>
<td>Stomach upset, loss of appetite, headache</td>
<td>• Swallow whole; do not chew, crush, or break the capsule coating</td>
</tr>
</tbody>
</table>

*Definition of room temperature varies. Read the manufacturer storage instructions for exact temperature ranges.
Pregnancy concerns with aminosalicylates

Sulfasalazine can prevent folic acid ([FOE-lik AS-id], a nutrient in food) from getting into your body. Folic acid is needed during pregnancy to protect babies from developmental problems such as birth defects. If you are pregnant and taking sulfasalazine, talk to your doctor about how much folic acid you should take.

Steroids

Steroids (or corticosteroids) listed in Table 6, are strong medications that reduce swelling by blocking the immune system. Steroids can quickly improve symptoms but they should be used for the shortest time possible to prevent serious side effects. For both Crohn’s disease and ulcerative colitis steroids should generally be used only during flares, but some patients may need them for long-term symptom control.

Managing steroid side effects

Steroids can cause mood swings, increased appetite, increased blood pressure, high levels of blood glucose and blood fats, eye problems, trouble sleeping, and face and neck changes that make the face look more rounded. Steroids can also cause worsening of acne and increase hair growth. Long-term use of high-dose steroids has been linked to the development of osteoporosis [os-tee-oh-pore-OH-sis]. Any signs of infection such as fever, sore throat, tiredness or chills should be immediately reported to your doctor.

Budesonide is a special type of steroid that stays mostly in the intestines. Since budesonide does not get into the rest of the body, it is less likely to cause side effects than the other steroids.

If you are taking steroids, do not suddenly stop taking them. Stopping them too quickly can be dangerous and could cause a flare of Crohn’s disease or ulcerative colitis symptoms. Stopping quickly can also cause other life-threatening problems if your body has been used to taking steroids for a while. Follow your doctor’s or pharmacist’s instructions to slowly decrease the dose until your body adjusts. It may take several weeks or months before the steroids can be completely stopped.
### Table 6. Steroids used for Crohn’s disease and ulcerative colitis

<table>
<thead>
<tr>
<th>Generic name (brand name)</th>
<th>Condition</th>
<th>Available forms</th>
<th>Common side effects</th>
<th>Other information*</th>
</tr>
</thead>
</table>
| budesonide [byoo-DES-oh-nide] (Entocort EC®) | Crohn’s disease | Capsule | • Can increase risk of mood changes  
• Can increase appetite, blood glucose and levels of fats in the blood  
• Can increase risk of osteoporosis when taken for a long period of time | • Store at room temperature  
• Swallow whole; do not open, chew, or crush  
• Avoid grapefruit juice |
| dexamethasone [deks-a-METH-a-sone] (Baycador®, Dexamethasone Intensol®, DexPak®) | Ulcerative colitis | Injection Liquid Tablet | | • Store at room temperature  
• Do not store liquid in the freezer |
| hydrocortisone (A-Hydrocort®, Cortef®, Solu-Cortef®) | | Injection Tablet | | • Store at room temperature |
| prednisolone [pred-NISS-oh-lone] (AsmalPred Plus®, Millipred®, Orapred®, Orapred ODT®, Pediapred®, Prelone®, Veripred 20®) | | Liquid Orally disintegrating tablet Tablet | | • Store tablets at room temperature  
• Follow the pharmacy’s instructions about whether to store liquids in a refrigerator  
• Protect orally disintegrating tablets from moisture  
• Do not remove an orally disintegrating tablet from package until just before taking  
• Do not cut, split, or break an orally disintegrating tablet |
| prednisone (Prednisone Intenso®) | | Liquid Tablet | | • Store at room temperature |

*Storage instructions refer to oral dosage forms. Definition of room temperature varies. Read the manufacturer storage instructions for exact temperature ranges.*
Because there is a wide variety of costs for medications associated with Crohn’s disease and ulcerative colitis, your doctor or pharmacist can help guide you in finding the most affordable medications that are appropriate for your condition. In some cases, your doctor or pharmacist may be able to help you sign up for a program with the drug manufacturer to help you pay for your medications.
Traveling with your medications

When traveling, it is important to stay on schedule with your Crohn's disease or ulcerative colitis medications. Here are some tips to help stay on track with your medications while traveling:

- Be sure to pack enough medication for the entire trip and bring medication reminders such as your pillbox or dosing schedule with you.

- Be sure to follow recommended storage instructions for medications. Storage information can be found in Tables 3-6 of this booklet, in the package insert, in the manufacturer's patient medication guide, or in the drug information that comes from the pharmacy with your medication.

- Some medication manufacturers can send you special travel bags that have space for an ice pack. Ask your pharmacist about how to contact the manufacturer.

- Always carry your medication with you or in your carry-on bag. It is important to have your medications with you in case you need them or your checked-in luggage gets lost. Also, because the area where checked-in luggage is stored in airplanes can experience extreme temperatures, keeping your medications with you will help make sure they remain effective.

- Don’t worry about airport X-ray machines—they can't hurt your medication.

- Keep all liquid medications or syringes in the original container with your pharmacy’s label clearly identifying the medication. Tablets or capsules should also be kept in the original container unless you are using a pill box or other reminder device to keep track of your medications.

- Your daily routine may be different while you're away; use an alarm instead of routine daily habits to help remind you to take your medications.

- If you’ll be crossing time zones, ask your doctor or pharmacist if you need to adjust your medication schedule.
Ongoing care

You should continue to see your doctor regularly to see how well your medication is working. Regular visits will also help your doctor to adjust treatment if needed, including providing extra treatment during a flare. To monitor your progress, your doctor will likely ask questions about your symptoms and may perform lab tests. Your doctor will also monitor any side effects you might have from medications and make changes if needed.

For people with Crohn’s disease or ulcerative colitis, it is important to monitor the health of your bones. You might undergo bone density tests to make sure medication is not causing your bones to become weak and easily breakable. Bone density tests help your doctor check for osteoporosis that can be caused by taking steroids over a long period of time. Although osteoporosis is more commonly known as a disease affecting women, it may affect both men and women who take steroids. There are several steps that can help prevent osteoporosis:

- Get enough calcium in your diet from foods such as low-fat dairy products and dark, leafy greens. To absorb calcium, the body also needs vitamin D, which is found in some fortified foods and is also created by the body in response to sunlight.
- Your doctor may tell you to take calcium or vitamin D tablets if you do not get enough calcium from your diet.
- Do gentle, weight-bearing exercise, like walking or lifting weights, with your doctor’s approval.
- If you smoke or use other tobacco products, quit.
- Drink alcohol only in moderation. Avoid alcohol if you are taking metronidazole.

Be an active participant in your own healthcare. If you think of questions or concerns you would like to bring to your doctor, nurse or pharmacist, write them down on a notepad that you can bring with you on your next visit.
To learn more

The more informed you are, the better you can manage your health. Our specialty pharmacy Care Team provides personalized, supportive and dependable care to help you achieve the best results from your prescribed therapy.

**Sources**

The following sources were used in the development of this booklet and the companion piece, *A patient guide to Crohn’s disease and ulcerative colitis.*


Resources

American Society of Colon & Rectal Surgeons (ASCRS)
www.fascrs.org/patients/847-290-9184

The American Society of Colon & Rectal Surgeons includes over 2600 members who specialize in treating people with conditions that affect the colon, rectum, and anus. The group's patient website provides information about colon and rectal surgeons, medical conditions, and how to find a surgeon.

Crohn's & Colitis Foundation of America (CCFA)
www.ccfa.org/800-932-2423

The Crohn's & Colitis Foundation of America is a non-profit, volunteer-driven organization that is devoted to finding a cure for Crohn's disease and ulcerative colitis. The Foundation sponsors research on these conditions. Their website contains several pages of information designed for people. Topics include treatment, nutrition and diet, and surgery options. Brochures, webcasts, information on clinical trials, and links to other organizations are also provided. You can use the website to find a doctor. Additional information, including a site for teenagers, is available on their website named “I'llBDetermined” (http://www.ibdetermined.org/CCFAResources/).

Mayo Clinic
www.mayoclinic.com/480-301-8000

The Mayo Clinic is a healthcare organization where people can get treatment for a variety of conditions. The organization’s website contains patient information on many conditions including Crohn's disease and ulcerative colitis. Information about diet and nutrition is also available. The best way to find the information is to search the Clinic's website or use a search engine and type in the condition and Mayo Clinic. The website also allows you to search for a doctor at Mayo Clinic.
MedlinePlus
(Crohn's disease)
(ulcerative colitis)

MedlinePlus is a service of the United States National Library of Medicine and the National Institutes of Health (NIH). The purpose of the website is to provide people with information about various medical conditions. Information includes nutrition, alternative therapies, disease management, and background. Information specific to women, children, and teenagers is available. Tutorials link to other NIH websites including the National Digestive Diseases Information Clearinghouse. Information is also available in Spanish.
There's a way.