

Q & A

Crohn's Disease and Ulcerative Colitis: *A Teacher's Guide*

The Crohn's & Colitis Foundation of America is a non-profit, volunteer-driven organization dedicated to finding the cure for Crohn's disease and ulcerative colitis. CCFA sponsors basic and clinical research of the highest quality. The foundation also offers a wide range of educational programs for patients and healthcare professionals, and provides supportive services to help people cope with these chronic intestinal diseases. CCFA programs are supported solely by contributions from the public. We hope that this brochure will help you to better understand these illnesses, and to become an active member of your healthcare team.

All young people should be able to enjoy consistently good health and smooth adjustments during their elementary and high school years. Unfortunately, Crohn's disease and ulcerative colitis are chronic intestinal illnesses that can make it difficult for affected children to thrive in the school experience. The good that comes from the support and encouragement of teachers who understand Crohn's disease and ulcerative colitis cannot be overstated. It is in this spirit that this brochure has been prepared.

Facts About The Diseases

CROHN'S DISEASE is a condition in which the walls of the gastrointestinal tract have become irritated, inflamed, and swollen. Both the small intestine (the upper digestive tract) and the lower intestine, called the colon, can be diseased. Crohn's is referred to as "ileitis" when the ileum (the lower part of the small intestine) is inflamed; "colitis" when the colon is involved; and "ileocolitis" when both regions are diseased. Occasionally, other parts of the gastrointestinal tract, such as the stomach, mouth, and rectum, are involved.

ULCERATIVE COLITIS causes inflammation in the large intestine; other regions of the gastrointestinal tract are generally not involved. In both conditions, abdominal pain, diarrhea, and intestinal bleeding are the most common symptoms. Cramps can be severe and are likely to be worse when there is a need to use the toilet. This urgency may be so great as to result in incontinence (accidental stool leakage) if there is any delay in reaching toilet facilities.

Because of the similarity between Crohn's disease and ulcerative colitis, the term inflammatory bowel disease (IBD) has been used in reference to both diseases. Researchers believe that the diseases may be caused by an overactive immune system. Many patients with IBD also have inflammatory arthritis and skin rashes. IBD may occur in children of any age. Males and females are affected equally. These diseases should not be confused with spastic colitis, which is also known as irritable bowel syndrome (IBS). This is a less medically serious and unrelated condition.

IBD is not caused by emotional stress or diet. Patients are NOT infectious to others. Symptoms of the diseases tend to worsen in an unpredictable fashion. Conversely, symptoms can go into remission for varying lengths of time. It is especially during the flare-ups of the diseases that the support of teachers, as well as family and friends, is so important in helping the symptomatic student to cope. Crohn's disease and ulcerative colitis are lifelong illnesses. Medications can alleviate inflammation and discomfort, but are not cures for the diseases, and these drugs often have unpleasant side effects. Although surgical removal of the entire colon may be curative for the inflammatory bowel condition, the surgery can create its own set of problems. This is in sharp contrast with some intestinal disorders that are caused by a deficient immune system.

Inflammatory Bowel Diseases from the Perspective of the Child

LEAVING THE CLASSROOM

“Sometimes, when I have to leave the classroom, teachers give me a hard time and I have to explain in front of everybody.”

Young people with these illnesses say that their single most difficult problem in school is their need to use the toilet frequently and unpredictably. Attacks of pain and diarrhea often occur suddenly and with no warning. Children with IBD must be able to leave the classroom quickly while attracting minimal attention. Questions about the need to use the toilet in front of classmates will only cause further embarrassment and shame. This short delay may cause a humiliating stooling accident. In some schools, bathrooms are locked for long periods for security reasons. Toilet stalls may not have doors. You can imagine the problems that lack of bathroom access creates for a young patient with IBD. Any accommodation a school can provide that reduces the anxiety associated with the need to find a toilet quickly will be of incalculable benefit. Providing a private bathroom in the nurse’s or faculty’s area is often beneficial.

COPING

“The hardest thing for me to deal with is the fact that I am different from everybody else. Deep down, I don’t want to be different.”

Young people with IBD must cope with attacks of abdominal pain and diarrhea. They may be unable to eat, because eating elicits even more diarrhea and pain. Poor dietary intake often slows growth, which may make affected students look younger and smaller than their classmates. These problems often cause them to withdraw and become depressed or angry, especially during the pre-adolescent or adolescent years. Treatment can cause problems, too. Cortisone-type drugs, such as prednisone, are effective in controlling, but not curing, inflammation caused by Crohn’s disease and ulcerative colitis. These drugs, however, typically cause people to gain weight, to develop a rounded, puffy appearance (moon face), to have worsening of acne, and to become moody and restless. These changes in appearance and mood may isolate children and teenagers from their classmates, who may not be aware of the illness and who may ridicule them. To minimize the disfiguring effects of cortisone-type drugs, intake of salty and high-caloric foods should be curtailed. This, in turn, may further isolate children who can no longer join their friends in snacking on french fries and potato chips.

TAKING MEDICATION DURING SCHOOL HOURS

Students with IBD often need to take medications during the school day to help control their diarrhea, pain, and other symptoms. Schools generally require that the school nurse dispense these medications. It is very desirable that arrangements be made, if necessary, to facilitate timely dispensing of drugs to an affected student. In this manner, he or she will not be late for class and stand out, yet again, as being different.

ABSENCE FROM SCHOOL

“My teachers don’t think I look sick.”

Not all young people with Crohn’s disease or ulcerative colitis are small or have side effects of medication. They may appear to be well superficially, but may actually be quite ill. Many young people with IBD may require hospitalization from time to time, sometimes for several weeks. Surgery may be necessary to remove diseased intestine or to alleviate a particular complication. While in the hospital, children typically appreciate hearing from classmates and teachers and are often able to keep up with schoolwork. Teachers can help enormously by communicating with their pupil’s physician or office nurse.

PARTICIPATION IN SPORTS

Young people with these illnesses should be active. They should participate in sports whenever their illness allows. Admittedly, some strenuous sports may cause fatigue or aggravate abdominal and joint pains. While a modified gym program may be the answer in some circumstances, it is very desirable that the affected child maintain at least some physical activity and not become a “couch potato.”

Communication With Parents and Healthcare Professionals

Teachers often get to know their students very well. Thus, it is not surprising that they may be the first to recognize when a child may be experiencing a “flare-up” of his or her disease. This might well be indicated by more frequent trips to the toilet, decreases in intake during lunch, declines in school performance as a result of these factors, and, perhaps, the distraction caused by worsening abdominal pain or medication. Similarly, teachers may be the first to notice signs of a breakdown in coping mechanisms. The development of discipline problems or indications of social isolation from peers might suggest such breakdowns. Early intervention when problems develop is important in treating IBD. Thus, timely communication with parents, who alert healthcare professionals, can be extremely useful in identifying flare-ups or other complications before they progress too far. Additional interventions can then be initiated. Direct communication with medical personnel is always valuable.



National Headquarters
386 Park Avenue South, 17th Floor
New York, NY 10016-8804
Tel: 800.932.2423
email: info@ccfa.org
www.ccfa.org
AOL Keyword: CCFA