

**25. BOWEL DISEASES AND DISORDERS:
INFLAMMATORY DISEASES INCLUDING ULCERATIVE COLITIS AND
CROHN'S DISEASE; DIVERTICULAR DISEASE; IRRITABLE BOWEL
SYNDROME**

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25.2 Ulcerative Colitis and Crohn's Disease

25.2.1 Ulcerative colitis and Crohn's disease are the commonest of a group of potentially debilitating chronic inflammatory bowel (intestinal) disorders, mostly of uncertain cause but with generally similar effects. Ulcerative colitis is an inflammation of the colon (the large or lower bowel). Crohn's disease (also known as regional enteritis) more often affects the lower section of the small bowel (ileum), but may involve any part of the digestive tract.

25.2.2 Both diseases tend to develop in younger people, usually in the late teens or twenties, although Crohn's disease can occur in childhood and there is a second "peak incidence" of onset between the ages of 50 and 70. They have broadly similar effects, which range from mild episodes of diarrhoea and abdominal pain to life-threatening acute episodes or unremitting, debilitating symptoms.

25.3 General

25.3.1 Both diseases are characterised by abdominal pain and episodes of diarrhoea with the passage of blood. There may also be more generalised symptoms such as fever, anaemia, weight loss and dehydration. Crohn's disease may also result in a deficiency of vitamins and minerals because it often affects the small bowel where these are absorbed. This deficiency is not usually a problem with ulcerative colitis because its effects are confined to the large bowel, which has a different function.

25.3.2 Although the first attack may be severe and disabling, it usually responds

well to treatment, often in hospital, leaving little disability. Further attacks, although disabling at the time, tend to be relatively short-lived, lasting for between three and 12 weeks. Between these episodes, most sufferers have only mildly disabling symptoms for periods of months or even years. For those who continue to have moderate symptoms, there is effective medical treatment.

25.3.3 A small proportion of people do not respond to treatment, be it medical or surgical (which may involve the removal of a large section of intestine) and suffer from severe weight loss and malnutrition. These people may become very disabled as a result, although this degree of disability is usually temporary as parenteral feeding [see Chapter 26] and more intensive medical treatment is likely to restore their weight and well-being.

25.4 Care Needs and Mobility Considerations

25.4.1 The majority of people suffering from inflammatory bowel disease manage to cope unaided with the essential activities of daily living, even during relapses, and have no significant mobility problems. As these diseases mostly affect adults, even those with persistent symptoms are usually able to care for themselves.

25.4.2 Those with severe disease, where treatment has failed to help, may well have qualifying care and mobility needs, particularly if there is serious malnutrition. Ulcerative colitis can cause as many as 10 to 20 episodes of diarrhoea over a 24-hour period. These often involve quite severe abdominal cramps and the passage of blood (itself a distressing symptom), and a degree of urgency verging on incontinence. Also, advancing years and the presence of other disabilities often impose additional problems.

25.4.3 The necessity for surgical treatment is usually an indication that inflammatory bowel disease is both severe and has failed to make an adequate response to medical treatment. The surgical operations most likely to be referred to in claims or other evidence are :-

- (i) ileostomy:** opening of the small bowel onto the abdominal wall where its liquid contents discharge into a plastic bag.
- (ii) colostomy:** the diversion of faeces through an opening from the colon onto the abdominal wall. The more solid consistency of the discharged material usually makes a colostomy easier to manage than an ileostomy, and not all those who have had a colostomy need to wear a bag.
- (iii) colectomy:** removal of part or all of the large bowel.
- (iv) procto-colectomy:** removal of the rectum and part or all of the large bowel. Those in whom such operations have become necessary are likely to have become frail, with some degree of

limitation in walking ability. Their physical condition may take several months to improve, even when the operation has been successful.

- 25.4.4** To manage an ileostomy or colostomy unaided, a person needs to be physically and mentally fit. Visual problems, loss of manual dexterity, age and mental disabilities may add sufficiently to the overall disability to make help necessary with changing the bags, and the care of the stoma (ileostomy/colostomy opening) and surrounding skin. This help will be required at least for a period of several months and maybe longer.
- 25.4.5** Medication, including that which has to be administered rectally in the form of small, pre-prepared enemas, is managed without assistance, except when the patient is severely debilitated, very old, very young, mentally disordered or has impaired manual dexterity.
- 25.4.6** Except for the small percentage of cases receiving parenteral nutrition, adults with inflammatory bowel diseases do not usually need help with special dietary regimes. Only very few gain benefit from "elimination" diets, which, in any case, are not difficult to prepare. Vitamin and mineral supplements and a reduced intake of high-fibre foods are often necessary, but can nearly always be managed by patients themselves.

25.5 Duration of Needs [see also para 25.3.2-3]

- 25.5.1** In people with needs arising from malnutrition, active medical treatment of the disease, sometimes with the institution of total parenteral nutrition, usually leads to an improvement in the general condition, with a significant reduction in both care and mobility needs over a period of three to six months. If after a year the situation is no better, then no further change is likely.
- 25.5.2** Surgical treatment is possible in most cases where severe symptoms persist despite other measures. The length of time for which qualifying care needs will persist after operation depends largely on the degree of debility at the time of operation, the age of the person and the presence of other related or unrelated disabling conditions. An ileostomy is much more likely than a colostomy to result in continuing care needs. In most cases there is rapid improvement over about three months.
- 25.5.3** Qualifying mobility needs are unlikely to remain for long after successful surgical treatment.

25.6 Associated Disorders

- 25.6.1** Some people, particularly those with ulcerative colitis, may develop arthritis associated with their bowel disease. This can add to the overall disability,

increasing and prolonging the need for help. The arthritis may affect the limb joints, the spine (spondylitis) or both, and may give rise to care and/or mobility problems [see Chapter 6]. In Crohn's, disease there may also be disabling inflammation of the eyes, mouth or skin.

25.6.2 Retardation of growth is a complication likely to affect children with inflammatory bowel disease. Children are also more prone than adults to complications like arthritis, anaemia and fever. The effects of these non-intestinal disorders sometimes actually predominate in younger patients. In any case, children with inflammatory bowel disorders, especially those below the age of 12, will have some care needs beyond those normally appropriate to their age.

25.7 Further Evidence

25.7.1 The majority of people with severe bowel disease, and all those who need parenteral nutrition, will be attending hospital. A factual report from the hospital is likely to be helpful in establishing the severity of the disability and its likely duration. In other cases a report from a general practitioner should provide any further information necessary for adjudication. If no recent factual information is obtainable from either of these sources, then a report from an examining medical practitioner will give evidence of the current situation.

25.8 Diverticular Disease

25.8.1 Diverticulosis is the presence of multiple (usually small) abnormal sac-like pouches of the lining of the large bowel through its muscular layer. It often causes no symptoms, and is not likely to cause disability unless complications are present.

25.8.2 Diverticulitis is diverticulosis complicated by inflammation. When this is so severe as to cause disability leading to care or mobility needs, definitive surgical treatment is usually offered. This may include a colostomy, but, unlike in colitis or Crohn's disease, it is usually closed a few months later.

25.8.3 When needs are claimed to have been present for more than six months, or to be likely to persist for such a period, medical advice or further evidence will be helpful.

25.9 Irritable Bowel Syndrome (IBS)

25.9.1 This condition is often mentioned in claims for DLA and AA. It is a very common disorder of intestinal motility with no anatomical disorder, more common in women, and often associated with hormonal or emotional factors like anxiety, depression or stress.

25.9.2 It is not a serious or debilitating illness, and does not give rise to care needs, except perhaps when present as one among multiple conditions. Even then, it would not be expected to make any significant contribution to mobility needs.

25.9.3 Unfortunately it is sometimes referred to by the misnomer of "Irritable Bowel Disease" and abbreviated to IBD, causing confusion with the far more serious inflammatory conditions described in earlier paragraphs. Consultation with a Medical Services doctor will, in the majority of cases, resolve any doubt over the nature of the disorder present and its probable effects.