key points

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Data suggests that there are at least 115,000 people in the UK with a diagnosis of Crohn's disease and around 146,000 with a diagnosis of ulcerative colitis. Crohn's disease can affect any part of the gastrointestinal tract – most commonly the terminal ileum or colon. Perianal involvement is also common. Intestinal inflammation in Crohn's disease can extend transmurally. Ulcerative colitis almost always affects the rectum with a variable proximal extent and continuous distribution. Inflammation affects the mucosa only.

Lower gastrointestinal symptoms are common in the general population. Hence, patients with IBD may previously have received a diagnosis of irritable bowel syndrome and there may be a delay in making the correct diagnosis. This is particularly the case in patients with ileal Crohn's disease and those under 40.

Diagnosis of IBD involves endoscopy and biopsy. Histology may not be available – for example in small bowel Crohn's disease – and in this situation, typical radiological appearances help make the diagnosis. Small bowel involvement in Crohn's disease can be assessed by MR enterography, small bowel barium meal/follow-through or capsule endoscopy according to local availability and practice. Complications of Crohn's disease, for example intra-abdominal abscess formation or intestinal obstruction caused by stricturing, may be best assessed by initial CT scan.

Acute severe ulcerative colitis should be regarded as a medical emergency and requires admission to hospital for assessment and intensive intravenous corticosteroid therapy. Fluids and blood transfusion may be necessary. Aminosalicylates are the mainstay of maintenance treatment. Thiopurines are used for patients with steroid-dependent disease – defined as a requirement for two or more courses of systemic steroids in 12 months. Controlled ileal release budesonide is effective in terminal ileal and ascending colonic Crohn's disease. Systemic steroids such as prednisolone are effective for active small and large bowel Crohn's disease but associated with more side-effects than budesonide. Methotrexate is effective for induction of remission and subsequent maintenance. A number of monoclonal antibody therapies are available or will become available in the near future.

Approximately 25% of people with IBD will have extra-intestinal manifestations of the disease, involving skin, eyes, joints or the liver. There is an increased risk of colorectal cancer in patients with ulcerative colitis estimated at 2% at 10 years, 8% at 20 years and 18% at 30 years. This risk starts to rise from about 10 years after disease onset.