Health Bulletin

Living With Crohn's Disease And Having Relationships Can Be Compatible

(NAPSA)—While any relationship can take work, relationships can be especially challenging to develop and maintain for many of the 500,000 Americans living with Crohn's disease. Crohn's is a chronic inflammatory disease of the gastrointestinal tract that commonly causes persistent diarrhea and abdominal pain. A person with active Crohn's disease may make up to 20 trips to the bathroom each day. Typically diagnosed between the ages of 15 and 35, Crohn's often strikes during the years when many people are dating and starting relationships.

When forming new relationships, people with Crohn's may struggle with feelings related to the sometimes painful and embarrassing nature of their symptoms; some may experience these feelings quite intensely.

"It's important to realize that anyone with whom you are involved in a committed relationship will want to know about you, all of you, not just the parts you choose to share," says Dr. Amy Trachter, a licensed clinical psychologist and author of "Coping with Crohn's Disease: Manage Your Physical Symptoms and Overcome the Emotional Challenges."

"At some point, talking about the symptoms that you currently have or had may become part of a discussion." This can be difficult for some, she adds, because the symptoms of Crohn's disease are not topics usually considered "socially acceptable conversation."

Still, she notes, "you'll know when the timing is right by the level of comfort and intimacy you have with that person."

Take Jessica, a 19-year-old sophomore at the University of Wisconsin in Stevens Point. Since diagnosed with Crohn's, she has been living with symptoms of the disease such as weight loss and abdominal pain.

Jessica started dating her boyfriend when her disease was in remission, so she was able to begin her relationship without discussing her Crohn's. After time, a flare-up of her disease spurred her to tell him about her condition. "He actually went and did some research on his own," she says, "so I didn't have to answer all of his questions." Despite her boyfriend's research, she adds, it's important to "teach your significant other about your disease," so he or she can offer support and understanding.

Currently, Jessica is treating her Crohn's disease with Abbott's HUMIRA (adalimumab). Today she says, "things are easier because of the support from my boyfriend, my family and friends. In a way, Crohn's has actually brought us closer together."

Dr. Trachter and Jessica provide additional insights into maintaining healthy relationships with Crohn's disease in a podcast series called "Crohn's Casts: Speaking from the Gut." Abbott created the series to help Crohn's disease patients cope with the challenges of their disease, including the emotional aspects of the disease, the importance of proper nutrition and management of personal relationships.

For more information, visit www.CrohnsCasts.com.

Tips For Talking About Crohn's Disease

- Offer basic facts and information first.
- Communicate with your partner about things that are helpful to you when you have a flare-up.
- Build trust by telling your partner how he or she can help you.
- Match your verbal and nonverbal communications–for instance, don't say your disease is "no big deal" yet burst out crying.
- Tell your partner when you're having symptoms so he or she can better understand your mood and behavior.

Editor's Note: Abbott is the maker of HUMIRA (adalimumab) for the treatment of moderately to severely active Crohn's disease in adults who have not responded well to other treatments. More information about HUMIRA, including full prescribing information and Medication Guide, is available on the Web site www.rxabbott.com or in the United States by calling Abbott Medical Information at 1-800-633-9110.

Important Safety Information

Serious infections, sepsis, tuberculosis (TB) and opportunistic infections, including fatalities, have been reported with the use of TNF-blocking agents, including HUMIRA. Many of these serious infections have occurred in patients also taking other immunosuppressive agents that in addition to their underlying disease could predispose them to infections. Infections have also been reported in patients receiving HUMIRA alone. Treatment with HUMIRA should not be initiated in patients with active infections. TNF-blocking agents, including HUMIRA, have been associated with reactivation of hepatitis B (HBV) in patients who are chronic carriers of this virus. Some cases have been fatal. Patients at risk for HBV infection should be evaluated for prior evidence of HBV infection before initiating HUMIRA. The combination of HUMIRA and anakinra is not recommended and patients using HUMIRA should not receive live vaccines.

More cases of malignancies have been observed among patients receiving TNF blockers, including HUMIRA, compared to control patients in clinical trials. These malignancies, other than lymphoma and non-melanoma skin cancer, were similar in type and number to what would be expected in the general population. There was an approximately 3 fold higher rate of lymphoma in combined controlled and uncontrolled open label portions of HUMIRA clinical trials. The potential role of TNF-blocking therapy in the development of malignancies is not known. TNF-blocking agents, including HUMIRA, have been associated in rare cases with demyelinating disease and severe allergic reactions. Infrequent reports of serious blood disorders have been reported with TNF-blocking agents.

Worsening congestive heart failure (CHF) has been observed with TNF-blocking agents, including HUMIRA, and new onset CHF has been reported with TNF-blocking agents. Treatment with HUMIRA may result in the formation of autoantibodies and rarely, in development of a lupus-like syndrome.

In the placebo-controlled clinical studies of adult patients with rheumatoid arthritis, the most frequent adverse reactions vs. placebo were injection site reactions (20 percent vs. 14 percent), upper respiratory infection (17 percent vs. 13 percent), injection site pain (12 percent vs. 12 percent), headache (12 percent vs. 8 percent), rash (12 percent vs. 6 percent) and sinusitis (11 percent vs. 9 percent). Discontinuations due to adverse events were 7 percent for HUMIRA and 4 percent for placebo.

In HUMIRA clinical trials for ankylosing spondylitis, psoriatic arthritis, Crohn's disease and plaque psoriasis, the safety profile for adult patients treated with HUMIRA was similar to the safety profile seen in adult patients with rheumatoid arthritis. In placebo-controlled clinical trials in plaque psoriasis, the incidence of arthralgia was 3% in HUMIRA-treated patients versus 1% in controls.

In general, adverse reactions in pediatric patients were similar in frequency and type to those seen in adult patients. Severe adverse reactions reported in the clinical trial in juvenile idiopathic arthritis (JIA) included neutropenia, streptococcal pharyngitis, increased aminotransferases, herpes zoster, myositis, metrorrhagia and appendicitis. Serious infections were observed in 4% of patients within approximately 2 years of initiation of treatment with HUMIRA and included cases of herpes simplex, pneumonia, urinary tract infection, pharyngitis and herpes zoster. Safety of HUMIRA in pediatric patients for uses other than JIA has not been established.

As with any treatment program, the benefits and risks of HUMIRA should be carefully considered before initiating therapy.

About HUMIRA

HUMIRA (adalimumab) is approved for the treatment of rheumatoid arthritis, juvenile idiopathic arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease and chronic plaque psoriasis in the United States. HUMIRA resembles antibodies normally found in the body. It works by blocking tumor necrosis factor alpha (TNF-alpha), a protein that, when produced in excess, plays a central role in the inflammatory responses of many immune-mediated diseases.

To date, HUMIRA has been approved in 75 countries and more than 250,000 people worldwide are currently being treated with HUMIRA. Clinical trials are currently under way evaluating the potential of HUMIRA in other immune-mediated diseases.

HUMIRA is approved by the FDA for reducing signs and symptoms, inducing major clinical response, inhibiting the progression of structural joint damage, and improving physical function in adult patients with moderately to severely active rheumatoid arthritis. HUMIRA is indicated for reducing the signs and symptoms of moderately to severely active polyarticular juvenile idiopathic arthritis in patients 4 years of age and older. HUMIRA can be used alone or in combination with methotrexate. HUMIRA is indicated for reducing the signs and symptoms of active arthritis, inhibiting the progression of structural damage and improving physical function in adult patients with psoriatic arthritis. HUMIRA is indicated for reducing signs and symptoms in adult patients with active ankylosing spondylitis. HUMIRA is indicated for reducing the signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active Crohn's disease who have had an inadequate response to conventional therapy and reducing signs and symptoms and inducing clinical remission in these patients if they have also lost response to or are intolerant to infliximab. HUMIRA is indicated for the treatment of adult patients with moderate to severe chronic plaque psoriasis who are candidates for systemic therapy or phototherapy, and when other systemic therapies are medically less appropriate. HUMIRA should only be administered to patients who will be closely monitored and have regular follow-up visits with a physician.