TV's Tracy Gallagher On Traveling Healthy®

(NAPSA)—For many years, Rob Canning just didn't eat.

That was the only way he could go on business trips and vacations while managing the unpredictable symptoms of Crohn's disease, a serious inflammatory condition. "I enjoy travel now, but for a long time it was really challenging because of my symptoms—having to avoid food and always know where the restroom was," says Canning, a project manager for a medical consulting firm who lives in East Syracuse, N.Y. More recently, his condition has improved after using Abbott's Humira, which was approved in February for Crohn's disease. However, he's still careful about what he eats when traveling.

Canning is not alone. For the more than 500,000 Americans with Crohn's disease and countless others with other gastrointestinal conditions, food allergies or other conditions, travel can be a challenge.

"The most important thing is to plan ahead," says Tracy Gallagher of The Travel Channel. "If you have a special dietary need, look online to find restaurants where you can eat, then call the restaurant if you still have questions. Also, if you have fatigue or mobility issues, make sure your first day isn't too strenuous, and try to go to the airport at off-peak times if possible, like midweek and early in the morning."

The Web site www.crohnstips.com includes other tips specifically for people with Crohn's disease, such

- If you are driving, research your travel route ahead of time. Remember that most fast-food chains, supermarkets and "big box" hardware and home furnishing stores have public restrooms.
- Carry bottled water so you can always take pills when you need to.

- Keep your doctor's phone number and your health insurance card in your wallet.
- Pack enough medications for an additional day or two beyond your trip, in case of unexpected delays on the way home.
- Pack a "bathroom kit" and carry it with you. Include extra underwear, tissues, anti-bacterial hand wash and plastic bags, in case you encounter a lavatory that is not clean or properly stocked.

With some modification in their travel, most people can enjoy travel, even with chronic illnesses or special dietary needs.

For these and other tips on traveling with Crohn's disease, visit www.crohnstips.com. More information about Humira, including full prescribing information, is available on the Web site www.rxabbott.com or in the United States by calling Abbott Medical Information at (800) 633-9110.

About HUMIRA

HUMIRA is approved for the treatment of rheumatoid arthritis, psoriatic arthritis (PsA), ankylosing spondylitis (AS) and Crohn's disease in the United States and in Europe. HUMIRA resembles antibodies normally found in the body. It works by blocking tumor necrosis factor alpha (TNF--), a protein that, when produced in excess, plays a central role in the inflammatory responses of autoimmune diseases. To date, HUMIRA has been approved in 67 countries and more than 180,000 people worldwide are currently being treated with HUMIRA. Clinical trials are currently under way evaluating the potential of HUMIRA in other immune-mediated diseases. In the U.S., HUMIRA is approved by the FDA for reducing signs and symptoms, inducing major clinical response, inhibiting the progression of joint structural damage, and improving physical function in adult patients with moderately to severely active RA. HUMIRA is indicated for reducing the signs and symptoms of active arthritis, inhibiting the progression of structural damage and improving physical function in patients with psoriatic arthritis. HUMIRA can be used alone or in combination with methotrexate or other disease-modifying anti-rheumatic drugs (DMARDs). HUMIRA is also approved for reducing signs and symptoms in patients with active AS. Earlier this year, HUMIRA was approved for reducing the signs and symptoms and inducing and maintaining clinical remission in adults with moderately to severely active Crohn's disease who have had an inadequate response to conventional therapy, and reducing the signs and symptoms and inducing clinical remission in these patients if they have also lost response to or are intolerant to infliximab.

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 infections should be evaluated for prior evidence of HBV infections 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 3.5 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. The most frequent adverse events seen in the placebo-controlled clinical trials in adults with rheumatoid arthritis (HUMIRA 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. As with any treatment program, the benefits and risks of HUMIRA should be carefully considered before initiating therapy. In HUMIRA clinical trials for ankylosing spondylitis, psoriatic arthritis and Crohn's disease, the safety profile for adult patients treated with HUMIRA was similar to the safety profile seen in adult patients with rheumatoid arthritis.