



# Health Awareness

## The Master Of Disguise: One Mom's Battle With Crohn's Disease

(NAPSA)—Imagine that going out for a casual dinner with your family could be a landmark event. For Susan Masciantonio, a working mother of two daughters, that's exactly what it was after years of being practically housebound with a chronic illness.

A Crohn's disease patient, Susan suffered from nausea, fever, fatigue, stomach virus symptoms, and loss of weight for more than six years. "You become a master of disguise because you don't want anyone to know how sick you are," said Susan, adding that the fear of a flare-up was also debilitating.

In 1995, at the age of 23, Susan was admitted to the hospital for what the doctors thought was a ruptured appendix and she was finally diagnosed with Crohn's disease. Crohn's is a chronic inflammatory bowel disease (IBD) that affects Susan's day-to-day activities, diet, and her most important job—Mom. Crohn's causes inflammation in the digestive tract; it usually affects the last part of the small intestine (ileum) and/or the first part of the large intestine (colon) but can occur in any section of the gastrointestinal tract. It occurs more commonly in adolescents and young adults but anyone, at any age, can be affected.

The exact cause of Crohn's disease is still unknown and there is no known cure. However, it is possible to achieve periods of remission or improvement when symptoms subside or even go away completely. These periods are usually interrupted by flares (active episodes of the disease) when the symptoms return or worsen.

For years, Susan had to live



**A new kind of treatment is helping people with Crohn's disease live more normal lives, without symptoms or flare-ups.**

with the side effects of various treatments for her symptoms including pain, severe acne on her face, increased headaches and nausea and loss of hair. At the same time she also had to deal with the uncertainty that a flare would occur and experience excruciating pain and spend a great deal of time in the bathroom.

Two years ago, Susan's doctor began to treat her Crohn's disease with a locally topical non-systemic glucocorticosteroid, ENTOCORT<sup>®</sup> EC (budesonide), and has been feeling better ever since. ENTOCORT EC is a prescription drug approved by the Food and Drug Administration (FDA) designed to treat and control mild-to-moderate active Crohn's disease and control the symptoms. The most common side effects are headache, respiratory infection, nausea and symptoms of hypercorticism (too much steroid in the body).

Shortly after taking her first dose of ENTOCORT EC, Susan

began to feel better. "Going out for dinner with my girls, by myself, meant so much to me, it was the first time. I finally felt well and confident enough to go out for a meal and sense that my Crohn's was manageable," she said. Since then, her activity level has continued to increase. Another first was the ability to travel on vacation with her husband and children.

"The first time I saw my doctor after I started taking ENTOCORT EC he didn't recognize me," recalled Susan. "That's how much of an improvement there had been in my appearance."

To learn more, or for product information, visit the Web site at [www.entocortEC.com](http://www.entocortEC.com).

ENTOCORT EC is not for everyone; it is contraindicated in patients with known hypersensitivity to budesonide. ENTOCORT EC is prescribed specifically for the treatment of mild-to-moderate active Crohn's disease, affecting the last part of the small intestine (called the ileum) and the first part of the large intestine (called the ascending colon), and works by reducing the inflammation. Patients who take ENTOCORT EC may require supplemental treatment with a systemic glucocorticosteroid if they are undergoing surgery or are subject to other stressful situations. Patients need to follow their doctors' directions when switching to ENTOCORT EC from a systemic glucocorticosteroid. This will help them avoid health risks that may be linked with stopping the use of systemic glucocorticosteroids. Patients taking corticosteroids should avoid exposure to infections such as chicken pox or measles.