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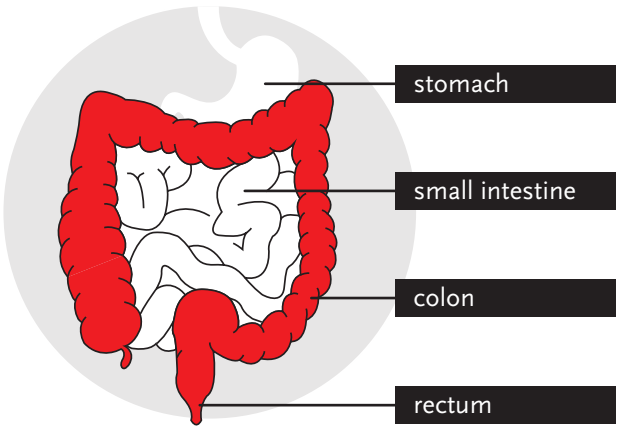
UNDERSTANDING

# MICROSCOPIC COLITIS

What it is and how it's treated

Provided as a service to medicine by Dr Falk Pharma UK Ltd, Unit K,  
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This leaflet is designed to explain microscopic colitis (or MC for short). Hopefully you'll find the information here to be helpful, but it's not meant to replace advice from your doctor or nurse. If you have any questions about MC or its treatment, do talk them through with someone on your healthcare team.



### There are other things you can do to help cope with your MC.



When you're having a flare-up, it's a good idea to drink plenty of liquids to avoid getting dehydrated.



Keeping active can help keep your energy levels up.



Smoking can make it hard to get MC into remission, so try your best to avoid it.



Whatever you're going through, you're not alone – you can find more support and information through groups like Crohn's & Colitis UK and Guts UK.

# What is MC?

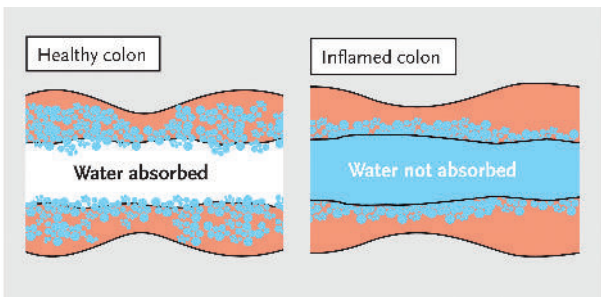
MC is a type of inflammatory bowel disease (IBD) that affects your colon.

The colon, also called the large intestine, is the lower part of your gastrointestinal tract. After the small intestine absorbs most of the nutrients from a meal you've eaten, it passes the leftover waste into the colon. The colon's main job is to absorb water and a few remaining nutrients from that waste and get it ready for removal from the body in the form of stool. It's also home to most of your beneficial gut bacteria.

Colitis is inflammation of the colon. Inflammation is the body's natural response to injury, irritation or infection. In MC, the inside lining of the colon becomes inflamed, making it less efficient at absorbing water and leading to watery diarrhoea.

# What are the symptoms of MC?

Watery diarrhoea is the most common symptom of MC. It can happen with very little warning and sometimes comes with other symptoms like stomach pain or nausea. Some people may also experience fatigue from waking up in the middle of the night with diarrhoea. It's normal for the symptoms to come and go in bouts, but during a flare-up it can be hard to keep up with your normal daily activities. The goal of treatment is to get rid of your symptoms, get your MC into remission, and keep it in remission for as long as possible.



## How common is MC?

When it was first discovered, MC was thought to be quite rare. Research has found that now around 1 in 1,000 people in the UK have MC. It is also 3-4 times more common in women than men.

Most people are diagnosed with MC above the age of 50, but it can affect people at any age.

## What causes MC?

We're not sure exactly what triggers MC.

Several factors may combine to cause MC, so it can be difficult to pinpoint a single trigger.

Some people might get MC after an infection with harmful bacteria or viruses.

Scientists think it's the result of the body's immune system overreacting to bacteria that normally live in the colon.

MC may also be caused when bile acids aren't absorbed properly by the small intestine.

We also know some medicines are linked to MC, like non-steroidal antiinflammatory drugs (such as ibuprofen and aspirin), proton pump inhibitors (like lansoprazole) and some anti-depressants.

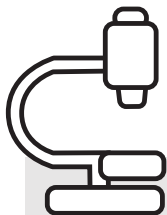
Smoking might also be associated with a higher risk of developing MC.

## How is MC diagnosed?

The word 'microscopic' in 'microscopic colitis' comes from the fact that MC can only be diagnosed by looking at cells from your colon under a microscope. A colonoscopy is a procedure used to look inside your colon using a flexible tube with a camera at one end. In MC the colon usually looks completely normal. During a colonoscopy, tiny instruments can be passed through the tube to take small samples of tissue called biopsies. It's only when those biopsies are viewed under a microscope that the inflammation can be seen and an MC diagnosis can be made.

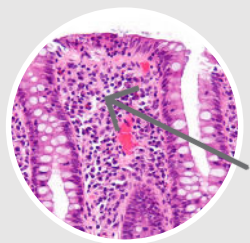
## What are subtypes of MC?

MC has two subtypes, collagenous colitis (CC) and lymphocytic colitis (LC). Their symptoms and treatment are the same, and they can only be told apart through examination of biopsies under a microscope. In CC, the inner lining of the colon has a thicker layer than usual of a protein called collagen. In LC, lots of white blood cells called lymphocytes gather in the lining of the colon.



### **collagenous colitis**

Thickened layer of collagen



### **lymphocytic colitis**

More lymphocytes (white blood cells) than normal

## How is MC treated?

The good news is that MC can be treated effectively. At first, your doctor will look at taking away possible triggers like certain medications or smoking. There are also some medicines that can help relieve symptoms, such as antidiarrhoeal medicine (like loperamide or bismuth subsalicylate) or medicine that removes bile acids that may be contributing to inflammation in the colon (like holestyramine).

Many people will also need topical steroids to treat the underlying inflammation in MC. Steroids are natural anti-inflammatory agents produced by the body in response to injury, which is why they're commonly used to combat inflammation. A steroid called budesonide is the only treatment licensed for MC.

Budesonide comes in tablets, capsules filled with small granules, or directly as granules inside a sachet. When you take budesonide, the active ingredient is only released once the granules reach the colon where it's needed. After it's done its job, budesonide is mostly broken down in the liver. This way, only a small amount of steroid travels through the bloodstream causing unwanted side effects.

Most people start feeling better quickly once they start budesonide, but it's important not to suddenly stop taking it. Your doctor will make a plan to help you gradually taper it off. If your symptoms flare-up again, your doctor may recommend a longer course of treatment to keep you in remission.

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) for UK residents and via <http://www.hpra.ie/homepage/aboutus/report-an-issue> for residents of the Republic of Ireland. By reporting side effects you can help provide more information on the safety of medicines.