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American College of Gastroenterology Supports Global IBD Awareness Efforts  
ACG Marks World IBD Day, World Digestive Health Day 2010 with Emphasis on Living Well

Bethesda, MD, May 19, 2010 – The American College of Gastroenterology announces its support of World IBD Day and World Digestive Health Day, global awareness efforts that are bringing physician and patient groups together to raise awareness for Inflammatory Bowel Disease (IBD). With an emphasis on helping patients live well despite their IBD, the ACG is making the latest ACG practice guidelines for the management of Crohn’s Disease and Ulcerative Colitis in adults available to physicians and patients via a new IBD online resource page, where the College also unveils a patient must-have, “ACG Expert Tips for Living Well with IBD.”

Affecting five million people worldwide (1.4 in the United States alone), IBD refers to two related but different diseases: ulcerative colitis and Crohn's disease. These diseases cause chronic inflammation of the intestinal tract, which leads to a variety of symptoms, including painful sores and bleeding. The inflammation can also lead to involvement of organs other than the intestines. IBD is a lifelong disease with periods of active disease alternating with periods of disease control (remission). IBD is sometimes confused with but is different than irritable bowel syndrome.

This year on May 29 the World Gastroenterology Organization (WGO) is focusing its 2010 World Digestive Health Day topic on IBD in order raise public awareness on how to optimize diagnostic approaches and maximize patient care to enhance the quality of life of IBD patients. The campaign will underscore the emergence and complexities of IBD to doctors in developed and developing countries. Patient groups, spearheaded by the Crohn’s and Colitis Foundation are supporting the WGO’s efforts and providing the patient perspective on IBD with World IBD Day on May 19.

“The American College of Gastroenterology is proud to join the efforts of the World Gastroenterology Organisation, the Crohn’s and Colitis Foundation of America, and other patient groups around the world in bringing attention to a very challenging disease for patients as well physicians,” said Philip O. Katz, MD, FACP, president of the American College of Gastroenterology.

“IBD requires life-long management, but there is no one-sized fits all approach to treatment,” said Katz. “That’s why the ACG is committed to supporting joint awareness efforts such as this which highlight the need for ongoing scientific research to help us to better understand the disease, and customize and determine the best therapies for our patients.”
One of the most challenging aspects of adjusting to IBD is dealing with the fluctuations from active to inactive phases of the disease. A recent study and supporting editorial published in The American Journal of Gastroenterology highlight the link between disease activity and coping and quality of life among people with IBD. The study “Stress Coping, Distress and Health Perceptions in IBD and Community Controls,” by Lesley A. Graff, PhD, et. al., suggests that patients and their doctors need to understand the major role psychological factors play in the treatment and management of IBD, especially during an active phase.

In the supplemental editorial, “Psychological Adjustment to Inflammatory Bowel Disease: The Importance of Considering Disease Activity,” Fuschia M. Sirois, PhD, BSc, stated that while disease activity plays an important role in assessing the psychological needs of IBD patients, equally important is understanding why and how factors such as perceived control over symptoms shift and/or develop during fluctuations from active to inactive.

The latest ACG guidelines for IBD review the goals of treatment, including induction and maintenance of remission of symptoms to provide an improved quality of life, reduction in need for long-term corticosteroids, and minimization of cancer risk. Management of Crohn’s Disease in Adults and Ulcerative Colitis Practice Guidelines in Adults reflect scientifically valid research and aim to suggest preferable approaches to treating these diseases.

Both guidelines suggest that physicians address concerns related to a patient’s quality of life, including stress, anxiety and depression which are more pronounced as a disease activity worsens. Besides providing indications for specific therapies, these psychiatric diagnoses may also predict the likelihood of medication noncompliance, a frequent contributing factor to poorer clinical outcomes and greater health-care costs, according to the ACG Ulcerative Colitis guidelines.

Physician Experts Available for Interviews
Please contact Jacqueline Gaulin at 301-263-9000 or jgaulin@acg.gi.org. ACG IBD experts are available to provide insight on the latest IBD guidelines and address issues related to IBD such as:
- Recent scientific developments in IBD and New Therapies
- IBD, Fertility and Pregnancy: Special Concerns for Women
- Colorectal Cancer: Why IBD Patients are at Greater Risk
- Pediatric IBD: What Parents Should Know
- Riding the Rollercoaster: Psychological Adjustment to IBD

Please visit the American College of Gastroenterology online IBD Resource Page for background information and resources on IBD, including the new patient resource, “ACG Expert Tips for Living Well with IBD,” which was authored by members of the College’s IBD Task Force.

About the American College of Gastroenterology
Founded in 1932, the American College of Gastroenterology (ACG) is an organization with an international membership of over 11,000 individuals from 80 countries. The College is committed to serving the clinically oriented digestive disease specialist through its emphasis on scholarly practice, teaching and research. The mission of the College is to serve the evolving
needs of physicians in the delivery of high quality, scientifically sound, humanistic, ethical and cost-effective health care to gastroenterology patients.

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