

YOUR GUIDE TO TREATMENT WITH 5-ASAs FOR ULCERATIVE COLITIS (UC)



START ColitisCare
Patient Empowerment Program

FERRING
PHARMACEUTICALS

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What are 5-ASAs?

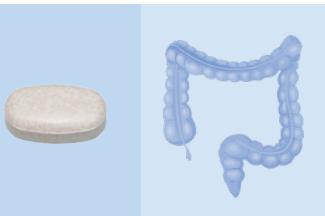
5-ASAs, known as aminosalicylic acids, are a type of medication used to treat mild-to-moderate UC. They act locally on the lining of the colon to reduce inflammation. They can be used to help reduce the symptoms of UC and help your colon heal.

Your healthcare team will discuss the goals of 5-ASA treatment with you. Usually, the first goal of treatment is to improve your symptoms so you can start feeling better.

Once you are feeling better, your healthcare team may identify longer-term goals for your treatment. These can include:

- Achieving clinical remission (no symptoms such as bowel issues, flares, etc.)
- Reducing the level of inflammation in your body
- Achieving endoscopic remission (no signs of inflammation, bleeding, or ulcers during your endoscopy)
- Improving quality of life

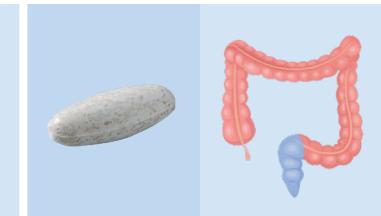
5-ASAs can be given in different forms including:



Tablet/Oral pill
Local release of 5-ASA throughout the colon
Pictures are not to scale.



Enemas
Reach the splenic flexure



Suppositories
Reach the rectum and 15 cm beyond anal verge

Based on where your UC is, your healthcare team might prescribe both oral and rectal 5-ASAs. Using a combination of oral and rectal therapy for treatment is recommended by guidelines and may work more effectively than oral 5-ASAs alone to induce remission.

How to best take 5-ASAs

Since UC is a lifelong disease, it's important to find what treatment regimen works best for you.

Canadian guidelines indicate that oral 5-ASAs can be taken once a day.

The recommended maintenance dose for mild to moderate UC is 2-4.8g per day.

Use the following tips to help you remember to take your medications:



Establish a routine



Simplify your medication regimen (e.g., taking your pills once daily instead of divided doses if approved by your healthcare professional)



Set reminders



Use pill organizers



Have a support system



Start a journal to help you keep track of when you have taken your medication



Keep your medication or a post-it note reminder in a place that is easy to spot (i.e., bathroom counter or bedside table)

Can I stop taking 5-ASAs when my medication runs out?

5-ASAs are meant to be taken long-term, even when you are feeling better. If you notice that your medication is running low, let your pharmacy know so they can provide you with a refill.

How do 5-ASAs help control UC symptoms?

Although the way 5-ASAs work is not fully understood, we know that they act locally on the inner lining of the colon. There is evidence to suggest they work through anti-inflammatory effects, which is why they are effective in managing flares and other UC symptoms.

Typically, it takes 4 weeks for your symptoms to improve after you begin taking oral 5-ASAs, with most resolving within 8 weeks.

Managing your flares

Individuals with UC may experience “flares” – a period where the colon becomes inflamed, causing symptoms such as diarrhea, more frequent bowel movements, abdominal pain, and bloody stools.

Depending on the severity of your flare, your healthcare team may recommend any of the following changes to your treatment to help you get your condition under control:

- Increase the dose of your 5-ASA
- Combine oral and rectal therapies
- Add corticosteroids such as budesonide MMX or prednisone
- Transition to advanced therapies, such as biologics

Your input matters! Work together with your healthcare team, share your concerns

Monitoring UC

Your healthcare team will request you to complete various tests to monitor your UC over time.

Tests that may become part of your routine checkup may include:

Blood tests

Complete blood count (CBC)

This test is used to look for health conditions such as anemia and infection.

C-Reactive Protein (CRP)

CRP is a protein made in the liver that increases when inflammation occurs within the body.

Serum creatinine

A serum creatinine test can be used to monitor renal function by measuring how well your kidneys filter waste from your blood.

Stool tests

Fecal calprotectin (fCal)

Calprotectin is a protein found in inflammatory cells. It can be found in your stool when you have intestinal inflammation, with higher levels representing more inflammation. Calprotectin levels may be used to confirm a flare. Other times, it can be used to predict a flare, before you feel any symptoms. In this case, your healthcare team might increase the dose of your medications, or add a treatment to your regimen. If home test kits are available in your region, this test can be performed at home.

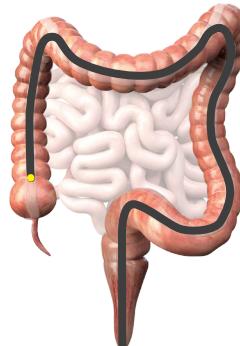
Ruling out infections

Other stool tests can be done to rule out infections, such as infection with a bacteria called *C. difficile*. Stool samples can be collected at a lab or mailed in from home.

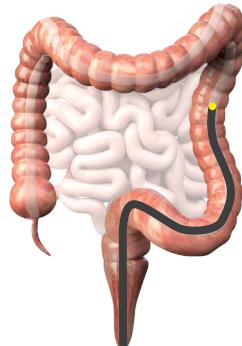
Monitoring UC

Endoscopic procedures

A lower endoscopy is a routine examination that requires a healthcare professional to insert a thin flexible tube with a camera and a light at the end into the body through the anus. This procedure is used to assess inflammation or detect cancerous areas in the colon and rectum.



Colonoscopy



Sigmoidoscopy

A **colonoscopy** examines the entire colon, whereas a **sigmoidoscopy** only examines the lower part of your colon. A sigmoidoscopy is quicker and less invasive than a colonoscopy and is used when a full examination is not required.

Staying compliant with your medications and following up with your healthcare team when needed will help you reach and maintain remission.

Notes

Use this section to take notes about your 5-ASA treatment or to write out questions you would like to ask your healthcare team at your next appointment.

Looking for more information?

Scan the QR code below to access tools and resources to help you understand more about your diagnosis and managing your condition.



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CA-PA-2400007

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