

## IBD Remission

This information sheet is for people living with inflammatory bowel disease (IBD) who want to understand routine monitoring and how to stay in remission.

### Key points

- Most treatment for IBD aims to achieve disease remission, meaning your symptoms are well controlled and test results show little disease activity.
- Even if you don't have symptoms you should have tests to make sure you are staying healthy such as blood tests, stool tests, imaging (e.g. MRE) and endoscopies.
- Taking your medication as prescribed is the one of the best ways to stay healthy and in remission.

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### Remission and routine monitoring: What to expect

The aim of most treatment for Crohn's and colitis is to achieve disease "remission", meaning that your symptoms are well controlled and results from tests show little disease activity. Talk with your doctor about remission because it's sometimes understood differently depending on how they define it. Continued testing during IBD remission can help to monitor disease activity, check for any complications, and see if your medications are working well. Even if you are asymptomatic (not showing symptoms) your medication may still be causing damage to your health.

#### Blood tests

If you are well, and not on any immunosuppressant medications (medications that suppress the immune system), routine blood tests, for example anaemia, will be required at least yearly with review by your GP and specialist. Checks could be more often if you are on immunosuppressant medications.

#### Faecal calprotectin

An easily accessible, and non-invasive approach at assessing disease activity in IBD is measurement of faecal calprotectin through a stool test. A high faecal calprotectin result may tell your doctors that there are areas of bowel with active disease.

#### Endoscopy

An endoscopy (colonoscopy and/or gastroscopy) is the most accurate way to check the health of the bowel and see where the inflammation is. How often you have an endoscopy may vary from once a year to once every 5 years, depending on your personal and family history.

## Bone health

Particularly in people who have had long-term treatment with steroids, there is an increased risk of osteoporosis (bone weakness) in IBD. You may require monitoring of your bone strength with specialised bone scans.

## How to stay in remission

- Take your medication as per your specialists' advice. Do not stop or change medications without discussing with them first.
- Know your vaccines. Stay up to date with your vaccinations and always disclose to your doctor or nurse which IBD therapies you're receiving before getting a new vaccination.
- Stop smoking. In Crohn's disease, smoking is associated with greater disease activity, more flares, and decreased effectiveness of medical therapies.
- Protect your mental health. If your mood or mental health is becoming a concern for you, it's strongly recommended to discuss this with your doctors.
- Focus on your wellbeing. Staying up to date with regular health checks, exercising regularly, and minimising alcohol intake are good habits to get into.

## When to seek help

While people with IBD will find their symptoms fluctuate day-to-day, knowing when to seek medical attention is important. Having a good understanding of what is normal for you, will help you quickly detect any new signs or symptoms. Some common symptoms that may warrant a review by a doctor include increasing numbers of bowel motions or constipation, blood in the stool, abdominal pain, nausea/vomiting, and difficulty tolerating food or drink. If any of these occur, depending on their severity and acuity, you may need to make an appointment with your specialist, or present to an Emergency Department for assessment.

**For more detailed information on medical tests and how to stay in remission, use the QR code below to access the Crohn's & Colitis Australia website.**

## For help or information

Scan QR code for website:



Use the website search function to find related pages:

- [Vaccinations and IBD](#)
- [Psychological Health & IBD](#)
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