

Ulcerative Colitis and Nursing

İlknur Yücel¹

¹ Istanbul Gelisim University, Istanbul, Turkey

Correspondence should be addressed to:
İlknur Yücel
i.yucel084@gmail.com

Abstract:

Ulcerative colitis is a chronic disease of attacks and remissions characterized by bloody diarrhea, abdominal pain, and abdominal cramps involving the colonic mucosa starting from the rectum. The etiology and pathogenesis of ulcerative colitis are unknown. The most common signs and symptoms of ulcerative colitis are bloody diarrhea, abdominal pain, and abdominal cramps. Nurses, who are health professionals, are obligated to take the symptoms and signs under control and to care for patients through the treatment planned by the physician. Patient care is very important in the nursing profession. The nurse's primary role is to support the patient and his/her family to live a long, trouble-free life and comply with the treatment. This study aims to give information about Ulcerative Colitis and to discuss the nursing approach to providing professional health care.

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INTRODUCTION

Ulcerative colitis is a chronic disease of attacks and remissions characterized by bloody diarrhea, abdominal pain, and abdominal cramps involving the colonic mucosa starting from the rectum. The etiology and pathogenesis of ulcerative colitis are unknown. The most common signs and symptoms of ulcerative colitis are bloody diarrhea, abdominal pain, and abdominal cramps. Nurses, who are health professionals, are obligated to take the symptoms and signs under control and to care for patients through the treatment planned by the physician. Patient care is very important in the nursing profession. The nurse's primary role is to support the patient and his/her family to live a long, trouble-free life and comply with the treatment. This study aims to give information about Ulcerative Colitis and to discuss the nursing approach to providing professional health care.

DISCUSSION

Ulcerative Colitis, first described by Samuel Wilks in the 1800s, is a chronic disease consisting of attacks and remissions characterized by bloody diarrhea, abdominal pain, and abdominal cramps involving the colonic mucosa starting from the rectum. The incidence of Ulcerative Colitis is seen equally in men and women (Ungoaro et al., 2017). Differences in geographical location, race, ethnicity, and cultural characteristics affect the incidence and prevalence of Ulcerative Colitis (King et al., 2020). In 100,000 people, North America and Europe are 19.2-24.3, while Asia is between 0.1-6.3 (M'Koma, 2013). This rate is 2.6 in our country. Ulcerative colitis is a disease that can be seen at any age, but it is more common between the

ages of 30-40 (Cosnes et al., 2011). The etiology and pathogenesis of ulcerative colitis are not fully known. Genetic, environmental factors and immunologic response are thought to be effective. Ulcerative colitis is likely to develop in 8-14% of individuals with a family history of Inflammatory Bowel Diseases (Ungoaro et al., 2017). As a result of research conducted within the scope of Genome-Wide Association Analyses (GWAS) studies, the gene used in Inflammatory Bowel Diseases is HLA-DRB1. In Ulcerative Colitis, the HLA-5 DRB1*0103 gene is used in research. Genetic predisposition is also present in DR2 and DR9 (Sarlos et al., 2014; Silverberg et al., 2015). Creatine, fiber, vitamin D, zinc, zinc, glycoprotein, and antimicrobial peptide from the external diet reduce epithelial damage and maintain protective barrier function (Ananthakrishnan et al., 2012; Ananthakrishnan et al., 2013; Liu et al., 2013; Geremia et al., 2014). Ulcerative colitis is physiologically a persistent, uncontrolled, and chronic inflammation of the intestine. Cytokines that are effective in the immunological response of Ulcerative Colitis are Type 2 helper T cells (Th2), Tumor Necrosis Factor TNF Interferon (IFN) γ IL-13, IL-23, IL-9 and IL-36 (Kobayashi et al., 2018; Kobayashi et al., 2020). Risk factors in Ulcerative Colitis are smoking (Beaugerie et al., 2001; Higuchi et al., 2012), physical activity (Khalili et al., 2013), dietary habits (Hou et al., 2011; Ananthakrishnan et al., 2013), sleep (Ali et al., 2013; Ananthakrishnan et al., 2014) and infection (NG et al., 2013). In addition, uncontrolled use of antibiotics (Shaw et al., 2011), nonsteroidal anti-inflammatory drugs (Takeuchi et al., 2006) oral contraceptives, and hormone replacement therapy (García Rodríguez et al., 2005; Cutolo et al., 2006) predispose to ulcerative colitis.

The most common signs and symptoms of ulcerative colitis are bloody diarrhea, abdominal pain, and abdominal cramps. The disease starts in the rectum and involves the entire large intestine flora. Systemic findings include fever (Tozun et al., 2009), loss of appetite (Moum et al., 1999), weight loss, weakness, fatigue (Satsangi et al., 2006), abdominal tenderness and distension (Silverberg et al., 2005). The clinical classification of Ulcerative Colitis disease is divided into five. Ulcerative Proctitis seen in the rectosigmoid colon, the part between the rectum and sigmoid colon is called Ulcerative Proctosigmoiditis (Moum et al., 1999), the part beyond the sigmoid colon is called Left-Sided Colitis (Farmer et al., 1993), Pancolitis involving the right colon, Toxic Megacolon when the inflammation process of the colon involves the muscle layer from the mucosa (SC and LJ, 1955). Several scoring systems are used to determine the prognosis of the disease and to plan its treatment. Truelove-Witts is the most commonly used scoring. It allows the patient to evaluate defecation, blood in the stool, body temperature, pulse, hemoglobin value, sedimentation value, radiography, and abdominal examination as mild, moderate, and severe (SC and LJ, 1955). Another evaluation criterion used is the Mayo Score. The Mayo Score consists of stool frequency, rectal bleeding, endoscopic findings, and the clinician's global view. The parameters are scored as zero (0), one (1), two (2), and three (3). Scoring is between 0-12. The disease becomes more severe with the score (Schroeder et al., 1987). The most important step in diagnosis is anamnesis. The symptoms and signs of the disease, when it started, how long it lasted and the use of medication during this period should be questioned. Following the anamnesis, physical examination should include the respiratory system, cardiovascular system, gastrointestinal system, genitourinary system, neurologic evaluation, eye/ear/nose evaluation, skin evaluation, emotional evaluation, and sleep evaluation (Bernstein et al., 2001). Laboratory findings of Ulcerative Colitis include complete blood count, erythrocyte count, sedimentation rate, CRP value, B12 and folic acid deficiency, albumin value, ALP, GGT, ANCA, and ASCA differential tests (Pang et al., 2020). Radiologic imaging is performed to evaluate the involvement of the intestinal mucosa (Aoyama et al., 2021). An ulcerative colitis treatment plan is created by considering the symptoms and signs of the disease (Küçükay, 2003). There is no single treatment plan. Treatment aims to achieve remission (Peyrin-Biroulet et al., 2015). In treating mild to moderate Ulcerative

Colitis, mesalazine is administered orally as, a suppository or enema (Dignass et al., 2012; Bressler et al., 2015). Anti-TNF (infliximab, adalimumab, ustekinumab, golimumab) is preferred in moderate to severe diseases (Feagan et al., 2015; Fioriono et al., 2020). If there is no response to medical treatment, megacolon, uncontrolled bleeding, or perforation, surgery is considered an indication.

The preferred surgical methods are ileostomy or ileal pouch-anal anastomosis. It is called total proctocolectomy when both are administered together (Bohl and Sobba, 2015). The World Health Organization (WHO) defines health as 'not only the absence of disease and disability but also the feeling of complete physical, social and spiritual well-being' (WHO, 2019). Nurses are health professionals working to ensure individuals' physical, social, and spiritual well-being. ICN defines nursing; "A professional group that helps to protect and improve the health of the individual, family, and society and provides healing and rehabilitation in case of illness". In other words, nursing is a professional group based on philosophy, theory, practice, and research (Velioglu, 2012). In the United Kingdom, consultant nurses are specialized in this field to provide quality care to those with intestinal disorders. Thanks to this method, the workload of nurses is reduced, and they provide professional care because they are specialized in their field (Kemp et al., 2018; Mikocka-Walus et al., 2018). Patient care is very important in the nursing profession.

CONCLUSION

The nurse's main role is to support the patient and his/her family to live a long and trouble-free life and comply with the treatment. It was observed that the nurse's holistic approach to cases by making case analysis solved the patient's problems in a short time and the nursing care given to the patient was systematic.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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