

MENSES TO MENOPAUSE

Women with Crohn's disease or ulcerative colitis have hormonal issues that are unique to them. For girls with a diagnosis of Inflammatory Bowel Disease (IBD), the onset of menses may be delayed due to inflammation, malnutrition or secondary to medications. Women with active disease may experience a cessation of their periods during the time of very active symptoms or after surgery, but menstruation returns once the disease is controlled.

Pre-menstrual syndrome (PMS) can involve gastrointestinal symptoms, which can be augmented in IBD. A study done comparing irritable bowel syndrome (IBS) patients and healthy controls to women with IBD demonstrated that worsening symptoms can be directly correlated to the phase of the menstrual cycle. Some women will have mini-flares around PMS or the week of bleeding. If you find this to be true, it is important to share this with your physician as some women may be treated inappropriately for active flares that would have otherwise resolved on their own. Over the counter PMS preparations with non-steroidal anti-inflammatory drugs (NSAIDs) can also lead to worsening symptoms in some patients. While short-term use during this period is tolerated by most patients, if you find this worsens your symptoms, you should find another agent for pain control.

There is controversy about whether oral contraceptives are harmful and may even cause IBD. Studies done in the US with available preparations have not shown any association with the exacerbation of IBD. In fact, some physicians use oral contraceptives to help those women with particularly bad symptoms during the menses, to temper the hormonal fluctuations that most likely lead to this situation. There are no available data yet regarding the safety of the Nuva-ring as a form of contraception, or about any increased risks with intrauterine devices as a means of birth control.

Menopause, whether surgical or natural, brings a lot of changes to a woman's body. How it affects IBD is uncertain. One recently published study suggests that the use of short term hormone replacement therapy (HRT) can actually protect against disease activity in the first two years of menopause. HRT, taken by women for non-gastrointestinal reasons, appeared to have a protective effect even for short term disease. At this time, long term HRT in the form of unopposed estrogen or progesterone is not recommended because of its association with development of certain types of gynecologic cancers.

SUMMARY:

- Hormones play an important role in the overall health of a woman.
- Gastrointestinal symptoms associated with IBD need to take into consideration hormonal fluctuations.
- Oral contraceptives are not contraindicated in women with IBD.
- Replacement hormones can actually help some women with symptoms, just as oral contraceptives do.