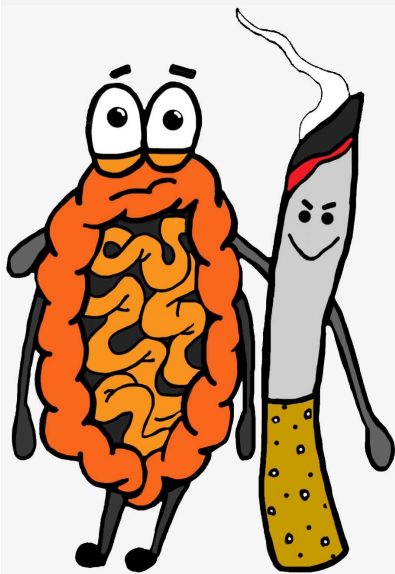
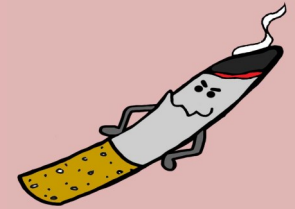


# Smoking Cessation and Crohn's Disease

“the poisoned relationship  
of your gut and cigarettes”



Smoking increases your risk of developing Crohn's disease;  
If you already have Crohn's disease, smoking adversely affects the  
course of the disease.

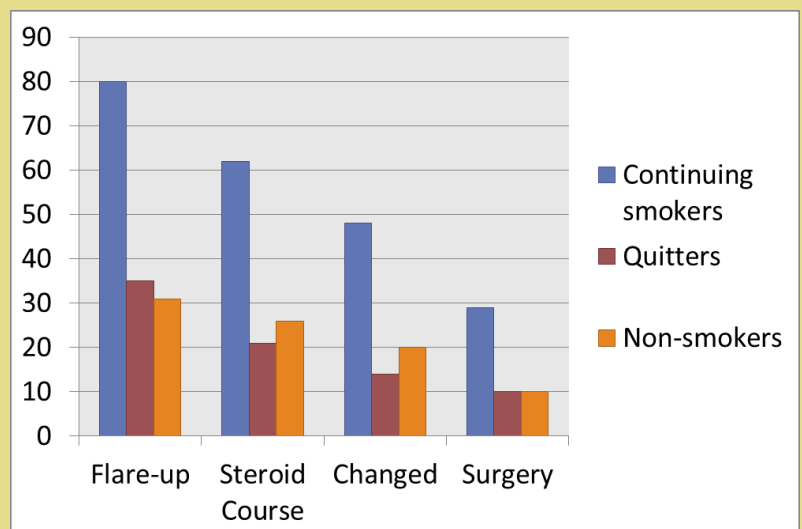
- Smoking increases the risk of developing Crohn's disease, or worsening the course of the disease.
- Smoking makes any level of Crohn's disease worse.
- It is likely that the harmful effects of smoking in Crohn's disease disappear after quitting smoking, making quitting smoking a major goal in improving Crohn's disease.

## EFFECTS OF CURRENT SMOKING:

- If you have Crohn's Disease, smoking greatly increases flare-ups.
- Studies have shown that smoking increases the risk of flare-up by more than 50% compared to non-smokers!
- Here are some of the many effects on CD of smokers compared to non-smokers:

- More clinical relapses.
- Development of more complications.
- Increased need for steroids.
- Increased need of more immunosuppressive therapy.
- Increased need for operation.
- Decreased efficacy of treatment of flares, especially the response rate to infliximab.
- Lower quality of life!

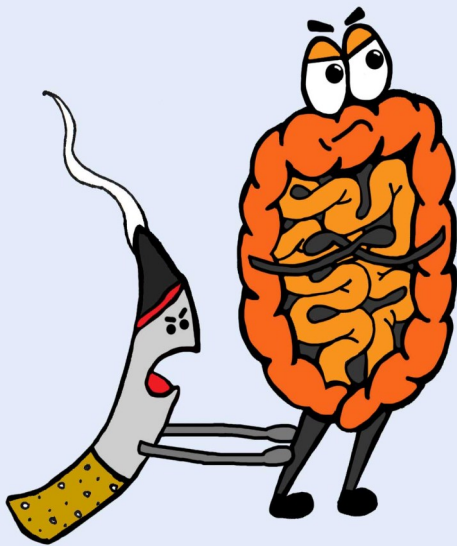
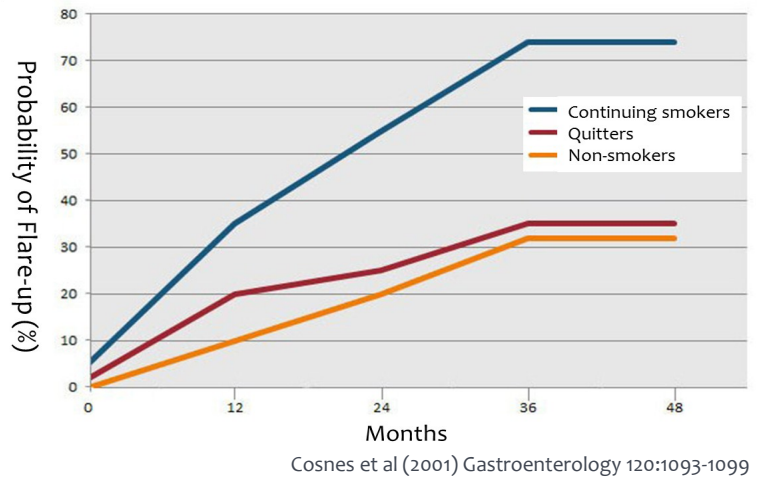
## Smoking worsens the course of CD



36-month rates (%) of flare-up, steroid course, start or change of immunosuppressants (IS) and surgery in Crohn's disease patients who quit smoking (quitters), compared to continuing smokers and non-smokers.

## BENEFITS OF SMOKING CESSATION:

- The beneficial effect of stopping smoking can occur within one year following cessation.
- While smoking can increase the risk of developing CD, within 4 years of quitting, the elevated risk is eliminated.
- Similarly, CD activity in quitters is no different to that of non-smokers, and less marked than in current smokers.
- In one study, quitters (one year after quit date) had a 65% decreased risk of flare-up compared with continuing smokers. In fact, the quitters showed similar to those patients who never smoked.
- Quitters are less likely to require corticosteroids, start immunosuppressive therapy, or require an increased dose of immunosuppressants.
- Moreover, quitters after a few years adopt a healthier lifestyle, such as modifying dietary habits that may possibly have a role in Crohn's disease.



## CONCLUSIONS:

- Smoking increases risk of CD and increases the severity of CD.
- Smoking cessation is followed by reversal of the harmful effects of smoking.
- In an individual genetically at risk for IBD, smoking can be a major factor in determining the course of the disease.
- Persuading patients to stop smoking is probably the most cost-effective strategy for controlling CD disease activity.
- By altering the smoking habits of young people, we could reduce the incidence of smoking-related diseases, including CD, and/or decrease its severity.
- Despite considerable efforts, the proportion of CD patients who stop smoking remains low (about 10%) relapse rate is high.

## Need help quitting? Here are several sources that can help you!

### Phone Numbers:

NC Quitline **1-800-QUIT-NOW** 1-800-784-8669 (8am – midnight/7days a week)

American Cancer Society 1-800-227-2345

National Cancer Institute Quitline 1-877-448-7848

UNC Pulmonary Clinic, Outpatient Tobacco Cessation 919-966-6838

### Websites:

[www.smokefree.gov](http://www.smokefree.gov) (online guide to quitting)

[www.quitnownc.org](http://www.quitnownc.org) (Quit Now NC)

