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Experiential Accounts of a Patient Diagnosed with Ulcerative Colitis

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Abstract

Introduction: Ulcerative colitis (CU) is a chronic inflammatory disease that causes inflammation and ulcers in the lining of the colon and rectum, whose appearance is revealed between the ages of 15 and 30 in most cases. **Objective:** To analyze the lived experiences of a patient diagnosed with CU, exploring the psychological and physiological repercussions of the disease. **Methods:** A case study was conducted, using a qualitative and descriptive approach, on a patient diagnosed with ulcerative colitis. This involved an open and in-depth interview to assess the patient's medical history and emotional well-being. **Results and discussion:** The results show an association between stress and anxiety as triggers for the inflammatory process in the intestine, causing the appearance of physiological signs and symptoms characteristic of this disease: inflammation of the colon, rectum, and ulcerative lesions in the intestinal lining epithelium. **Conclusion:** It is concluded that the proper management of interpersonal emotions is fundamental for leading a healthier life and preventing significant relapses of CU. Regular visits to a gastroenterologist, self-help strategies, and a balanced, high-protein diet are recommended.

Keywords

Ulcerative Colitis; Inflammatory Bowel Disease; Case Study; Stress; Psychoneuroimmunology; Qualitative Research

1. Introduction

Ulcerative colitis (CU) is an inflammatory and degenerative autoimmune disease that affects the gastrointestinal tract. Its exact etiology is still unknown, but there are findings of possible antigens in the intestinal mucosa that trigger inflammatory activity, with the consequent appearance of ulcers in the lining walls of the entire digestive tract [1]. This pathology manifests between the ages of 20 and 40, characterized by inflammation of the mucosa of the stomach, small and large intestines, the appearance of ulcers, rectal bleeding, among other symptoms.

The objective of this study was to analyze the lived experiences of a patient diagnosed with CU to establish relationships between the psychological and physiological aspects in patients with this pathology.

2. Methods

2.1 Design and Sample

A qualitative case study [2] is presented of a 41-year-old Latin American patient diagnosed with CU in 2008. The participant underwent an open-ended interview to gather information about his medical history, symptoms related to the disease, and his experiences living with this condition over the past 17 years.

3. Results and Discussion

3.1 Clinical Background

41-year-old male patient, weighing 61.250 kg, height 1.74 m, slim build, heterosexual, married with three daughters. Among some diseases of interest prior to diagnosis with ulcerative colitis, we find: Hepatitis A and Gilbert's syndrome. Both are closely related, as the latter manifests as a consequence of the former in some patients.

In this case, the patient suffered from viral hepatitis A at the age of 15. After that, his bilirubin levels remained above normal, at the expense of indirect bilirubin and jaundice. To confirm the diagnosis of Gilbert's syndrome, a fasting test was performed, which demonstrated a significant elevation in his unconjugated bilirubin levels. After that time, blood tests were performed to measure total bilirubin, which showed total values above 3 mg/dl, with elevated indirect bilirubin.

Although a direct relationship between hepatitis A and Gilbert's syndrome and CU has not been proven, they are important to consider for the future diagnosis of other inflammatory gastrointestinal diseases (IBD) such as Crohn's Disease.

3.2 CU Diagnosis

The patient reports that, after adolescence, at approximately 21 years of age, he suffered from sporadic episodes of diarrhea, abdominal distension, and gastroesophageal reflux. Initially, most of the doctors he consulted attributed this to parasitic processes and administered antiparasitic drugs, with limited improvement over time.

As he did not show substantial improvement with the previous treatments and was now 24 years old, he consulted a gastroenterologist, who immediately requested a gastroscopy and colonoscopy with biopsy. The results of the study were shocking, as he was diagnosed with the following pathologies: chronic erosive gastritis with signs of bleeding, esophagitis, bulb-duodenitis, positive for Helicobacter pylori, and the biopsy yielded a diagnosis of CU. UC is an Inflammatory Bowel Disease (IBD) is a systemic pathology. He was administered the following medications for an indefinite period: sulfasalazine 500 mg every 12 hours, trimebutine maleate 200 mg every 12 hours, and domperidone 10 mg every 12 hours.

The following year, he underwent another gastroscopy and colonoscopy, which showed significant improvements, including the elimination of Helicobacter pylori, but he still had superficial gastritis. These findings are of vital medical importance, as they demonstrate the urgent need to establish an early diagnosis of CU in order to prevent it from progressing chronically over time, since CU increases the risk of stomach and intestinal cancer [3]. The patient showed significant improvement with the new treatment; however, during the three years following diagnosis, he experienced three major crises. The last one involved fecal bleeding, requiring emergency hospitalization.

3.3 Psychological Aspect

Studies in psychoneurology show a significant association between the digestive tract and psychological well-being. The stomach is more than just an organ with digestive functions; it is considered the body's second brain, and since the last decade, scientists have turned their attention to the relationship between the stomach, intestines, and brain as regulators of anxiety and generalized stress.

The patient admitted that, during his adolescence, he had too many problems managing stress, especially during his university studies, when he was diagnosed with CU. Stress inhibits the production of an intestinal neurotransmitter called “serotonin.” This neuropeptide is produced in the intestinal mucosa and is involved in chemical synapse processes in the cerebral cortex [4]. It is also associated with interference in intestinal motility, headaches, migraines, and lack of concentration.

As a result, the patient experienced constant stomach discomfort and headaches, which over time developed into migraines. He also experienced feelings of guilt for feeling bad about himself and not being able to manage his stress levels. On some occasions, he experienced bouts of generalized depression, so he sought alternative methods in acupuncture, which subsequently helped him improve his stress and anxiety management [5].

The participant describes that from 2008 to 2011 was the most critical period of the illness, as it was the period of acceptance and adaptation to the pathology, during which he was hospitalized several times due to significant relapses. After seeking professional help and self-help methods, he was able to control his stress and anxiety a little better,

going into remission for several years and spending months without any medication for CU, showing significant improvements in managing his emotions. Despite this, he admits that he is still working on his stress, although he now leads a slightly calmer life.

3.4 Physiological aspect

After his diagnosis with CU in 2008, between 2011 and 2021, he experienced significant improvements in his biological and psychological health, as he did not suffer any major crises during this time and required little medication to control the disease. Until 2021, in the midst of the COVID pandemic, she had a significant relapse that required hospitalization, due to high levels of stress and anxiety, as she lost her job as a result of the pandemic and her family entered a delicate economic situation, for which she was in medical treatment for six continuous months to overcome this crisis [6].

Since 2021, she has not experienced any significant crises, and the disease is in remission, showing signs of improvement in her physical and mental health. He has even managed to gain weight, as he maintained an average weight of 57 kg ± 0.5 kg. He currently weighs 61.250 kg and has a temporary job that allows him to work and spend time with his family, creating a state of emotional well-being for him, which has had a positive influence on his overall health [7, 8].

4. Conclusion

Based on the results obtained during the interview with the patient, it is concluded that CU is a systemic pathology related to situations of stress and generalized anxiety, affecting the digestive system and emotional well-being. In this sense, it is important to consult with a gastroenterologist, psychology professionals, and self-help strategies to maintain organic and emotional balance, which will help keep the disease in remission.

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