

About IBD Podcast Episode 110

Colitis Conversations: Approaches to Treatment

After being diagnosed with a form of IBD, it can be a real challenge to understand that treatment is ongoing. Which might mean taking medications for long periods of time. It also means adding in lifestyle changes such as focusing on nutrition and diet, sleep, exercise, stress reduction, and learning about complimentary treatments that might be helpful.

There are a lot of barriers to getting treatment, though, including cost and access. Some people might not realize that not only can their healthcare team can help with accessing and understanding treatment choices, but that complimentary therapies have a valid place in the management of Crohn's disease and ulcerative colitis.

Dr Badr Al-Bawardy, a gastroenterologist specializing in IBD and Assistant Professor of Medicine at Yale University School of Medicine and Tina Hauptert, an ulcerative colitis patient, Certified Nutrition Coach, Functional Diagnostic Nutrition Practitioner, and founder of Carrots 'N' Cake uncover the ways medication and lifestyle changes can meet in the middle to help people with IBD live a better quality of life.

Concepts discussed on this episode include:

- [How the Fecal Calprotectin Test Is Used in IBD](#)
- [Complementary Medicine with Dr. Badr Al Bawardy \(YouTube\)](#)
- [Causes and Risk Factors of Colon Cancer](#)
- [Why IBD Affects Your Sleep](#)
- [Yoga for Inflammatory Bowel Disease](#)
- [Acupuncture for Ulcerative Colitis \(UC\)](#)
- [Should You Exercise If You Have IBD?](#)
- [The IBD Anti-Inflammatory Diet](#)

Find Badr Al-Bawardy, MD on [Twitter](#), [Yale Medicine](#), and [LinkedIn](#).

Find Tina Hauptert, FDN-P at [Carrots 'N' Cake](#), [Instagram](#), [Facebook](#), and the [Carrots 'N' Cake Podcast](#).

Find Amber J Tresca at [AboutIBD.com](#), [Verywell](#), [Facebook](#), [Twitter](#), [Pinterest](#), and [Instagram](#).

Credits: Mix and sound design is by [Mac Cooney](#). Theme music, "[IBD Dance Party](#)," is from [©Cooney Studio](#).

Episode transcript and more information at <https://bit.ly/AIBD110>

[MUSIC: IBD Dance Party]

Amber Tresca (00:05):

I'm Amber Tresca and this is about IBD. It's my mission to educate people living with Crohn's disease or ulcerative colitis about their disease and to bring awareness to the patient journey. Welcome to episode 110. This podcast is part of the American Gastroenterological Association, colitis conversations program.

Amber Tresca (00:24):

Medications and lifestyle interventions are both used to treat inflammatory bowel disease. Sometimes patients come up against barriers in getting their medications or in taking them as prescribed. Many patients are also interested in going beyond medication and in understanding how they can use lifestyle interventions to help have a better quality of life.

Amber Tresca (00:45):

To dig deeper into this topic I talked to Dr. Badr Al Bawardy, a gastroenterologist specializing in IBD and an assistant professor of medicine at Yale University School of Medicine, and Tina Hauptert, an ulcerative colitis patient, certified nutrition coach, functional diagnostic nutrition practitioner, and the founder of Carrots and Cake. We uncover some of the reasons why patients might not be able to access their medications and the lifestyle interventions that might help with quality of life. Plus, Tina tells us what it's like to be an IBD mom of a young son who doesn't mind giving updates after a visit to the bathroom.

Amber Tresca (01:25):

Our focus today is approaches to treatment in IBD including medication and lifestyle changes. And to get into this topic I have two guests with me. First, is Dr. Badr Al-Bawardy who is a gastroenterologist and IBD specialist with Yale New Haven Health. Dr. Al Bawardy, welcome.

Dr Badr Al-Bawardy (01:42):

Hi Amber. Thank you for having me on the show.

Amber Tresca (01:45):

Oh, thank you so very much. And my second guest is Tina Hauptert, certified nutrition coach and functional diagnostic nutrition practitioner, the founder of Carrots 'N' Cake and ulcerative colitis patient. Welcome Tina.

Tina Hauptert (01:58):

Thank you. I'm so excited to be here today.

Amber Tresca (02:01):

Me too. It's been a long time. I'm glad we're finally reconnecting today and working together once again, Tina. So we're talking about treatment plans for IBD includes both medication and lifestyle changes. And the first thing I want to talk about is taking medications on time, because

that's a really important part of treatment. So Dr. Al Bawardy, what do you think patients need to keep in mind when it comes to taking their medications on time?

Dr Badr Al-Bawardy (02:31):

Yeah, I think a lot of actors have to be considered when it comes to taking medications on time. I think it really goes back to the initial conversation that the patient has with their provider or their physician. What really improves adherence or taking medications on time is number one, understanding why you're on the medication. So that's a really important point that sometimes gets missed and it should really be discussed during that initial visit prior to getting all the medication. So, number one, knowing why you're on the medication.

Dr Badr Al-Bawardy (03:01):

Number two, also, I think knowing what the medication does. So just an overview, simple, brief, what does the medication do in the body? What is it doing to help the inflammation? And then another really important factor is knowing obviously the risk profile, risks, and the benefits. There are a lot of things that can sometimes contribute to patients missing medications, not taking medications and if we really don't ask, we won't know what the reason is. So I think it really boils down to knowing these factors prior to being on the medication that will help patients remain on their medications.

Amber Tresca (03:38):

I think another thing that's difficult to wrap your head around is the idea that you're going to need these medications to treat ulcerative colitis for a long period of time. I don't know that that's always communicated or communicated effectively. Is there anything that you've found that helps your patients understand that and then to cope with the idea of a long term use of medications?

Dr Badr Al-Bawardy (04:00):

Yeah, that's certainly very challenging, especially with a new diagnosis. There's a lot to know in the new diagnosis. There's number one, knowing what the diagnosis is, prognosis. So telling a patient that they're going to be on a medication for a long time becomes very challenging. And I found a couple of things that might be helpful for some patients. One is using some analogies to say, this is like other chronic diseases, such as diabetes or high blood pressure, when you need to be on the medications to control and if you do go off the medications, the risk of the disease flaring up or having active disease is high.

Dr Badr Al-Bawardy (04:38):

And then another thing that I found really helpful is to break down the treatment plan into stages. So we have our short-term goals, we have our intermediate goals, we have our long-term goals. So when we first start the treatment, let's focus on the short-term goals, which for us and for the patient is really, we want you to feel better. So start getting some response on to the treatment. Then our intermediate goals where we want you to actually start feeling normal, getting the quality of life back. And then eventually our long term goals, which can include the

things that a lot of our patients know about by now, which is making sure the labs look better, the inflammation markers are improving, the inflammation on the endoscopy is improving.

All of those are considered our long term goals and once we achieve those short term, intermediate, long term, then we can start talking about what could we do to be on the lowest effective dose of the medication, or talk about these things. But we certainly revisit them throughout these stages, but I think breaking it down into stages helps patients move from that shock that they're going to be on a medication for a long time.

Amber Tresca (05:54):

Yeah, that makes perfect sense. I like that idea of the analogy of other conditions that people might be more familiar with. A lot of times patients, in my experience, patients that I've talked to have never even heard of IBD or ulcerative colitis when they're diagnosed, so it's really a shock.

Amber Tresca (06:07):

Tina, when you were first diagnosed, did anybody tell you that you needed to be on medication for a long time? Or did you come to that realization? How did you handle that?

Tina Hauptert (06:18):

So I think my first doc... This is my first doctor who is not my doctor anymore, but I think he probably did say, take this drug indefinitely. And I think in my head it was one of those, well, I have just some GI stuff going on, I'm going to take this medication and it's going to get me better. And I really did not think it was something I needed to take for years, the rest of my life, but it just was not communicated clearly.

And I do agree, if the doctor would've explained the what and the why, and the whole reasoning, why I would need to take this drug for long term, I think I probably would've done a lot better in the early days of being diagnosed. So yeah, it just wasn't as clear, I guess.

Amber Tresca (07:02):

Do you think that it's also because of things, for instance, when we think of GI conditions, I think sometimes we think of short term things like having the stomach flu or gastroenteritis and we think, okay, you take something for a little while and then it's gone. Or also that as young people, you were diagnosed young as well, that we're just not used to thinking of long term conditions.

Tina Hauptert (07:25):

Yeah, probably a little bit of both, to be honest, because I really thought it was just something that was transient. I had eaten something weird. Had eaten something.

Tina Hauptert (07:33):

Just something wasn't right. Because back then I felt like all the symptoms did come out of nowhere. Maybe I was dealing with a little something, but then things got a lot worse. But

yeah, just that whole idea, I was 31, I was young and to think that I would have to take meds for the rest of my life. That was a scary, scary thing. So yeah, combination of them both for sure.

[MUSIC: ABOUT IBD SERENE]

Amber Tresca (08:20):

Dr. Al Bawardy, patients might stop their medications sometimes and that's for so many different reasons that we can't even really begin to cover them all today. But I wonder if you have any examples about any times that you or your team have helped a patient overcome the barriers and the idea of taking their medications on time and for a long period of time?

Dr Badr Al-Bawardy (08:45):

Yeah, definitely. I mean, these are scenarios that we do encounter on a regular basis in our clinical practice. And as I usually teach our trainees, the first rule in the scenario is make no assumptions. This is really a common scenario, and if it does happen, the solution for it is clear communication. And I usually just start with sitting down with the patient, especially if it's a patient I'm meeting for the first time who's been on medications in the past, stopped the medications, and as healthcare providers, we really should review previous events, et cetera, but to make no assumptions. And I usually like to start with an open-ended question saying, I see that you've been on medication X, Y, Z in the past. What do you think of this medication? And a lot of the times I'm really surprised about the answers that I get.

Dr Badr Al-Bawardy (09:40):

It's a lot of the times things that we can easily solve. I'll give you a couple of examples that come to mind from recent encounters is, well, a medication was stopped because of cost. And we know our medications that we use to treat IBD can be associated with a significant financial toxicity. I'm very fortunate to be part of an IBD team in our institution where we have a dedicated IBD pharmacist who was able to solve this very easily and was able to find a way where the out-of-pocket costs would be covered. So again, it's one of those, another scenario where if we don't ask, we don't know.

Dr Badr Al-Bawardy (10:21):

And other reasons that do come up frequently also is concern for side effects or concern for risks. And this takes time. This is not something that we'll be able to go over in a quick visit or after the colonoscopy, let's talk about this really quick. No, this is a conversation that also should not be handled over the phone. It's better handled in a clinic visit. This concept of an absolute risk of a medication versus a relative risk. And I think when this is explained clearly to a patient that all medications have risks and benefits, but if we look at the absolute risk of medication X, Y, Z is actually lower than these things that can happen in your daily life, then the patients might be more amenable to taking the medication.

Dr Badr Al-Bawardy (11:13):

So I think clearly communicating the risks of the medication is also key. So those are some examples, but there, as you mentioned, Amber, there's many other examples for non-

adherence and it's really on us to be able to communicate effectively with our patients to figure that out and solve these issues.

Amber Tresca (11:36):

I wrote that down what you said, financial toxicity. I love that phrase. Do patients often bring it up when they are concerned about the cost of a medication? Do they bring it up before they leave the office? Or is it something where, I've read to where patients will leave, go to fill their prescription, maybe find out the cost and then not get it filled? Is that something that occurs a lot?

Dr Badr Al-Bawardy (12:02):

Yeah. I think, from my experience it can occur in two stages. The well-read patient will come in and will say, you know what? These are expensive medications, I'm not sure I'm going to be taking these. And then there's others, like you said, who would be okay taking it and then once they figure out their out-of-pocket costs, then they would be hesitant. That's why the care of the patient with IBD is really a multidisciplinary care. You need to have that safety net, whether it's an IBD pharmacist or a social worker that can help navigate through the cost of medications that can really inhibit adherence.

Amber Tresca (12:40):

IBD pharmacists are, I think, worth their weight in gold. Quite frankly.

Dr Badr Al-Bawardy (12:45):

Oh, they're gems.

Amber Tresca (12:47):

Yes. Just fantastic. I know I've had the experience where I've gone to the pharmacy and the Pharmacist will whisper, they'll motion to you over the counter, well, not now because of COVID, but before, they would motion to you, come on over, they'd be like, "Do you know how much this costs?" It's like, well, um, yes, unfortunately, yes, I do know, and unfortunately, also this is just what we have to deal with. But yeah.

Amber Tresca (13:14):

Tina, you've written in your blog about the symptoms of your flare ups and the different ways you've worked towards remission now and in the past. How about starting new medications or changing medications? Can you talk about what goes into your decision making process when you are faced with that kind of a decision?

Tina Hauptert (13:33):

Oh, honestly, it's usually at a point of desperation where I am like, give me the new meds. Whatever's next. Because usually it's because a med just stops working. I've had great success with meds and biologics over the years, and then they stop working and then it really is, what's the next thing? So I haven't really been that resistant to trying new meds. If it's going to get me in remission and I can live my life, I'm, I'm pretty good to go. Obviously, the side effects pop in

my head and the expense and everything, but at the end of the day, I just want to be healthy enough to do all the things that I love in life. And I have been in phases where I could not leave my house and I could not go to the grocery store without worrying about where a bathroom was. So I am all about staying in remission.

Amber Tresca (14:25):

Yeah. I was reading one of your blog posts where you were disclosing your fecal calprotectin numbers and they were wild. Just way... I've never seen anyone with it that high.

Tina Hauptert (14:41):

Yeah. Yeah. So October was 2250 and then not last Friday, the Friday before it was 49. So, it's been a big change, yeah.

Amber Tresca (14:54):

Yeah. So what you're doing's working. So that's amazing. And one of the reasons that we know that staying on medications is important is because we have to stop that inflammation and get into remission, if we can get there. So Dr. Al Bawardy, I'm wondering though, what kinds of complications might occur with untreated ulcerative colitis?

Dr Badr Al-Bawardy (15:19):

Right. So there are a few that we should really touch on in terms of complications. One is the obvious one, that the ulcerative colitis will become active and then you'll become symptomatic. And that could be associated with needing emergency room visits, hospitalizations, and then needing courses of corticosteroids. In comparing corticosteroids versus our other medications it seems that corticosteroids are really associated with the highest risk of complications or adverse events.

Dr Badr Al-Bawardy (15:54):

Now, in general, if inflammation is untreated for a long time, we talked about hospitalization that might have the patient present with what we call acute severe ulcerative colitis, which is a severe form of the colitis that might require urgent surgical intervention. The other sort of long term potential complications that might occur if inflammation in the colon is left untreated is, although the absolute risk of this happening is low, but if we have untreated inflammation for many years, there is a risk of colon cancer that happens to be higher in patients with ulcerative colitis that goes untreated versus those that have treated ulcerative colitis. So it's a wide spectrum. Thankfully, a lot of these can be prevented if treatment is effective and ... maintained on the effective treatment.

Amber Tresca (16:49):

Tina, sometimes we hear in the community that there are folks who are a little more resistant to taking medications. I have a theory also that sometimes the idea of an injection or an infusion can seem scarier for instance than taking an oral drug since a lot of us take supplements and it's pretty commonplace. Has anyone ever said to you, oh, you shouldn't

medication or you should try to get off medication? And do you have an answer for that or a way of dealing with that?

Tina Hauptert (17:19):

I mean, not specifically to me, because I've always been very open to taking medications just because I want to feel healthy. But yeah, I have talked to people with IBD who are afraid of infusions, injections. They don't want to take them. And I do always remind them. I'm like, if you let this get out of control, there's always a risk of losing your colon. So, I always remind them that the number one thing is to get the inflammation down and get yourself into a healthy place so you can live your life. But yeah, I have definitely heard those conversations and I think, just what you're saying, having an infusion or injection, I just think it makes it so much more real that, yes, this is like actually something that you have to deal with. And I feel like if you're just popping the pills, it's maybe not as obvious that this is a big chronic disease that you have to deal with. At least for me. Because on my first biologic I had to go to the hospital and I had to take time out of my day to get an infusion. And it just made it seem so much bigger and it just made it so much more real to me. But obviously I know these medications help.

Amber Tresca (18:31):

Right. And you're obviously walking proof of this, now that you've got things under control now with a treatment plan that's working for you.

[MUSIC: ABOUT IBD FLOATING]

Amber Tresca (18:59):

Tina, you founded Carrots 'N' Cake where you help women with lifestyle changes so that they can achieve their goals. You live with ulcerative colitis so I think that that adds another layer to your work. What lifestyle kinds of changes have you found helpful for your ulcerative colitis?

Tina Hauptert (19:16):

So in recent times, just because I went through a flare that was more than a year, it was exhausting, but I think sleep. It sounds so foundational and basic, but I was one of those people that was always like, oh, you know, five hours sleep, that's fine. I can live, I can do all the things that I want to do, and now I really prioritize sleep and I just feel like it makes everything better. And then also mentally I'm always, when you go to sleep your body can heal. So I'm big on the sleep piece. And I really force myself to go to bed at a normal hour because I used to be that night owl. I would scroll, I'd be watching Netflix. But I think the sleep piece has been really, really good for me.

Tina Hauptert (20:02):

And then also I'm going to put stress management in an umbrella term, but specifically talk therapy has been so helpful. And I started right before the pandemic hit. That was just good timing on my part, but the last couple years it's been just amazing, just working things out, understanding things better about myself, and deep down, I'm like maybe this did help with the

symptoms, the UC symptoms. But yeah, those are two things that have been top of my list lately.

Amber Tresca (20:34):

Do you see me trying to hide from you about the sleep? Because I'm like, it's just, I really have tried, but I will do anything except what I know will work, which is avoid screens at night, try to go to bed at the same time, all of that, because our jobs are demanding and stressful and they take over our lives, unfortunately.

Amber Tresca (21:00):

Dr. Al Bawardy, have you found any lifestyle changes have been helpful for your patients? What are the types of things that they've tried, or do you even recommend things?

Dr Badr Al-Bawardy (21:09):

Absolutely. This is not a one-dimensional treatment strategy and I think the best strategy is when we can combine medications with lifestyle changes. Yes, in terms of the science, we don't have a lot of science on some of these lifestyle changes, but a lot of them actually make sense in terms of overall. So I'm so glad Tina mentioned sleep. This is actually one of the things that it's usually top when we talk about lifestyle changes, because it does matter. Sleep is important. And one of the things that I usually discuss is sleep hygiene. And Amber, you mentioned some of those things with sleep hygiene, making sure you go to bed at the same time, wake up at the same time, avoid screen time. That is really one of the healthy lifestyle habits that we incorporate in management.

Dr Badr Al-Bawardy (22:01):

Other dimensions of lifestyle management as mentioned by Tina, stress management is really important and I think there's many different modalities out there that patients will eventually find the ones that work best for them, whether it's meditation, yoga, acupuncture, there is some what we call low quality evidence that some of these lifestyle changes do improve quality of life.

Dr Badr Al-Bawardy (22:26):

And then in addition to those, I think in general, if we're talking about healthy lifestyle changes, we have to definitely incorporate diet and exercise. Those are two essential components, and in terms of diet it's really for me it's about not necessarily a specific diet per se, but it's about some general principles in terms of diet. We want to make sure we're avoiding restrictive diets and I think that's where we run into trouble sometimes. So patients can lose weight with some of these restrictive diets. They can sometimes be missing some essential nutrients. Focus on more whole food diet, avoiding processed, or ultra processed foods. So general principles. But I think that's really important in terms of incorporating into the management plan or strategy.

Dr Badr Al-Bawardy (23:22):

And then in terms of exercise, it's also a topic that it's not really talked about a lot in the IBD world. And the studies that looked at exercise in general, it is beneficial in terms of improving

quality of life. And in patients who are starting out in remission, those that exercise regularly tended to have less flares, at least in one study. But before taking on an exercise program, I think patients should discuss this with their providers because the exercise regimen will be very different in a flare or in an acute flare or when you're in remission. So those are some of the other lifestyle additions that we can do in addition to medications.

Amber Tresca (24:08):

Which all sound very reasonable. It's nothing too onerous, it just makes sense. And I'm thinking also in terms of the idea that IBD can also be associated with other conditions or a higher risk of other conditions that things like exercise and diet will make a lot of sense just for your overall health.

Amber Tresca (24:32):

I'm thinking now about what's in store for the future and maybe things that are understudy right now. So Dr. Al Bawardy, I'm wondering if there's anything that you're watching, anything that's upcoming in terms of approaches to treatment and new therapies or complimentary therapies? What do you hope is coming down the line for patients?

Dr Badr Al-Bawardy (24:55):

Yes. So this is really an exciting time to be in inflammatory bowel disease or in IBD management. Some of the upcoming, I would say, therapy is number one. We have an expanding pipeline of new drugs, new agents. We're anticipating at least a couple to be approved just this year and many more currently in the advanced phases or phase three studies. So we're definitely going to have more agents, which is definitely great for our patients, more options. There's going to be more oral agents or pills, which we're hoping that would also have more patients be on board to taking some of these medications. We're learning more and more on how to personalize using some of these agents. So there's a lot of research going into trying to predict which patients would respond to its treatment. So there's a lot of ongoing research there. So that's in terms of the current therapeutics.

Dr Badr Al-Bawardy (26:05):

Our medications have been mainly targeted at treating the immune system in this condition, but there's a lot more also research going on in terms of how do we target the microbiome. And specifically, in ulcerative colitis, there's been multiple studies that showed maybe some potential benefit. They're definitely early studies, but some potential benefit in terms of targeting the microbiome. And it's a matter of understanding how it's delivered, how often it's delivered, and the safety of a delivery of some of these therapies that target the microbiome. So I think we're going to try to get to this condition from another dimension rather than just the immune system. And it could be that we combine our current medications with targeting the microbiome.

Amber Tresca (27:00):

Well, that sounds amazing. We would really like to see that. Tina, what do you think? What do you hope is on the horizon in terms of lifestyle changes or treatments as far as ulcerative colitis is concerned?

Tina Hauptert (27:15):

I mean, all of that sounds great to me because I remember when I was first diagnosed. There weren't really, even that many options. I think steroids or prednisone was the go-to treatment, still sometimes is. But I just feel like there are so many more options and I think that is just wonderful. Honestly. Makes me very hopeful for the future. But yes, I think also having some sort of integrated approach would be amazing, especially the diet, the lifestyle, the sleep, the stress management. Because I think all of those things really do contribute to just having a good quality of life. And I know in my sickest times, some of those things were not a priority and I do wonder if, maybe I was sleeping a little bit more if the flare would've been a little bit shorter or a little less painful or whatever it was. So I think a lot more doctors are coming around to that though as far as making these recommendations and a lot of this stuff, the foundational stuff, I think is really important.

Amber Tresca (28:18):

Yeah. I agree. We used to be told that diet didn't matter and all these other things didn't matter and now it's coming around and I feel like maybe we're playing a little bit of catch up as far as helping patients to understand that, yeah, these things do matter, how you treat your body from day to day really does matter. And I know that we often joke about the friend who says, well, have you tried yoga, but honestly yoga helps. So we should do it.

[MUSIC: ABOUT IBD TRANSITION]

Amber Tresca (28:58):

Dr. Al Bawardy, you were the healthcare honored hero at the Take Steps event for the Connecticut Westchester chapter of the Crohn's and Colitis Foundation, that was last year in 2021. Is there anything that you can share with us about how that came about or what that experience was like for you?

Dr Badr Al-Bawardy (29:20):

Well, thanks for bringing that up. It was definitely a great experience and it's definitely an honor to be considered for the healthcare honored hero for that year. And I think the foundation, the Crohn's and Colitis Foundation does some really amazing work for patients. And it actually, one of the things I really like about the foundation is how it brings both patients and also physicians, healthcare providers together. So whether this is through their multiple educational events that can happen both on a local, regional or national, fundraising events, walks and all of these. So it really gives us also an opportunity as physicians and also healthcare provider to give back to the community and to really try to give back other than just what we do on a daily basis in clinic.

Amber Tresca (30:19):

I was watching your presentation that you gave. I'm going to have to look it up because now I can't find it to say what the... I should have written it down. But I was watching the presentation that you gave on complementary and alternative therapies. And I will put that link in the show notes because it was in conjunction with the foundation and it was really fantastic and just full of great information for patients. And I was so glad to see it and I really want to share it because I want people to be able to see it and benefit from that information that you brought.

Dr Badr Al-Bawardy (30:54):

Thanks, Amber.

Amber Tresca (30:54):

Tina, we all have them, but I'm going to ask you for yours. Do you have any funny or embarrassing stories that you can share with us about your life with ulcerative colitis?

Tina Hauptert (31:06):

Oh my God. Well, so many.

Amber Tresca (31:08):

So many.

Tina Hauptert (31:09):

I don't know. Some are probably not even appropriate.

Amber Tresca (31:14):

Well, that's just better.

Tina Hauptert (31:15):

Well, actually in our house, IBD, pooping, the whole bit, very, very open about it. We do make a lot of jokes from time to time. I have a seven year old son, so of course, pooping and farting and everything is hilarious to him. But trying to explain this disease to him, why I'm in the bathroom so much, why I'm lying on the couch, just trying to explain it to him, but I basically gave him the details. I don't want to hide anything from him. But every time he has what he says is a perfect poop he announces it to the whole household. So he'll go to the bathroom and come out and be like, mama, that was a perfect poop. And I'm always so proud of him. So I know what it means to have the perfect poop.

Amber Tresca (32:08):

Well, let me ask you this though. Okay. His mind, your mind, whoever's mind you want to delve into in this moment, what makes a perfect poop?

Tina Hauptert (32:18):

I don't know. I think that everything went well in the bathroom.

[MUSIC: IBD Dance Party]

Amber Tresca (32:25):

This has been a fabulous conversation. Thank you so very, very much on talking with me about approaches to treatment and how you approach it from the patient side and from the provider side. Dr. Al-Bawardy and Tina, thank you so much for sharing your time with me and for sharing your experience. I really appreciate it.

Dr Badr Al-Bawardy (32:43):

Thanks for having me.

Tina Hauptert (32:44):

Yeah. Thank you.

Amber Tresca (32:49):

Hey, super listener. Thanks to Dr. Badr Al-Bawardy for sharing his knowledge and experience with complementary and alternative therapies with us and for all he does to help patients better understand how they can integrate lifestyle interventions to help with their IBD. You can follow him on Twitter as @badr_albawardy. That's B-A-D-R underscore A-L-B-A-W-A-R-D-Y.

Amber Tresca (33:12):

Thank you also to Tina Hauptert for sharing her perspective as a patient living with ulcerative colitis, who has done the hard work to learn more about stress, sleep, and diet and how they affect IBD. You can follow Tina all over social media and at her website as Carrots 'N' Cake and that's at C-A-R-R-O-T-S N C-A-K-E.

Amber Tresca (33:34):

Links to a written transcript, everyone's social media handles, and more information on the topics we discussed is in the as show notes and on my episode 110 page on about IBD.com. You can follow me, Amber Tresca across all social media, as about IBD. Thanks for listening. And remember until next time, I want you to know more about IBD.

Amber Tresca (33:58):

Thanks for listening, and remember, until next time, I want you to know more about IBD.

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About IBD is a production of Mal and Tal Enterprises.

It is written, produced and directed by me, Amber Tresca.

Mix and sound design is by Mac Cooney.

Theme music is from Cooney Studio.