

About IBD Podcast Episode 115

How to Be Happy & Healthy With IBD: Reducing the Day-to-Day Burden

Whether in remission or not, the day-to-day of life with IBD can be challenging. Living with Crohn's disease or ulcerative colitis, even when feeling well, might mean making lifestyle changes, going to doctor's appointments, and taking medications. Many people are diagnosed young, at a time when their friends aren't going through anything similar. To understand how people might deal effectively with these changes, Amber talks with Dr Sandra Quezada, a gastroenterologist who specializes in IBD at the University of Maryland Medical Center and Varada Srivastava, a Crohn's disease patient and biotechnology major who is also a 2022 Crohn's and Colitis Young Adults Network fellow.

Concepts discussed on this episode include:

- [Crohn's and Colitis Young Adults Network](#)
- [Your Guide to Preparing for College with IBD](#)
- [IBD in College: 10 Easy Ways Students Can Manage](#)
- [Effects of Drinking Alcohol With IBD](#)

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Find Varada Srivastava on [Instagram](#) and at [Crohn's and Colitis Young Adults Network \(CCYAN\)](#).

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[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 115. About IBD is excited to be partnering on this new limited podcast series, How to Be Happy & Healthy with IBD.

Amber Tresca (00:27):

After being diagnosed with inflammatory bowel disease, patients will naturally be concerned about being able to live the life that they envisioned for themselves. During a flare up, we might be concerned about traveling or trying new foods, but the goal of treatment should be to get back to doing the things that we love. I wanted to get both the patient and the clinician side of how people with IBD can improve their quality of life.

Amber Tresca (00:50):

For this discussion, I asked Dr. Sandra Quezada, a gastroenterologist who specializes in IBD at the University of Maryland Medical Center, and Varada Srivastava, a Crohn's disease patient and biotechnology major who is also a 2022 Crohn's and Colitis Young Adults Network fellow. We outline some of the ways patients can put their IBD symptoms into perspective, how we can trust our friends and family with our truth, and why we shouldn't wait for a perfect time to try new things.

Amber Tresca (01:23):

Our topic is reducing the day to day burden of living with IBD. It's a broad topic, but we're going to focus especially on how having IBD can keep us at home because we can't get too far from a bathroom. I've asked two guests to share their knowledge and experience on this topic. I have with me, Dr. Sandra Quezada, who is a gastroenterologist at the University of Maryland Medical Center. Dr. Quezada, thank you so much for coming on About IBD. Would you take a minute to introduce yourself?

Sandra Quezada, MD (01:51):

Absolutely. Thank you so much, Amber, for having me and including me in this episode. So my name is Sandra Quezada. I am an IBD doc at the University of Maryland School of Medicine. I have a couple other roles there. I'm the dean of admissions there and the dean of faculty diversity and inclusion, but I'm definitely here today in my role as an IBD-ologist.

Amber Tresca (02:13):

Thank you so very much for your time. I really appreciate it. Also here with me is Varada Srivastava, who is a student majoring in biotechnology, a Crohn's disease patient, and a 2022 Crohn's and Colitis Young Adults Network fellow. Varada, welcome to About IBD. Would you take a minute to introduce yourself?

Varada Srivastava (02:33):

Hi, thank you so much for having me. I'm Varada and I'm from India. I live in New Delhi right now, and I go to Shiv Nadar University where I'm majoring in biotechnology, which my interest in biotechnology came from getting diagnosed with Crohn's. I was diagnosed when I was 15,

and I think it took almost two years for the diagnosis to happen because of the lack of awareness in India, which is where CCYAN comes in. It has immensely helped me.

Amber Tresca (03:03):

Welcome to both of you. Thank you so much for digging into this topic with me, because it's really important to people who live with IBD because it impacts our quality of life pretty significantly. But I think what we want to get to here is the ways that we can minimize that and the ways that IBD patients need to think about their disease and need to understand when they are overcompensating. So, Dr. Quezada, I'm going to start with you. When you talk with your patients about their IBD diagnosis, how do you explain how this disease should, or maybe shouldn't affect their everyday life?

Sandra Quezada, MD (03:39):

Yeah. It's true that I would say a majority of the time when I'm talking to patients about their diagnosis, either because I'm explaining a new diagnosis or we're revisiting this, oftentimes this is in one of the worst moments, I think of the patient's disease course, because they're either flaring in the hospital or they're really teetering on the edge and just in the midst of a terrible flare.

Sandra Quezada, MD (04:09):

And so I don't need to explain to the patient about how tough this can be. I think that they're very aware of how challenging the symptoms are. I often think it's important in those moments to remind patients and to give them hope about how good we should be able to get you feeling, that if we can get this under appropriate control and the appropriate therapy and give you the support that you need to have, that patients should be able to live their life.

Sandra Quezada, MD (04:41):

And I do think it's important too, to express how this is going to be a shared teamwork process, that this really is one of the diseases where it's so important to have shared responsibility between the patient and the provider. And on the patient's side, we're going to rely on the patients as providers to let us know what's going on. And so that really requires the patient to be very mindful and noticing maybe certain things, maybe some foods that don't agree with them or something like that, but basically so that when we do communicate that they can express really, truly what's going on. Maybe keeping track of some of those things, writing down can be helpful.

Sandra Quezada, MD (05:25):

But also, it's balancing that with, I don't want you to though, have to be thinking about this all the time, that really my goal is that you should be feeling good enough, that you can kind of forget that you have this diagnosis, that you should be able to live your life, engage in the activities that you want to engage in and that that is ultimately our goal and where we're going to get you. So that is I think, a really important piece to stress when talking to patients just generally about the diagnosis and how this is going to affect their life.

Amber Tresca (05:59):

I love that. Thank you so much for that. It really sounds like your patients have a great resource in you. And I admit to forgetting sometimes about the IBD, but I live with a J pouch and sometimes I forget that I actually can't really eat like normal people. So it's nice to forget about it, but at the same time, it's like, oops, sometimes I do need to remember.

Sandra Quezada, MD (06:18):

It's that balance, monitor, but also don't hyper focus and center everything in your life about it all the time. If we're doing our job and getting you well enough, that is a place where you should be able to get.

Amber Tresca (06:32):

Yeah, that makes perfect sense. And after your Crohn's disease diagnosis, did you find yourself settling into a different kind of a new normal, and what did that look like for you? I know you said you were dealing with symptoms for approximately two years before your diagnosis. So how did that all settle in for you?

Varada Srivastava (06:49):

I think it was really difficult to settle into a new routine after my diagnosis, mostly because my life after that became very unstable and unpredictable. Flare ups during the first year of my diagnosis were very common and finding trigger food was something that I'd really struggled with because Indian food is really spicy, has lots of oil and stuff. So that was really difficult.

Varada Srivastava (07:12):

And I was 15 and I was in high school, so finding a balance between work and social life with this new disease was also very difficult. My parents really helped me out with that. My mother found new recipes and stuff that worked with Crohn's disease and they emotionally supported me a lot.

Amber Tresca (07:29):

Were you very open with them about your day to day and how the symptoms were and how, for instance, you mentioned food and how the food that you were eating affected you?

Varada Srivastava (07:41):

Yes. I think a lot of doctors in India actually did not believe me when I was telling them that I was sick, so my parents really fought for my diagnosis. So they were my biggest cheerleaders during that time.

[Music: About IBD Transition]

Amber Tresca (07:53):

We have to get into the talk about bathrooms. We just, we can't get away from it. We don't like to focus on it, but at the same time, the reality is, is that people with IBD need to use a bathroom on occasion sometimes more than other people.

Amber Tresca (08:23):

So Dr. Quezada during a flare up patients might need to be near a bathroom, but when they feel better, they should be able to go back to your life as you were describing. So I think some people get used to their symptoms and then they learn to incorporate these restrictions into their life and they work around them. How do you help your patients recognize when they're overcompensating too much?

Sandra Quezada, MD (08:49):

Yeah, absolutely, Amber. I feel like I see this really often, more often than I'd like to, because it's unfortunate because you know your patient actually is in a great place and they should be doing all the things that they want to and they're not.

Sandra Quezada, MD (09:05):

One of the first things I do like to do though, is I like to reaffirm the patient and just how resilient they really have been, that they've been learning and managing these very, very challenging symptoms and situations that the disease can put them in and that they've done all of that with, I think more grace than most people can do. I'm inspired by my patients every day.

Sandra Quezada, MD (09:29):

At the same time then, then I say, but we can do better. And obviously, again, if there are symptoms going on, I definitely want to make sure I'm not missing something here, that there isn't maybe some disease activity that hasn't really fully been addressed and are they still managing symptoms. So first we have to make sure that that's been properly addressed. Also that maybe we're not ... If there are symptoms and maybe the disease is well controlled, is there maybe something else going on? Is there another overlapping process that ... We have a tendency sometimes to chalk everything up to the IBD and then we forget, but you can have other things too. So we definitely want to make sure we're not missing something here.

Sandra Quezada, MD (10:13):

But if we are in a place where actually you're on the right meds, you're on the perfect dose and there's no evidence of disease activity, and actually, it sounds like even symptom wise, you're doing pretty well ... And I have had patients where they're in that place where they're in remission, they're doing great, but there are some activities they don't want to do because they're afraid that it's going to trigger another flare. And then they just want to really hold onto and protect being in remission, which I fully support and understand.

Sandra Quezada, MD (10:43):

But sometimes I think it's clarifying that these activities that they're concerned about may not actually be associated with triggering a flare, that it's perfectly safe. For example, a patient of mine who was an avid runner and was just a really, really amazing athlete, really, but had stopped running clearly in the midst of a flare up, which is understandable, you need to give your body a break. But then they were doing so well and then I realized that they hadn't restarted running again at all.

Sandra Quezada, MD (11:16):

And they were just concerned that this would somehow trigger a flare and I was just reassuring them, we don't have any evidence to suggest that that is connected to triggering inflammation and that you're going to have another flare, and so it's safe. Reassuring them it's safe and even healthy for them to get back and engaging in these activities.

Sandra Quezada, MD (11:37):

So again, I think it's making sure that we're not missing something if there really is a disease activity that we need to get them to a better place. But if they're already there, then it's just about like, let's clarify what are your goals. If you were feeling awesome or you weren't even worried about triggering a flare, what would you be doing? What would be those things you want to do? And then one by one, really thinking through why this is probably actually fine for you to do, and not only fine, but healthy and you should do it.

Amber Tresca (12:06):

Right. And you shouldn't have to leave behind the things that make you, you.

Sandra Quezada, MD (12:10):

Right.

Amber Tresca (12:11):

Going back to what you loved before should really be like, when we talked about treat to target, maybe that should be one of the targets. And so you have to let your physicians know that these are the things that are really, really important to you and that you need to get back to them.

Sandra Quezada, MD (12:23):

Absolutely.

Amber Tresca (12:23):

Varada, how about you, have you had this experience where you found yourself sticking close to home or to safe spaces? And how did that affect you, especially you were so young, you were a teenager and now as a young adult? And how does it affect your social life?

Varada Srivastava (12:41):

Yes. I think one of the major decisions of my life, which was choosing a university was really impacted by me getting diagnosed. So I did not go to another state. My parents live in the state where I go to the university, and that was really disappointing because I felt like I was missing out on a lot of opportunities and going to a different place. For some time it really made me resent my disease, but I think as I've grown up, I've realized that it's important for me to work with it.

Amber Tresca (13:12):

Do you ever bring it up to your doctors when you find that your symptoms are limiting the things that you want to do with your life? Or do they ever ask you about that?

Varada Srivastava (13:20):

Yes. During flareups, I truly like to discuss this with my doctors because studying and doing normal activities becomes very difficult. Mostly the advice that I get is to focus on my health and get better first and then focus on the rest of the things, which sucks, but it's the best advice to get.

Amber Tresca (13:43):

But at the same time you have things that you want to do.

Varada Srivastava (13:46):

Yes. It's a frustrating position to be in, but you have to accept it. My friends and family usually ask me how I deal with all of this and I think, I don't really know how we deal with it. I think it's just one day at a time.

Amber Tresca (14:02):

Yeah, I hear that from a lot of patients I think. Dr. Quezada, you said that you find your patients inspirational and I think though, that a lot of patients worry that they're not dealing with things very well, but maybe they're dealing with them better than they think that they are.

Amber Tresca (14:17):

But then we also have to acknowledge that sometimes patients might need a little more help if they're feeling anxiety, if it's becoming a little bit too much, they're struggling to keep up their relationships or get back to the things that they did before their diagnosis. So Dr. Quezada, is there a point or a time or something that tells you that a patient might need to work with a mental health professional to get some of these things resolved?

Sandra Quezada, MD (14:43):

Yeah. I mean, so sometimes during an interaction, when I'm hearing from the patient about what they've been dealing with and I get that sense that there is a more overwhelming sense of either anxiety or depressed mood that it starts to trigger for me that question, is this more than just somebody who's obviously understandably upset and dealing with a very challenging situation? Is this something that really does warrant additional mental health assistance, certainly beyond what I can provide.

Sandra Quezada, MD (15:22):

And so we do have some screening questions that we ask. And what we're asking about are, is there this persistent sense of anxiety or depression that lasts more than just a few days, that we're talking weeks now. Also, if it's really impacting your ability to sleep properly. Is it impacting your diet? Have you lost interest even in doing the things that you used to love doing? And also, if there's a sense of a loss of hope. Those are the signals that I really get concerned about.

Sandra Quezada, MD (15:58):

And honestly, if even just two of the things that I mentioned are going on, then I do at least recommend that I think it would be a good idea to touch base with a mental health provider, just to cover our bases, a therapist. We actually are fortunate at University of Maryland, because we do have an interdisciplinary practice and we do have a therapist in our clinic so we can make those easy connections.

Sandra Quezada, MD (16:26):

And the thing about it is these questions that we ask, this would be a signal for any patient, so any patient that's going through something. But I think particularly in our patients with IBD, we have to be extra thoughtful about this because depression and anxiety and these mental health diagnoses are more common among our patients with IBD. And I think it's understandable, it's because they're dealing with a lot of challenges and it's appropriate that they should get additional support to be able to manage that.

Sandra Quezada, MD (16:57):

And the other thing I like to reflect on is the fact that when our mental health isn't at its prime, if we're in some way dealing with that in addition to the physical health, that we're going to be not as well able to manage these symptoms. The way we experience the symptoms is going to be amplified by being in this not as healthy, emotional and mental state.

Sandra Quezada, MD (17:29):

And so when we can get that also under better control, you're also going to feel better, I think physically. I think it all is linked very much so. So that's I think the additional goal, not only because in and of itself, it is a worthy endeavor to want to make sure that you are at your optimal mental health, but because it's also, I think going to give you that much more bandwidth and energy, to be able to deal with the physical part of this disease.

Amber Tresca (18:00):

Right. You put that so beautifully. And I think about the early days of my diagnosis and this was 30 years ago, so there were still, I mean, there's still these people today, but there were the people who thought that I was diagnosed with ulcerative colitis because I was an anxious person. But then it becomes this sort of cyclical thing, well, no, I'm feeling anxiety because I have IBD and I need to know where the bathroom is. So it's like people say, "Well, you seem like you're anxious all the time." Well yeah, because I have this disease. It's not that I was anxious and that made me sick, it was the reverse. So I think it gets a little tangled there.

Amber Tresca (18:41):

But you're right, especially living through this collective trauma we're all living through, we all now have so much less mental space to deal with anything, just anything, tiny things even. And so dealing with a big thing on top of all the other things that are happening, it does really become extremely challenging.

Amber Tresca (19:05):

And to me, it's no wonder that anybody would be dealing with anxiety or worry. I mean, like you said, you don't want to get to this hopelessness. The hopelessness is definitely very concerning and having patients I'm sure patients have said to you things like, "This is as good as it's ever going to get for me," or, "I don't expect to be any better than this."

Sandra Quezada, MD (19:26):

Absolutely. Yeah. They're like, "I guess this is it for me," or just, "I guess this is what I'm going to be like for the rest of my life." I've definitely heard that.

Amber Tresca (19:35):

Right. Right. Varada how about you and how you have dealt with these feelings of worry or anxiety about your symptoms or about your diet or about your future since you're a young person still at school? How have you coped with all of this?

Varada Srivastava (19:52):

Even though I'm in remission right now, I feel like I'm always wondering when my next flare up is coming. It's a constant worry that I have and trying new food for example, is something I'm always anxious about. But I think support groups and therapy have really helped me to deal with this anxiety.

Amber Tresca (20:11):

Did you have any in-person support groups that you found or were they mostly online?

Varada Srivastava (20:17):

I actually started a support group in my university, but it's not IBD specific, it's mostly for students with chronic illness. And then through CCYAN I got to know about a lot of other fellows from India and all of us collectively started a support group. So that takes place in New Delhi sometimes. A lot of it is offline, but some of it is online as well.

Amber Tresca (20:40):

So you have a support group for people who live with chronic illness at your school that you started, which is not surprising to me at all, but what do you find that you all have in common?

Varada Srivastava (20:52):

I feel like all of just us have anxiety in common and just fear of the future. I'm in my third year right now and all of us are truly worrying about our masters and graduating and all of that stuff. So that really comes into a play because I wanted to study in Europe after graduating. And for me, I feel like my academics is not really something I'm that worried about. I'm not only worried about my grades, I'm also worried about how insurance is going to get figured out and how I'm going to travel with all of my medications and I have a new physician.

Varada Srivastava (21:26):

So I think that is something all of us really worry about. We constantly have to keep this really big thing in mind. Also, we're in college, we obviously party a lot and that is something I feel like sometimes we feel left out in, because we can't party for seven days straight, not even three days straight.

Amber Tresca (21:48):

Or you could, but maybe you just shouldn't.

Sandra Quezada, MD (21:49):

Yeah.

Varada Srivastava (21:50):

Yes.

Amber Tresca (22:00):

Dr. Quezada, even though we want patients to live their lives, at times there's probably a real good reason to limit activities such as during a flare up, maybe after surgery. Do you have any tips for patients about when they really should be taking some time for themselves in order to recuperate and to get better?

Sandra Quezada, MD (22:18):

Absolutely. I mean, especially with, I think flareups in particular, I think this is an interesting thing to talk about because patients know their bodies. Patients know, and they oftentimes can tell well before we do, as the provider, that something is awry, that something's moving in the wrong direction.

Sandra Quezada, MD (22:40):

And so first and foremost, I think it's important to reinforce to patients again, this is a partnership, we got to be in communication frequently. And when you start to notice things aren't going right, first and foremost, let me know, let us know, so we can get ahead of this. It doesn't always happen that way. Sometimes things really escalate quickly. And so either way, I always definitely want to make sure that ...

Sandra Quezada, MD (23:05):

There are some patients who just, again, because I think they've been so good at managing and sort of pushing through that they keep pushing through, even as they know the flare is happening. And so it's about reminding patients too like, no, you need to give yourself some space, some time, give your body a chance to rest and to heal, you need to sleep.

Sandra Quezada, MD (23:28):

You need to think about, again with the diet. I often recommend, especially if you're in a flare, avoid dairy, avoid the raw fruits and vegetables. We have some foods that we avoid generally speaking. It's not for everyone. Not everyone responds exactly the same way, but the ones that we know tend to make things worse.

Sandra Quezada, MD (23:49):

And just again, to give yourself an opportunity to rest, to heal and reach out, to not think that you need to manage this and just power through it on your own. Because certainly if there's something on our end that we can help with, maybe we need to rule out an overlapping C. diff infection, or maybe we need to make sure that your drug is still working the way that it should be. Gosh, we don't want you to flare for a minute longer than necessary, and if there's anything we can do to tweak, then we need to know that you're having those symptoms sooner rather than later.

Amber Tresca (24:27):

Right. That's a good point that some of these things may be a solvable problem.

Sandra Quezada, MD (24:31):

Yeah.

Amber Tresca (24:31):

But you need to bring it up to your doctors so that they know so that they can start to dig into it and figure out what's going on there. Varada, do you have any tips for patients who are avoiding activities, are avoiding social situations because of their IBD? What would you say to someone else that's dealing with the same issues that you are?

Varada Srivastava (24:49):

I think it's really important to tell the people around you. One of the great things I did, even though I was really scared to do it was tell my roommate about it. And she's one of my best friends now and she's really supportive of it, even though she does not have IBD or any other illness. I think people even surprise you by how supportive and loving they can be. And sometimes you don't get the reaction that you want, but mostly, I think people are nice and they will be supportive if you open up about your disease.

Amber Tresca (25:21):

I think sometimes we have to trust people and that maybe that doesn't come easy with a diagnosis of IBD, but if you trust people with your truth, they could really help you. Is your roommate your bathroom spotter for you, Varada?

Varada Srivastava (25:34):

She is. So I get the biosimilar version of Humira, it's also an injection. So she also always comes and helps me out with that as well.

Amber Tresca (25:48):

Does she do your injection for you or do you do it yourself?

Varada Srivastava (25:51):

I actually go to a clinic here in my university and the nurse does it. She came with me for the first time and she was freaked out because it's an injection you get on your stomach and she'd never seen that and the nurse spent more time calming her down than me. She was really freaking out. She had her hand on my shoulder and the nurse was like, "It's fine. She gets this a lot. You need to calm down. You can leave."

Sandra Quezada, MD (26:21):

So ironic [crosstalk 00:26:21]-

Amber Tresca (26:21):

So she comes with you now still?

Varada Srivastava (26:24):

Yes, she does. She's really nice. She always, like every 15 days, she's there.

Amber Tresca (26:30):

But she watches you get your injection now and is she better with that?

Varada Srivastava (26:34):

They don't allow her in the room anymore. She waits outside.

[Laughter]

Sandra Quezada, MD (26:45):

Oh my gosh. Well, there you go.

Amber Tresca (26:45):

But she comes with you.

Varada Srivastava (26:46):

Yes.

Sandra Quezada, MD (26:46):

Yeah.

Amber Tresca (26:48):

That is true love and your roommate is going to be someone that you're going to be friends with the rest of your life.

Sandra Quezada, MD (26:54):

Yes. That is a special bond. Yeah.

Amber Tresca (26:57):

Absolutely a special bond. Varada, you're a Crohn's and Colitis Young Adults Network fellow. Can you tell me a little bit about that and what that has been like in your life these past few months?

Varada Srivastava (27:11):

So I applied for the fellowship last year, and thankfully I got selected. I read about Sneha and all the amazing work she is doing. And I think this is the only international fellowship, because there are a lot of forums and other resources for people with IBD living abroad, but not so much for people living in India. So this was the first international fellowship or any sort of resource I came across and that's what really made me interested in it. I think last year also we had a fellow from India, so it was really nice to see all of that and representation.

Amber Tresca (27:50):

CCYAN also allows for the possibility of fellows to be able to go to a conference. Is that something that you have in the works this year?

Varada Srivastava (28:00):

Yes. So we go to the international IBD conference every year. Right now I think we will be attending it online because of COVID. We're not very sure, but usually they fly us out from wherever we live, which is all across the world. But they fly us out, we meet, we hang out and it's really great. We just had a meeting yesterday and we were just hanging out and having fun.

[Music: About IBD Transition]

Amber Tresca (28:38):

Dr. Quezada, I was on your Twitter. Now you're going to find out how far I was digging back into your Twitter to learn a little bit more about you. I was hoping that you had shared something a little more personal and you did. So it looks like you picked up the piano either again or for the first time recently.

Sandra Quezada, MD (29:09):

Yes. Yeah.

Amber Tresca (29:10):

Can you please tell me a little bit about that?

Sandra Quezada, MD (29:11):

Yeah, sure. So I love music and in elementary school, I learned the clarinet for a little while, but really middle school was guitar. And I still play guitar, but I always wanted to learn piano. And I had for literally decades been putting it off and just like, "Oh, someday I'll learn how to play piano," and was like, "Maybe when I retire and I'll have more time, I'll start taking piano lessons."

Sandra Quezada, MD (29:39):

And I guess it was about a year ago, actually that I was visiting my sister and my nephew was getting piano lessons. And it was of course in the midst of the pandemic, so his piano instructor lived hours away and they were doing it over the phone. I was like, "Oh, that's fascinating. It never occurred to me that you could do that." And suddenly it was like a light bulb went off and I was like, "I could do that. If I can do it from home and my piano instructor can just Zoom in and teach me, then why not? Why do I have to wait until I'm retired? I should just figure out a way to do this now."

Sandra Quezada, MD (30:16):

And so I actually work with the same instructor who teaches my nephew, who's just a wonderful human being out in Virginia Beach and it's been going great. It's been really fun. It's I think important to always try to challenge yourself, to learn new things. And I'm grateful that I decided not to wait until I'm retiring to go ahead and, just like we've been talking about, to do the things now that you want to do and learn the things that you want to learn.

Amber Tresca (30:49):

So there's something that I have been thinking about a lot as I'm in the tail end of my 40s, and that's the idea that you can do something because it is fun and it enriches you, but you can also be bad at it. Does that make sense? And I'm not saying that you're bad at anything, but what I'm saying is-

Sandra Quezada, MD (31:13):

Well, I'm not quite good, let's be honest.

Amber Tresca (31:15):

But you're learning and I think that-

Sandra Quezada, MD (31:16):

I'm having fun.

Amber Tresca (31:18):

Right. As a child, you expect that to be the case, but as an adult learner, I feel like for myself, I've had to come around to understanding that I'm not going to be good at every new thing I try. Is that something that you ever think about as well, and as you're going through your piano lessons with your instructor?

Sandra Quezada, MD (31:40):

Yes, definitely. I think in fact, it's nice to have an activity where you can just giggle when you mess up. If anything, I laugh at myself when I realize like, oh, I can't get this. And it's part of the fun is just allowing myself to make the mistakes and just be like, "It's all part of the fun." So yes. And the videos that I post is not because I'm playing anything very exciting to watch and not without mistakes, but it's like, here it is, this is where I am right now and I'm just happy to be playing.

Amber Tresca (32:17):

Well, it's really brave. I loved it. I watched the video and then the look on your face when you shut off the ... it was just priceless, the whole thing. I just loved it. So I hope you share more videos like that. And yeah, I mean way different than a colonoscopy, right, because if you make a mistake there, that's not a giggle situation?

Sandra Quezada, MD (32:37):

Yes. Not a situation where you want to just giggle when something goes wrong. Yeah.

[MUSIC: IBD Dance Party]

Amber Tresca (32:45):

Dr. Quezada, Varada, thank you so much for coming on About IBD. I really appreciate your time and digging into this topic around how we can reduce the day to day burden with IBD. Thank you so much.

Sandra Quezada, MD (32:57):

Absolutely. Thank you so much for having me, Amber. Thank you for creating this forum, this platform for patients with IBD. And Varada, thank you so much for being amazing and for sharing just your really powerful stories. Really, really appreciate that.

Varada Srivastava (33:15):

Thank you so much for having me. This has been lovely. I truly enjoyed meeting you.

Amber Tresca (33:24):

Hey super listener. Thank you to Dr. Sandra Quezada for sharing her knowledge and experience in helping patients manage their disease and get back to living a full life. I'm so grateful that the IBD community has access to her compassion and commitment. If you also want to experience the joy of watching her videos, you can follow her on Twitter as @SandraQuezadaMD.

Amber Tresca (33:48):

Thank you also to Varada Srivastava who was so accommodating and made time to call in, despite the challenges of us being in vastly different time zones. Plus, she was able to manage the technical difficulties that tend to crop up with remote recording. You can follow her work through the Crohn's and Colitis Young Adults Network.

Amber Tresca (34:07):

Links to a written transcript, everyone's social media handles, and more information on the topics we discussed is in the show notes and on my episode 115 page on aboutibd.com. You can follow me, Amber Tresca across all social media, as AboutIBD. Thanks for listening. And remember until next time, I want you to know more about IBD.

Amber Tresca (34:33):

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