

Lack of Lifestyle Improvements in Nutrition and Exercise in a Middle-Aged Woman Limits the Ability to Manage the Diagnosis of Ulcerative Proctitis Optimally

Abstract

A middle-aged mother diagnosed with ulcerative proctitis is currently being symptomatically managed for rectal bleeding through the use of suppositories but still struggles to balance other aspects of her life to optimally manage her condition. While the medication has controlled the episodes of rectal bleeding, her inability to make accommodations to her lifestyle changes in exercise and diet, particularly her lack of nutritionally dense foods and persistent alcohol consumption, can interfere with the effectiveness of her medication and subsequently worsen the condition and amplify gastrointestinal symptoms experienced. The goal of reporting this case is to illustrate how patient adherence and compliance should work synergistically to maximize the quality-of-life patients with an ulcerative proctitis diagnosis are capable of experiencing.

Introduction

Ulcerative proctitis, an idiopathic inflammatory condition limited to the rectum, is a mild form of ulcerative colitis. It is a disease that is diagnosed based on patient clinical presentation, endoscopic findings (i.e., absence of normal rectal vascular pattern), and histopathology (i.e., acute mucosal inflammation, goblet cell depletion, and Paneth cell metaplasia). The course of the disease (i.e., refractory, relapse, remission) varies on a patient-by-patient basis, with common symptoms including lower abdominal pain, fecal urgency, and rectal bleeding. While the etiology is not known, historically, patients diagnosed with idiopathic ulcerative proctitis show a history of previously similar episodes, familial history of IBD, and indolent disease progression. Patient treatment management is individually based on patient tolerance and the course of disease severity.

Case Presentation

Demographics: 34 y/o wife and mother of two children **HPI** No HPI

PMH: Anorexia Nervosa in adolescence. Hemorrhoids and bloody stools with intermittent diarrhea during the 1st pregnancy and the 2nd pregnancy, respectively.

Medications: Suppositories **Allergies:** No Known Allergies

Family/Social History: Familial history of father, who is a sickle cell carrier, mother with untreated anxiety disorder, maternal grandmother of Ashkenazic Jewish Descent with h/o breast cancer and chronic depression, maternal grandfather h/o stroke at 45 y/o and 60 y/o, maternal aunt who had breast cancer, and paternal grandfather who has HTN.

Physical Exam Findings: VS: BP 122/8, R 14, T 98.6, P 70, regular
Hgt 5 ft. 0 in. Wgt 100lbs Waist circumference 22 in. BMI 17

Immunizations/ Screening Recommendations:

Screening: Cervical Cancer, BRCA gene risk assessment, HIV Screening, HTN Screening

Immunizations: Influenza Vaccine, COVID-19 Vaccine, Tdap, MMR, Varicella

Health Promotion

Diet: Patient currently doesn't have a dietary regimen. She emphasizes fruits and vegetables and salads and doesn't consume fried foods, but has inconsistent dinner meals, primarily consisting of fast food and pre-prepped meals. Based on the literature, a Mediterranean diet has shown the greatest therapeutic potential for patients with ulcerative colitis, so I'd recommend this to my patient and encourage her to customize it in a manner that best suits her lifestyle.

Exercise: Although the patient is an active mother whose occupation requires her to stand and walk, as per current CDC Guidelines, the patient is still not currently meeting the guidelines. I'd recommend her choosing to do an aerobic activity of moderate intensity, 150 min/week to complete with her children, and muscle strengthening > 2 a week for at least 10 minutes. This allows her to be able to incorporate it into her daily routine, involve her children, and prioritize her health.

Harm reduction: The patient should limit her alcohol consumption to special occasions to avoid diminishing the effectiveness of her medication and minimizing the onset of additional gastrointestinal symptoms. She finds enjoyment in attending parties and engaging in outings every weekend, but perhaps making this limitation will allow for better management of her condition; literature shows a higher risk of relapse and GI symptoms after alcohol consumption in patients diagnosed with IBD.

Discussion

This case is unique as it showcases that every patient's individual circumstance varies from case to case, and there is no one-size-fits-all solution. Clinicians can learn how patient education and guidance to the appropriate resources upon patient diagnosis can guide their patients to more successful patient outcomes. Due to the variety of course severity of ulcerative proctitis and varied patient presentations, our current knowledge about the best course of treatment for each patient is limited and requires further research. Nonetheless, efforts are being made in the right direction to discover the appropriate course of treatment to best assist patients in navigating through these chronic inflammatory conditions.

Conclusion

Based on this case report, it's evident that clinician-patient education and resource guidance upon diagnosis are important for patient adherence and compliance. While etiologies and thorough understanding of many disease processes are still poorly understood, clinicians can implement efforts that have been proven effective through science-based research to optimize their patients' success.

References

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