

'When is this going to stop?' Stoney Creek mom turns to biologics for relief from Crohn's disease symptoms

COMMUNITY

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For Jaime Cottrill, the battle against Crohn's disease means more than just a few extra trips to the bathroom.

By 2012, in addition to abdominal pain, nausea and frequent bathroom breaks, the Stoney Creek mother of two was suffering with joint pain and swelling, chronic fatigue and flare-ups in her skin and eyes.

Cottrill was admitted to hospital several times. She underwent nine surgeries in a two-year span in a desperate attempt to restore normalcy to her life.

"You never know when a flare-up is coming," said Cottrill, now 37. "Crohn's can be like a dark circle, a vortex that can suck you in. Before you know it, you're going in for your sixth or seventh surgery and you really stop and wonder, 'When is this going to stop?'"

By 2013, Cottrill's inflammatory bowel disease had a major impact on her career and family life. While cycling in and out of hospital for surgeries and treatment, Cottrill was forced to rely on family and friends to help care for her two-year-old twin sons.

"That took a big toll on my husband, who had to be dad and mom," said Cottrill. "All that time away is time away from my kids and my family, so that was especially hard."

Cottrill hasn't seen an operating room since 2015. She's currently managing her Crohn's symptoms with biologic medication. And while her Crohn's disease has not gone fully into remission, Cottrill estimates her symptoms have improved by at least 50 per cent.

"It's working well," said Cottrill. "I'm starting to see some symptom relief and better quality of life."

Cottrill has taken a leave of absence from her fast-paced career as an emergency room nurse, but hopes to return to work if her symptoms improve further.

Biologic medications target and block molecules involved in inflammation. Grown from living cells, biologics are showing promising results for patients suffering from Crohn's and colitis, according to Dr. John Marshall, a gastroenterologist at McMaster University Medical Centre, who lists Cottrill among his patients.

While individual outcomes have varied, Marshall said biologic therapy is yielding positive results for a majority of Crohn's and colitis patients.

"We certainly do see people who have had a really miraculous response to therapy and get their lives back," said Marshall. "Jaime's had a particularly challenging course because she's tried several things and is on a newer thing that is giving her some benefit. "But on average, if you take people who are earlier on in their disease, in general for people with biologics, 80 per cent might see improvement in their disease and 50 per cent might feel like they're in remission, as they're symptoms go away."

For many patients, said Marshall, surgery is one of the only alternatives to biologic therapy.

"Surgery has its own complications, like scar tissue, and it really sends (patients) on a bad path," said Marshall.

Wayne Taylor, executive director of the Cameron Institute, said provincial governments should prioritize access to state-of-the-art treatments, like biologics, for the treatment of chronic diseases like Crohn's and colitis.

The Ontario-based think tank has released a new report, titled, IBD Research and Treatment: Canada's Fame and Shame.

Taylor said most Ontarians with a private drug plan will have coverage for biologics.

"Most private insurance plans don't have co-pays or limits and have open-ended coverage. They're OK, as long as a doctor recognizes the value of prescribing biologics," said Taylor.

But Taylor notes people working in a private sector, non-unionized environment may be dependent on a provincial drug plan, which does not cover biologic therapy.

"You have to go to Trillium or one of the exceptional access plans, that may also deny coverage, or defer you to a lower-cost, less effective treatment," said Taylor.

While he acknowledges biologic therapy is expensive, Taylor views the issue of price and cost as a red herring.

"It's an excuse not to change what we do. I just hate that kind of thinking, when people are blind to the evidence. The evidence is clear: it costs the same, plus or minus a dollar, and yet the patient's better off. But there's just that inertia to change how we do things. And that's what's so frustrating."

The Cameron Institute report also addresses Canada's patchwork of prescription coverage that varies from province to province.

A national pharmacare plan, which has been proposed by the federal New Democrats, could

solve the problem, as long as the plan doesn't steer patients away from biologics. While many public and private insurance plans allow insurers to substitute generics, or the lowest-cost therapy, whenever possible, biologics have no generic equivalent.

"What we need is a comprehensive, catch-all (plan) for everybody," said Taylor. "It's cheaper to do preventive maintenance on your car, so why don't we do that with people? We have the opportunity."

Marshall acknowledges patients who lack private insurance often face challenges accessing biologics.

"There's a lot of inequity in terms of where people live and what insurance they have, so it is, for sure, a challenge," said Marshall.

In some cases, drug companies themselves have offered medications to patients who could otherwise not afford treatment.

"But, you know, you'd hate to rely on drug companies to do that. You'd like to see the public health-care system do a better job of providing access to these (medications)," said Marshall.

Marshall said although it's easy to be scared by the cost of a medication, it's also important to look at the big picture. With an average age of onset for Crohn's and colitis in the 20s, the disease hits people at a critical point in their lives when they're going to school, forming relationships, and starting jobs and families.

"If that decade goes poorly because of disease, it has huge ripple effects. If you can get people better faster, get people back to work, get them through their schooling, it has big social benefits," said Marshall.

Marshall acknowledged that finding the right biologic medication is often a process of trial and error.

Cottrill started her first biologic medication in 2007 and initially had a great reaction. But the medication stopped working for her.

Since starting her new biologic therapy in 2015, Cottrill is seeing steady improvement.

"I feel like the longer I'm on these medications, the better I'm getting," she said.