PATIENT HANDOUT

Is It a Flare, or Something Else?

A short guide to telling a Crohn's or colitis flare apart from something that needs different attention

VANCE HEALTH HUB · PATIENT HANDOUT

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Not every bad gut day is a flare, and the difference matters: treating an infection as a flare, or a flare as "just a bug," can mean the wrong treatment, or none at all. This isn't a diagnosis; it's a starting point for the call you make to your IBD team.

Your VanceHealthHub Health Record lets you log symptoms, bowel pattern and dates in one place, so when you do call your team, you're describing a pattern, not guessing from memory.

AT A GLANCE

Quick-Reference Checklist

Sounds like a flare	Worth checking first	Get help now
– Matches your usual pattern	– Started after antibiotics – Recent travel or new food – Others nearby had similar symptoms – Worst it's ever been	– Severe or worsening pain – Large amounts of blood – Fever with other symptoms – Signs of dehydration

SIGNS, NOT A CHECKLIST

Signs That May Suggest a Flare

Signs that may suggest a flare include going to the toilet more than 5 times in 24 hours, or more than is normal for you; loose stool or diarrhoea with blood or mucus lasting more than 3 days; and abdominal pain.[1] You don't need every one of these to be having a flare, and having one or two doesn't confirm it either: this is a starting point for a conversation with your team, not a checklist to self-diagnose against.

THE LOOKALIKES

Things That Can Look Like a Flare But Aren't

Symptom pattern	What it might actually be
Started within a day or two of a course of antibiotics	Antibiotic-associated diarrhoea, or a C. difficile infection; your team may arrange stool testing, particularly to exclude C. difficile.[2]
Sudden, severe symptoms after travel or new food, especially with vomiting	Food poisoning or gastroenteritis, usually short-lived.

Symptom pattern	What it might actually be
Recurring pain linked to bowel habit, without fever or bleeding	Could be IBS overlapping with IBD, common even in remission, and it fits a different pattern (Rome IV criteria).[3]
Fatigue or low mood without much change in bowel habit	Still worth mentioning to your team: long-term gut conditions commonly affect both, flare or not.

DON'T GUESS, TEST

The Tests That Tell the Difference

Two tests do most of the work. A faecal calprotectin test measures inflammation in the gut and is what NICE recommends to help tell IBD-type inflammation apart from IBS, and to track how active your disease is over time.[4] A stool test for infection, including C. difficile, is the other, and it matters even if you're fairly sure it's a flare: people with IBD are up to eight times more likely to pick up a C. difficile infection than the general population, and the two can look identical from the toilet.[2] Current guidance is to test for infection before treating symptoms as a flare, not after.[2]

> **Why the order matters**
> Because C. difficile infection and an IBD flare can look very similar, your team may test for infection before deciding whether your IBD treatment needs changing.[2]

DON'T WAIT AND SEE

Red Flags: When to Get Help Immediately

> **Call 999 or go to A&E if you have:**
> Severe or rapidly worsening abdominal pain · large amounts of blood, or black, tarry stool · a fever alongside your other symptoms · signs of dehydration such as dizziness, a fast heartbeat or confusion · a swollen, hard or very painful abdomen.[5]

If any of these apply, don't wait to see if it settles. Otherwise, contact your IBD team or GP within a day or two of symptoms starting so they can decide what testing you need.[1]

KNOW YOUR BASELINE

Tracking Your Own Pattern

The clearest signal that "this is different" is usually a comparison to what you already know about your own flares, which only works if the last one is written down somewhere. Logging symptoms, bowel frequency and any possible triggers turns "it feels worse than usual" into an actual pattern your IBD team can act on.

- Health Record: log symptoms, bowel pattern and dates in one private place
- Malnutrition Calculator: track unintentional weight change over time
- Gastro Health Survey: flag a symptom pattern worth raising with your team

GLOSSARY

A Few Terms Explained

Term	What it means
Flare-up	When symptoms return and you feel unwell, matching your own established pattern.[1]
Faecal calprotectin	A stool test measuring gut inflammation, used to help tell IBD from IBS and to track disease activity.[4]
C. difficile (C. diff)	A bacterial gut infection that can cause diarrhoea, more common in people with IBD, and needs its own treatment.[2]
Remission	When you feel better and disease activity is low or absent.
IBS	Irritable bowel syndrome, a separate condition that can overlap with IBD in remission, diagnosed by symptom pattern rather than inflammation.[3]

IF YOU'RE STILL UNSURE

More Support From VanceHealthHub

- **Health Record**: log symptoms, bowel pattern and dates in one private place
- **Gastro Health Self-Assessment**: a short questionnaire pointing you to relevant research, tools and recipes
- **Malnutrition Calculator**: track unintentional weight change to raise with a dietitian or GP
- **VANCE-Ai**: a starting point for questions between appointments, not a substitute for your care team
- **Gastro Health Explained & Clinical Data Reviews**: condition pages and referenced research summaries

None of these replace your GP, gastroenterologist or dietitian, and nothing on VanceHealthHub should be used to diagnose or treat a condition.

FURTHER SUPPORT

Other Organisations & References

Crohn's & Colitis UK · Guts UK · The IBS Network · IBD UK (IBD Standards) · NHS 111 (non-emergency advice)

1. Crohn's & Colitis UK. Flare-ups, ed 2, 2023.

2. AGA Institute Clinical Practice Update. Management of Clostridioides difficile infection in patients with inflammatory bowel disease. Clin Gastroenterol Hepatol, 2026 update.

3. Lacy BE, et al. Bowel Disorders (Rome IV). Gastroenterology, 2016;150(6):1393-1407.

4. NICE. Faecal calprotectin diagnostic tests for inflammatory diseases of the bowel, DG11 / HTG320.

5. NHS. Guidance on urgent and emergency abdominal symptoms, nhs.uk.

Medical disclaimer: general information only, not a substitute for advice from your own healthcare team. For a life-threatening emergency, call 999 or go to A&E. If you need urgent medical advice and it isn't an emergency, contact NHS 111.