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# FOOD FOR Thought

Nutrition & IBD

*This program is supported by a sponsorship from Shire.*



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## Faculty Introduction

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## Today's Objectives

- Describe the importance of diet and nutrition in inflammatory bowel diseases (IBD)
- Review the effects of IBD and IBD medications on digestion and nutrients
  - Share data on the role of diet in IBD development and relapse
- Explain special diets for IBD

## Today's Objectives (cont.)

- Discuss popular diets and IBD
- Review general healthy eating principles
- Review suggestions for diet during a flare
- Discuss eating outside your home at holidays and gatherings

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Importance of Diet  
and Nutrition in  
Inflammatory Bowel  
Diseases

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Importance of Diet and Nutrition

- Diet and nutrition are important parts of IBD management
- *Diet* is the actual food that is consumed
  - “What you eat”
- *Nutrition* refers to properly absorbing food and staying healthy
  - “How you eat”
- Incorporating good nutrition into your diet is essential

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## Why is Diet Important?

- IBD is thought to arise from a combination of genetic, immune system, environmental causes, and alteration of the gut bacteria
  - Reasonable to think that food/diet may play a role

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## Why is Diet Important?

- Eating can cause significant symptoms in patients with IBD
- Fear, lack of response, or dissatisfaction with current conventional medical or surgical therapies leads to searching for alternate “natural” or complementary options
- Unfortunately, the role of diet is very complicated
  - No consistent evidence that any specific foods cause IBD or cause flares of disease




## Why is Diet Important?

- 15.6% of patients feel that diet causes IBD
- 40% of patients believe that certain foods cause flares
- Nearly one-half of patients with IBD report that IBD changes the pleasure of eating
- About two-thirds of patients report not eating certain foods they usually like to eat to prevent flares

Zallot C et al. *Inflamm Bowel Dis.* 2013;19(1):66-72.




## Role of Diet

- No evidence that diet can *cause* or *cure* IBD
- IBD is not related to food *allergy* but symptoms may be worsened by food *intolerance*
- Proper diet may:
  - Improve symptoms of IBD
  - Enable healing
  - Give sense of control over IBD management
- Diet should be individualized for each IBD patient, as food intolerances vary




## Diet Research

- Studies on the relationship between diet, nutrition, and IBD are limited
- Most studies are small, resulting in anecdotal outcomes
- Diet may have an impact on disease, but research has been inadequate to show how this takes place
  - Effects on immune system?
  - Changes in gut bacteria?

Hou JK et al. *Am J Gastroenterol.* 2011;106(4):563-573.




## Diet Research: Diet and IBD Development

- 2011 systematic review of diet and IBD
- Fats and meats
  - High intake associated with increased risk of IBD
- Fiber and fruits
  - High intake associated with reduced risk of CD
- Vegetables
  - High intake associated with reduced risk of UC
- Take home points
  - Limitations with this review (different studies, retrospective)
  - Not necessarily particular foods, but components common to many foods may have a role
  - Studies did not explore role of diet on current disease activity

Hou JK et al. *Am J Gastroenterol.* 2011;106(4):563-573.

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## Diet Research: Food and Flares

- Within the large internet-based study: CCFA Partners
  - Food frequency questionnaires were used to measure eating patterns
  - Open-ended questions were asked about foods that improved or worsened IBD symptoms
- Foods that more frequently improved symptoms
  - Yogurt, rice, bananas
- Foods that worsened symptoms
  - Non-leafy vegetables, spicy foods, fruit, nuts, leafy vegetables, fried foods, milk, red meat, soda, popcorn, dairy, alcohol, high-fiber foods, corn, fatty foods, seeds, coffee, and beans
- Take home points/limitations: self-reported, likely related to intolerances, no measures of inflammation


Cohen AB et al. *Dig Dis Sci*. Aug 2012. Epub ahead of print.


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## Principles of Good Nutrition

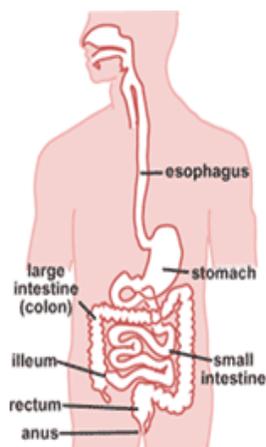
- Maintaining good nutrition is key to:
  - Medications being more effective
  - Healing, immunity, and energy levels
  - Preventing or minimizing gastrointestinal symptoms and normalizing bowel function

## Importance of Nutrition

- Patients with IBD are at risk of malnourishment
  - Loss of appetite (due to nausea, abdominal pain)
  - Chronic disease tends to increase calorie needs of the body
  - Poor digestion and absorption of nutrients (Crohn's disease, in particular)
  - Consequences of certain IBD medications which can waste particular nutrients

## The Digestive System

- Digestion is the process by which food is converted into substances that can be absorbed by the body
- Body absorbs nutrients from food to function properly
- Most absorption occurs in small intestine
- Watery food residue and undigested secretions pass into large intestine where water is reabsorbed
- Solid, undigested food mixes with bacteria living in the large intestine to form bowel movements

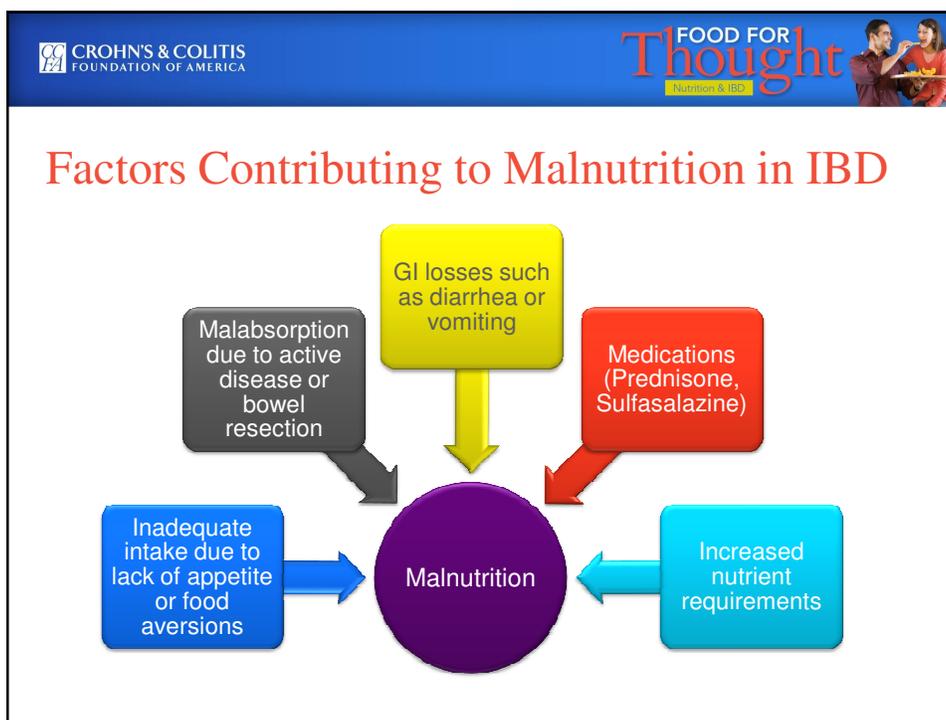


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## Effects of IBD on Digestion

- Ulcerative colitis (UC)
  - Small intestine works normally
  - Inflamed colon causes urgency and does not reabsorb water properly, resulting in diarrhea
- Crohn's disease (CD)
  - Inflamed small intestine is less able to fully digest and absorb nutrients (malnutrition)
  - Incompletely digested foods that travel through colon may also cause diarrhea

## Importance of a GI/Dietitian Team

- Can work together to identify factors associated with nutrient loss and recommend replacement
- Optimizing nutrition can improve healing, particularly after surgery
- Nutrition changes are complementary to medical therapies that treat the underlying inflammation
- Unfortunately, limited access to dietitians specializing in IBD in some areas and limited time in GI visits to address nutrition

## Nutrient Deficiencies

### Ulcerative Colitis

| Nutrient  | Risk Factor                           |
|-----------|---------------------------------------|
| Folate    | Sulfasalazine                         |
| Calcium   | Prednisone                            |
| Vitamin D | Reduced intake, lack of sunlight      |
| Magnesium | Diarrhea, tacrolimus, or cyclosporine |
| Iron      | GI bleeding                           |
| Potassium | Diarrhea, vomiting                    |

### Crohn's disease

| Nutrient    | Risk Factor   |
|-------------|---|
| Vitamin B12 | Inflammation or resection of ileum                    |
| Vitamin A   | Fat malabsorption in upper GI tract                   |
| Calcium     | Prednisone  |
| Vitamin D   | Reduced intake, inflammation, lack of sunlight        |
| Zinc        | Diarrhea, fistula, inflammation, or resection jejunum |
| Magnesium   | Diarrhea, tacrolimus, or cyclosporine                 |
| Iron        | GI bleeding   |
| Potassium   | Diarrhea, vomiting                                    |




## Research on Vitamin D

- Higher levels of Vitamin D are associated with a reduced risk of development of Crohn's disease
- Vitamin D deficiency is common in IBD and is independently associated with lower quality of life and greater disease activity in Crohn's disease
- In a small randomized trial, oral vitamin D replacement reduced the risk of relapse in Crohn's from 29% to 13% (p=0.06)

Ananthakrishnan JK et al. *Gastroenterology*. 2012;106(4):563-573.  
 Ulitsky A et al. *J Parenter Enteral Nutr*. 2011;35(3):308-316.  
 Jorgensen SP et al. *Aliment Pharmacol Ther*. 2010;32(3):377-383.






## Is There a Special Diet for IBD?

- NO, THERE ARE NOT SPECIAL DIETS FOR IBD
  - However, based on your type of IBD, dietary modifications can help with symptoms
- Several diets advertised specifically for managing IBD
- Many claims are supported by small numbers of subjects
- Most have not been proven scientifically and benefits have not been seen in formal studies
- Talk to your doctor about your questions

## Is There a Special Diet for IBD?

| Diet                            | Proposed Approach and Description  |
|---------------------------------|--|
| Elimination diet                | Keep a food or symptoms diary over several weeks as various foods are "eliminated", removes food intolerances  |
| Low-fiber with low-residue diet | Minimizes the intake of foods that add bulk residue to stool (raw fruits, vegetables, seeds, nuts)<br>Often used in patients with strictures or during flares  |
| Total bowel rest                | Period of complete bowel rest (during which patients are nourished with fluids delivered intravenously) may decrease inflammation and has been effective in CD or in patients with fistulas  |
| Elemental diet                  | Limits carbohydrate intake to reduce microbes that might contribute to symptoms  |
| Gluten free diet                | Excludes grains that contain the protein gluten; used with coexisting disorders, such as celiac disease. In irritable bowel syndrome (IBS), gluten can increase intestinal permeability and diarrhea in patients with genetic markers (HLA-DQ 2/8 +) |

## Key Messages: Diet

| Diet cannot  | Diet can   | Diet should be  |
|--|--|---|
| <ul style="list-style-type: none"> <li>Prevent IBD</li> <li>Provide sustainable disease control</li> </ul> | <ul style="list-style-type: none"> <li>Help symptoms while disease is being treated in other ways</li> </ul> | <ul style="list-style-type: none"> <li>Individualized based on               <ul style="list-style-type: none"> <li>Which disease you have (CD vs UC)</li> <li>What part of intestine is affected</li> <li>Disease activity (remission vs flare)</li> <li>Targeted nutrient support based on disease location or medications</li> </ul> </li> </ul> |

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## Nutrition Support Therapy

- Additional supplementation may be necessary during the disease course if weight loss, oral intake issues, surgery, obstruction, severe inflammation
- Liquid nutritional supplements
  - PediaSure®, Ensure®, Boost®, Boost® Kid Essentials
- Enteral nutrition
  - Nutrient-rich liquid formula administered through
    - Nasogastric tube (NG tube): from nose to stomach
    - Gastrostomy tube (G-tube): from abdominal wall to stomach
- Parenteral nutrition
  - Delivered through catheter placed into large blood vessel
  - Requires specialized training to administer






## IBD Management: Overall Picture

- IBD treated through a variety of treatment approaches
- Good nutrition does not replace conventional medical and surgical therapies for IBD
- Complementary approaches can help with symptom relief
  - Dietary modifications and supplements
  - Stress management
  - Exercise



## Dietary Management of Inflammatory Bowel Diseases

## Popular Diets: Sorting Fact from Fiction

- No specific diet has been proven to control symptoms of IBD
- Many options exist and are promoted on the internet but...
  - Few well-controlled published studies
  - Can be difficult and complicated to follow
  - Potentially risky – restrictions may lead to poor growth, poor healing, and/or nutrient deficiencies
  - May actually worsen symptoms

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## The Specific Carbohydrate Diet™

- Problems and Inconsistencies
  - Very restrictive!
  - Difficult and time consuming to follow
  - Excluding starchy vegetables and grains eliminates dietary sources of short-chain fatty acids
    - Short-chain fatty acids (SCFA) are the preferred fuel source for colon cells
    - Boosting amount of SCFA in large intestine may actually decrease symptoms of IBD
  - Allowed foods include legumes known to contain certain carbohydrates that are not digested well

## The Low FODMAP Diet

- Dietary approach to minimizing symptoms associated with irritable bowel syndrome (IBS)
  - F = Fermentable
  - O = Oligosaccharides
  - D = Disaccharides
  - M = Monosaccharide; A = and
  - P = Polyols
- May be helpful in reducing gas and bloating
- Requires careful label reading
- Planning with an RD can result in a nutritionally complete diet

## High Protein Diets

- Atkins™
  - Emphasizes meat, eggs, cheese – sources of saturated fat and protein
  - Limits grains, fruits, vegetables, dairy products
  - Problems
    - Electrolyte abnormalities, dehydration, problems concentrating, bad breath, constipation
    - Diets high in red meat have been associated with an increased risk of prostate and colon cancers
    - Lack of fiber and other nutrients may increase risk for heart disease, stroke, diverticulitis, cancer

## High Protein Diets

- South Beach Diet®
  - Healthier version of Atkins because it limits disease-causing saturated fats
  - However, also limits nutrient-dense foods like carrots, watermelon, bananas, and pineapple
  - Menus average ~1200 calories per day
    - Difficult to meet vitamin and mineral needs and unlikely to meet calorie needs
- Paleo Diet
  - Eliminates refined sugar, dairy, legumes, and grains
  - Allows meat, fish, poultry, fruits, and vegetables

## Weight Watchers

- Overall a sound approach for weight loss
- Focuses on increasing nutrient-dense/low-calorie foods and portion control
- Does not take into account specific needs and tolerances of those with IBD
- If trying to lose weight, work with a dietitian to ensure a healthy weight loss pace and adequate nutrient intake

## Bottom Line on Popular Diets

- Diets like the Specific Carbohydrate Diet, Atkins, and the Paleo Diet may be supported by testimonials but not by well-controlled scientific studies
- Some diets may be worth a try BUT...
  - Discuss it with your physician or a dietitian to make sure that the diet is safe and nutritionally complete
  - Do not abandon conventional treatment!

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What does a healthy diet look like?

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## Fruits and Vegetables

- It's colorful
  - Color ensures a wide variety of antioxidants (vitamin A and C) and phytochemicals
  - Aim for 5-9 servings of fruits and vegetables per day
  - 1 serving = small piece of fruit, ½ cup of applesauce, 12 cherries, ½ cooked/1 cup raw vegetables
  - Cooked and peeled may be better tolerated



## Grains

- Grains are a source of carbohydrates, your body's preferred energy source
- Also a source of fiber, B vitamins, iron, magnesium, and selenium
- Look for breads, cereals, and crackers with ingredient lists that have "whole" as the first word
- 3-5 grams of fiber/serving is adequate
  - Greater amounts may be more likely to cause abdominal cramping or bloating
- May need to modify grain choices during or after a flare

## Lean Protein

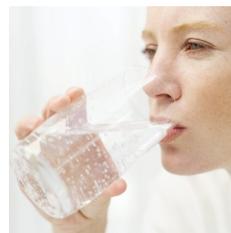
- Your body uses protein to build new tissue during growth and healing, and to synthesize enzymes and blood components
- Good sources of B vitamins, iron, vitamin E, essential fatty acids, magnesium, and phosphorus
- Food sources are eggs, beef or pork tenderloin, lean ground beef, poultry without the skin, fish, hard cheeses (often lower in lactose), Greek yogurt, nut butters

## Low-Fat Dairy

- Important source of calcium, vitamin D, phosphorus, potassium, protein
- Foods sources
  - Skim or 1% milk (lactose free if intolerant)
  - Other low-lactose options include most hard cheeses, yogurt, kefir, cottage cheese, ricotta cheese
  - Alternate milk options: soymilk, almond milk, rice milk
- Choose 3 servings per day
  - 1 serving = 1 cup of milk or yogurt

## Practical Recommendations

- Calories
  - Eat to maintain weight or increase calories by 250-500 cal/day for weight gain
- Protein
  - Divide weight (in lbs) in half. Aim for that amount of protein (grams/day).
- Fluids and Electrolytes
  - Divide weight (in lbs) in half. Aim for that amount of fluid (ounces/day).
  - Increase with diarrhea or after exercise
  - Replace electrolyte losses with Gatorade® or Powerade®



## Practical Recommendations

- Take a daily multivitamin/mineral supplement
- Take a calcium and vitamin D supplement
  - 500 mg elemental calcium 3x a day
  - 800 IU vitamin D daily
- You may also need:
  - Monthly B12 injections (if significant ileal disease or removal, can also be nasally administered)
  - Folate (with sulfasalazine use)
- Discuss all supplement use with your physician

## Other Nutrients to Include or Increase

- Omega 3 Fatty Acids
  - Increase your intake of fatty fish like salmon or tuna
  - Other food sources of omega 3's: flaxseed oil, fortified foods
  - Omega 3 fatty acid supplement
    - Look for EPA and DHA content
    - These two should add up to 1-3 grams



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## Other Nutrients to Include or Increase

- Consider glutamine supplements during a flare
- Include food sources of probiotics (yogurt, kefir, miso soup) or a probiotic supplement daily




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## Potential Problem Foods

- Foods with added soluble fiber
- Artificial sweeteners and sugar alcohols
- Dairy products
- High-fat, greasy foods
- Spicy foods
- Cruciferous vegetables like broccoli, cauliflower, cabbage




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## Strategies for Managing Flares

- Limit insoluble fiber
- Avoid caffeine and alcohol
- Decrease concentrated sweets
- Smaller, more frequent meals
- Avoid nuts, seeds, and kernels, especially if you have strictures
- Lactose-free diet
- Low-fat diet if experiencing fat malabsorption

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## Strategies for Managing Flares

- High-calorie, high-protein nutritional supplements like Boost or Ensure
- Try making your own smoothie
  - Greek yogurt or kefir
  - Add fruits such as bananas, melon, pear, or even avocados






## Foods to Include During or After a Flare

- Diluted juices
- Applesauce
- Canned fruit
- Oatmeal, cream of wheat
- Plain chicken, turkey, or fish
- Cooked eggs or egg substitute
- Mashed potatoes, rice, or noodles
- White bread







## Enjoying Restaurant Meals

- Check menus online before you get to a restaurant and read descriptions carefully
- Ask for clarification of ingredients used and don't be afraid to make special requests!
- Know your trigger foods
- Be a regular – choose restaurants and menu options you've enjoyed before
- Keep snacks on hand in case well-tolerated food options are limited

## Enjoying Restaurant Meals

- Watch out for hidden fat
  - Smothered, tempura, aioli, creamed, alfredo, hollandaise, burre blanc, crispy
- Look for simply steamed or broiled seafood, or grilled chicken
- Ask for sauces and salad dressing on the side
- Divide the food on your plate in half and eat slowly

## Enjoying Restaurant Meals

- Limit caffeinated beverages and alcohol
  - Both can irritate the GI tract and move food through more quickly
- Alcohol interacts with many medications
  - Discuss potential interactions with your physician and pharmacist
- Choose water, sparkling water, unsweetened green tea, diluted juice, non-alcoholic spritzers or a “mocktail”

## Holidays and Celebrations

- Know your limits and attempt to stick to your normal eating habits as much as possible
- Keep portions of indulgences small and eat smaller, more frequent meals
- Keep track of new foods and symptoms
- Inform family and friends
- Bring a dish you know you can eat

## Evaluating Nutrition Information

- Red Flags
  - Promises of a cure
  - Recommendations based on only one study
  - Lists of “good” and “bad” foods
  - Product or supplement pushing
- Consider the source
- Research the “expert’s” credentials
- Have the results been published in a peer-reviewed medical or scientific journal and replicated by other researchers?

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## Additional Resources

- Academy of Nutrition and Dietetics  
[www.eatright.org](http://www.eatright.org)
  - “Find a Registered Dietitian”
  - “Public” link for nutrition and health information
- Other resources for nutrition information
  - General healthy eating  
[www.choosemyplate.gov](http://www.choosemyplate.gov)
  - IBD-specific information  
[www.cdfa.org](http://www.cdfa.org)
  - Online tool and iPhone app for tracking diet  
[www.cdfa.org/gibuddy](http://www.cdfa.org/gibuddy)

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## Questions and Answers

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[www.surveymonkey.com/s/nutrition-webcast](http://www.surveymonkey.com/s/nutrition-webcast)

**To Join CCFA Partners**  
[www.ccfapartners.org](http://www.ccfapartners.org)

**To Track Your Diet using GI Buddy**  
[www.cdfa.org/gibuddy](http://www.cdfa.org/gibuddy)

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