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Participating in the Webinar



Moderator:
Colleen Webb, MS, RD

All attendees will be muted and will remain in "Listen Only Mode"

Type your questions here so that the moderator can see them.
Not all questions will be answered but we will get to as many as possible.

A handout with the slides and room to take notes can be downloaded from your control panel.

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ACG Virtual Grand Rounds

Join us for upcoming Virtual Grand Rounds!





Week 37 – Thursday, September, 14, 2023
The Aging Gastroenterologist: Retire or Slow down?
Faculty: Steven L. Carpenter, MD, FACP
Moderator: Sumanth R. Daram, MD
At Noon and 8pm Eastern





Week 38 – Thursday, September, 21, 2023
AGA-ACG Clinical Practice Guideline: Pharmacological Management of Chronic Idiopathic Constipation
Faculty: Lin Chang, MD, FACP
Moderator: William D. Chey, MD, FACP
At Noon and 8pm Eastern

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Disclosures

Jason K. Hou, MD, MS, FACC
 AbbVie: Grant/Research Support
 American Regent: Speakers Bureau
 Bristol Myers Squibb: Grant/Research Support
 Eli-Lilly: Grant/Research Support
 Janssen: Grant/Research Support
 Pfizer: Grant/Research Support

Colleen Webb, MS, RD
 Advisory Board: Orgain

*All of the relevant financial relationships listed for these individuals have been mitigated

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Baylor
College of
Medicine

Diet, Nutrition, and Inflammatory Bowel Disease: Digesting the Facts

Jason K. Hou, MD, MS, AGAF, FACC
 Director, BCM IBD Program
 Associate Professor, Baylor College of Medicine



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Objectives

- Review basis for diet and IBD connection
- Understand challenges for diet and IBD research
- Review clinical data on food as medicine for IBD
- Describe practical means of integrating diet and nutrition in IBD clinical practice

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Basis for Diet and IBD connection

- “You are what you eat”



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Basis for Diet and IBD connection

The diagram consists of two rounded rectangular boxes. The left box is dark grey and contains the text "Removing Inflammatory Trigger". The right box is dark green and contains the text "Adding Anti-inflammatory Nutrients". A double-headed grey arrow connects the two boxes, with a large white question mark centered above the arrow.

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Basis for Diet and IBD connection

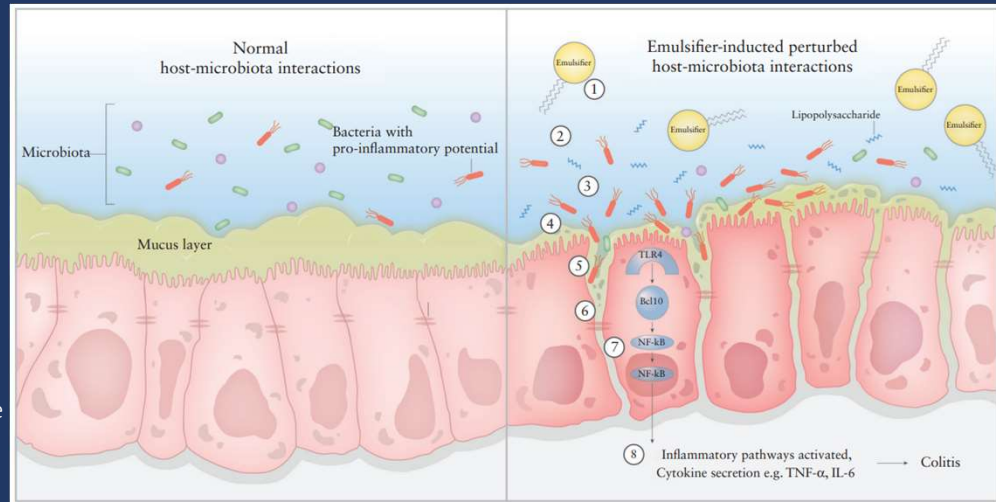
The diagram is similar to slide 13, but includes a third box. Below the double-headed arrow is a yellow rounded rectangular box containing the text "Treating functional GI symptoms related to diet".

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Basis for Diet and IBD connection

Other Dietary Components

- Emulsifiers
 - Impact microbiome
 - Increase intestinal permeability
- Microparticles
 - Titanium dioxide
 - Aluminum silicate



Bancil et al. JCC, 2021; 1068

15

Basis for Diet and IBD connection

Diet and Risk of IBD- Systematic Review

- 19 studies- Evaluated diet patterns before IBD diagnosis
- 2,609 IBD patients

Increased IBD risk:

Total fat	2-3X
Polyunsaturated fats	2-6X
Omega 6	2-3X
Meats	3-4X

Decreased IBD risk:

Fiber	< 1/2 X
Fruits	< 1/2 X

Hou et al. Am J Gastroenterol. 2011;106(4)

16

Challenges for Diet and IBD Research

- Dependent on how well people remember what they ate - “recall bias”
- Diet adherence is low
- Variation in baseline diet
- How to control?
- How to blind?



Limketkai et al. Cochrane Database 2019(2). Art. No.: CD012839

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Challenges for Diet and IBD Research

Food type ≠ nutritional content

Seafood		Sum SFA	Sum MUFA	Sum PUFA	Sum n-3	Sum n-6	EPA	DHA
Common Name	Sample	g/100 g (%) ^b	g/100 g (%) ^b	g/100 g (%) ^b	g/100 g (%) ^b	g/100 g (%) ^b	g/100 g (%) ^b	g/100 g (%) ^b
Sardine	Whole fish (<i>n</i> = 9) ^c	1.9 ± 0.64 (31)	1.2 ± 0.52 (18)	2.9 ± 1.1 (45)	2.6 ± 1.1 (41)	0.20 ± 0.04 (3)	1.2 ± 0.82 (17)	0.87 ± 0.15 (16)
Sardine	Fillet with skin (<i>n</i> = 9) ^d	2.0 ± 0.69 (31)	1.2 ± 0.52 (18)	3.1 ± 1.3 (46)	2.8 ± 1.1 (42)	0.02 ± 0.04 (3)	1.3 ± 0.91 (17)	0.93 ± 0.15 (16)
Anchovy	Whole fish (<i>n</i> = 3) ^e	1.2 ± 0.01 (31)	0.60 ± 0.01 (15)	1.9 ± 0.03 (48)	1.8 ± 0.03 (44)	0.14 ± 0.004 (4)	0.54 ± 0.01 (14)	1.0 ± 0.02 (25)
Anchovy	Fillet with skin (<i>n</i> = 6) ^f	1.0 ± 0.32 (30)	0.60 ± 0.26 (17)	1.6 ± 0.39 (47)	1.5 ± 0.34 (43)	0.13 ± 0.05 (4)	0.41 ± 0.01 (13)	0.84 ± 0.21 (25)
Atlantic horse mackerel	Fillet (<i>n</i> = 25)	0.19 ± 0.09 (29)	0.12 ± 0.07 (17)	0.31 ± 0.10 (50)	0.27 ± 0.09 (44)	0.03 ± 0.01 (6)	0.06 ± 0.03 (9)	0.19 ± 0.05 (31)
Axillary seabream	Fillet (<i>n</i> = 50)	0.31 ± 0.34 (30)	0.23 ± 0.40 (18)	0.45 ± 0.32 (48)	0.39 ± 0.27 (42)	0.06 ± 0.05 (6)	0.06 ± 0.06 (6)	0.28 ± 0.15 (31)

Aakre et al. Foods. 2020;9, 1516

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Challenges for Diet and IBD Research

Food type ≠ nutritional content

Seafood		Sum SFA	Sum MUFA	Sum PUFA	Sum n-3	Sum n-6	EPA	DHA
Common Name	Sample	g/100 g (%) ^b	g/100 g (%) ^b	g/100 g (%) ^b	g/100 g (%) ^b	g/100 g (%) ^b	g/100 g (%) ^b	g/100 g (%) ^b
Sardine	Whole fish (n = 9) ^c	1.9 ± 0.64 (21)	1.2 ± 0.52 (18)	2.9 ± 1.1 (45)	2.6 ± 1.1 (41)	0.20 ± 0.04 (3)	1.2 ± 0.82 (17)	0.87 ± 0.15 (16)
Sardine	Fillet with skin			3.3 ± 0.33 (43)	2.8 ± 1.1 (42)	0.02 ± 0.04 (3)	1.3 ± 0.91 (17)	0.93 ± 0.15 (16)
Anchovy	Whole fish (n = 3)			1.0 ± 0.33 (44)	1.5 ± 0.33 (44)	0.14 ± 0.004 (4)	0.54 ± 0.01 (14)	1.0 ± 0.02 (25)
Anchovy	Fillet with skin			0.39 ± 0.13 (43)	1.5 ± 0.34 (43)	0.13 ± 0.05 (4)	0.41 ± 0.01 (13)	0.84 ± 0.21 (25)
Atlantic horse mackerel	Fillet (n = 3)			0.10 ± 0.03 (44)	0.27 ± 0.09 (44)	0.03 ± 0.01 (6)	0.06 ± 0.03 (9)	0.19 ± 0.05 (31)
Axillary seabream	Fillet (n = 50)			0.3 ± 0.32 (48)	0.39 ± 0.27 (42)	0.06 ± 0.05 (6)	0.06 ± 0.06 (6)	0.28 ± 0.15 (31)

Several Fold difference in fatty acid content

Aakre et al. Foods. 2020;9, 1516

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Challenges for Diet and IBD Research

Food type ≠ nutritional content

Product		Vitamin D ₃	Vitamin A ₁	Vitamin E (α-Tocopherol),
Common Name	Sample	μg/100 g	μg/100 g	α TE/100 g (μg/100 g)
Sardine ^b	Whole fish (n = 9)	9 ± 2.2	115 ± 32.7	288 ± 74
Sardine ^b	Filet (n = 9)	10 ± 2.9	5.4 ± 1.9	394 ± 140
Anchovy ^d	Whole fish (n = 3)	2 ± 0.5	125 ± 30.2	421 ± 113
Anchovy ^d	Filet (n = 6)	1 ± 0.2	7.0 ± 2.8	436 ± 121
Atlantic horse mackerel ^c	Filet (n = 3)	28 ± 17.4	4.2 ± 1.3	115 ± 14
Axillary seabream ^c	Filet (n = 6)	2 ± 0.5	6.0 ± 8.8	364 ± 109

Aakre et al. Foods. 2020;9, 1516

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Challenges for Diet and IBD Research

Food type ≠ nutritional content

Product		Vitamin D ₃ μg/100 g	Vitamin A ₁ μg/100 g	Vitamin E (α-Tocopherol), α TE/100 g (μg/100 g)
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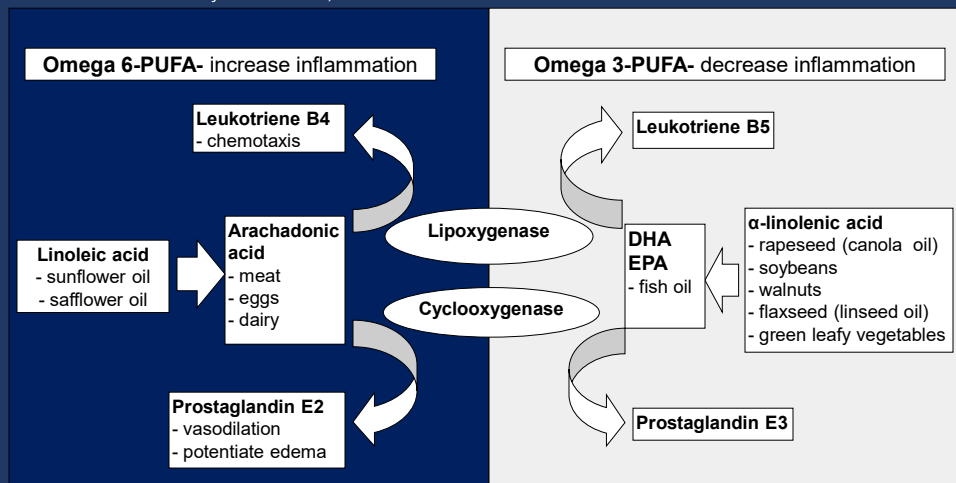
Several Fold difference in Vitamin content

Aakre et al. Foods. 2020;9, 1516

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Challenges for Diet and IBD Research

Not just amount, but ratio of food to other foods



Hou et al. Therapy. 2010, 7(2)

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Objectives

- Basis for Diet and IBD connection
- Challenges for Diet and IBD research
- Review clinical data on food as medicine for IBD
- Describe practical means of integrating diet and nutrition in IBD clinical practice

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Objectives

- Basis for Diet and IBD connection
- Challenges for Diet and IBD research
- Review clinical data on food as medicine for IBD
- Describe practical means of integrating diet and nutrition in IBD clinical practice

Exclusive Enteral Nutrition (EEN)
Specific Carbohydrate Diet (SCD)
Crohn's Disease Exclusion Diet (CDED)
Low FODMAPS

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Exclusive Enteral Nutrition (EEN)

- All nutrition from formula- NO solid food
- Mostly used in pediatrics, Crohn's
- Nearly as effective as prednisone
- VERY difficult to maintain
- Not clear if it works for adults

ECCO-ESPGHAN statement 6

In children with active luminal CD, dietary therapy with exclusive enteral nutrition [EEN] is recommended as first line for induction of remission. LoE: 2 | Agreement: 92%.

Rheenen et al. JCC. 2021, 171

25

Exclusive Enteral Nutrition (EEN)

Enteral nutrition compared to corticosteroids for induction of remission in Crohn's disease

Outcomes	Anticipated absolute effects* (95% CI)		Relative effect (95% CI)	Nº of participants (studies)	Quality of the evidence (GRADE)
	Risk with corticosteroids	Risk with Enteral nutrition			
Remission rate - ITT	715 per 1,000	551 per 1,000 (415 to 737)	RR 0.77 (0.58 to 1.03)	409 (8 RCTs)	⊕⊕⊕⊕ VERY LOW 1, 2, 3
Remission rate - ITT adult studies	734 per 1,000	477 per 1,000 (382 to 602)	RR 0.65 (0.52 to 0.82)	352 (6 RCTs)	⊕⊕⊕⊕ VERY LOW 4, 5
Remission rate - ITT pediatric studies	607 per 1,000	820 per 1,000 (559 to 1,000)	RR 1.35 (0.92 to 1.97)	57 (2 RCTs)	⊕⊕⊕⊕ VERY LOW 6, 7
Remission rate - per-protocol - pediatric studies	607 per 1,000	868 per 1,000 (625 to 1,000)	RR 1.43 (1.03 to 1.97)	55 (2 RCTs)	⊕⊕⊕⊕ VERY LOW 6, 7

Narula et al, Cochrane Database of Systematic Reviews 2018, Issue 4. Art. No.: CD000542

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Exclusive Enteral Nutrition (EEN)

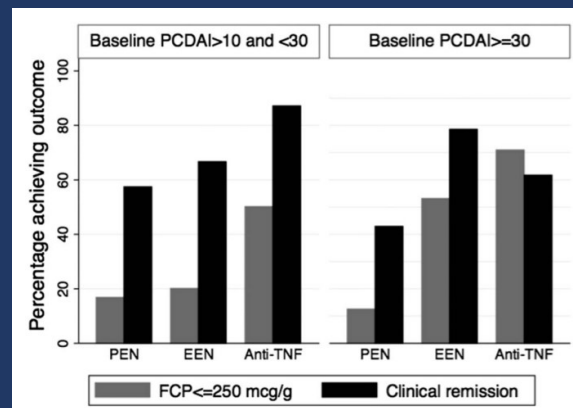
Elemental formula supplements compared to no supplementation for maintenance of remission in Crohn's disease					
Outcomes	Anticipated absolute effects* (95% CI)		Relative effect (95% CI)	Nº of participants (studies)	Certainty of the evidence (GRADE)
	Risk with no supplementation	Risk with elemental formula supplements			
Relapse Follow-up: 12 months	640 per 1,000	346 per 1,000 (192 to 634)	RR 0.54 (0.30 to 0.99)	51 (1 RCT)	⊕⊕⊕⊕ VERY LOW 1,2

Akobeng et al, Cochrane Database of Systematic Reviews 2018, Issue 8. Art. No.: CD005984

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Exclusive Enteral Nutrition (EEN)

- Partial Enteral Nutrition (PEN)
 - Pragmatic approach to enteral nutrition
 - Not as effective as EEN
 - Potential role in combination with other dietary approaches (CDED)

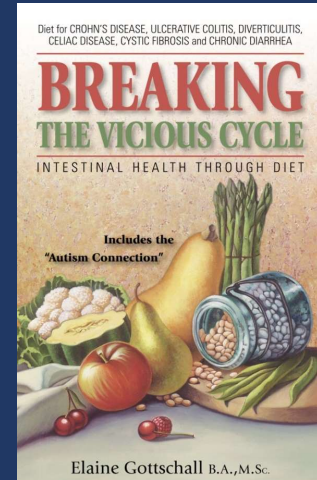


Lee D, et al. Inflamm Bowel Dis. 2015;21(8)

28

Specific Carbohydrate Diet (SCD)

- Initially proposed by Dr. Sidney Haas as treatment for celiac disease in 1924
- Theory:
 - → Some carbohydrates are poorly absorbed
 - → Bacterial/yeast overgrowth
 - → Small intestine injury
- Some studies to suggest may reduce GI symptoms in IBD
 - No placebo controlled studies
- Difficult to maintain
- At risk for nutritional deficiency



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DINE-CD: RCT of SCD vs. Mediterranean Diet

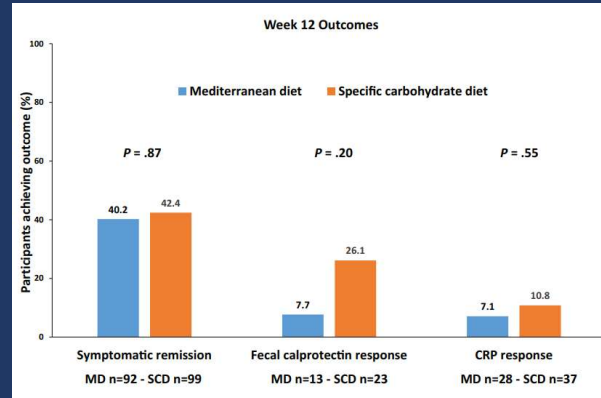
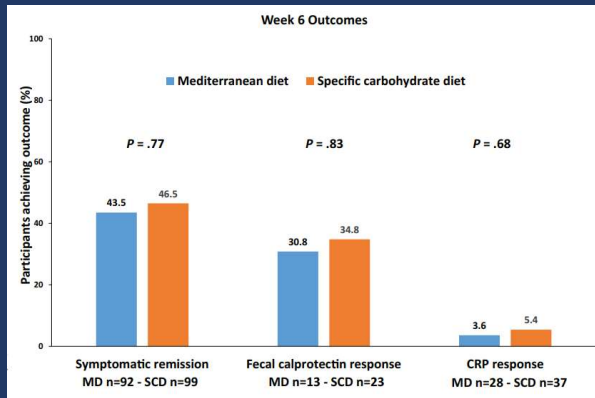
- 194 Adult CD patient randomized 1:1 to Simple Carbohydrate Diet vs. Mediterranean Diet
 - Mild-mod Crohn's disease
 - Evidence of active inflammation within 3 mo before screening (CRP, Calpro, Endoscopy)
 - Allowed continuation of treatment (including biologics)
- 6 weeks of prepared food, then 6 weeks following diet independently
- Primary Outcome: Symptomatic remission @ week 6



Lewis et al. Gastroenterology 2021:161

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DINE-CD: RCT of SCD vs. Mediterranean Diet

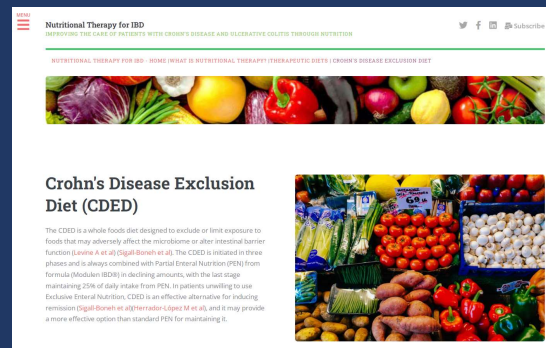


Lewis et al. Gastroenterology 2021;161

31

Crohn's Disease Exclusion Diet (CDED)

- “Whole food” diet
 - Reduce dietary components hypothesized to induce dysbiosis and increase intestinal permeability
- 3 Phases- combined with partial enteral nutrition (PEN)
 - Phase 1- Exclusion
 - Phase 2- Add back
 - Phase 3- Maintenance

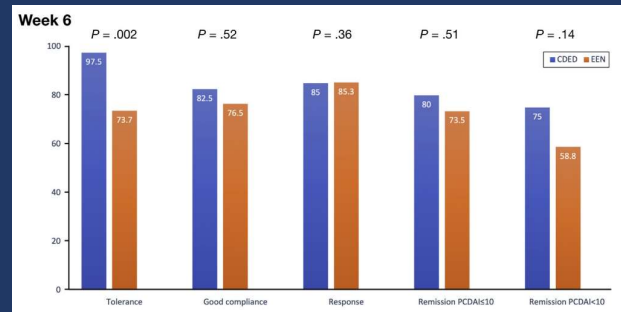
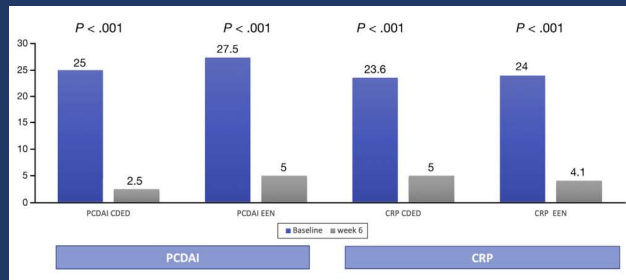


Levine, A et al. Gastroenterology 2019;157(2)

32

Crohn's Disease Exclusion Diet (CDED)

- More tolerable than EEN
- “Similar” response to EEN
 - Small studies
 - No placebo control



Levine, A et al. Gastroenterology 2019;157(2)

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Low FODMAPs

- Fermentable Oligo-, Di- and Mono-saccharides and Polyols
- Primarily studied for Irritable bowel syndrome
- May produce improvement of functional GI symptoms

“However, through careful critical appraisal of the evidence, the present systematic review failed to provide adequate evidence in terms of quality and quantity to support recommendations for an LFD for IBD patients with FGD.”

Grammatikopoulou, et al. Nutrients 2020;12(12)

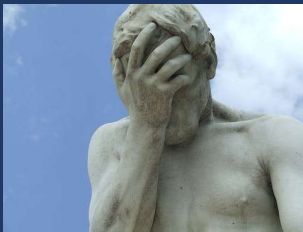
34

Objectives

- Basis for diet and IBD connection
- Challenges for diet and IBD research
- Review clinical data on food as medicine for IBD
- Describe practical means of integrating diet and nutrition in IBD clinical practice

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Integrating diet and nutrition in IBD clinical practice



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Integrating diet and nutrition in IBD clinical practice:

- Tip 1) Recognize food avoidance is very common among IBD patients
 - 75% of patients modified diet at diagnosis
 - 82% of patients restrict food to prevent flares

	Yes (%)
Do you believe that diet can be a trigger for IBD flare?	85.4
Do you believe that your diet may cause nutritional deficiencies?	65.9
Do you think that you should avoid some products to prevent disease relapse?	81.7
Are you on a special diet (vegetarian, lactose free, gluten free, low FODMAPS)	53.7

Godala et al. J Clin Med. 2023 (12), 3455

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Integrating diet and nutrition in IBD clinical practice:

- Tip 1) Recognize food avoidance is very common among IBD patients
- Tip 2) Proactively engage with patients about food
 - “What did you eat yesterday?”
 - “Do you eat anything on days you are out of the house?”

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Integrating diet and nutrition in IBD clinical practice:

- Tip 1) Recognize food avoidance is very common among IBD patients
- Tip 2) Proactively engage with patients about food
 - “What did you eat yesterday?”
 - “Do you eat anything on days you are out of the house?”
- Tip 3) Become familiar with patient directed diets (defined diets)

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Integrating diet and nutrition in IBD clinical practice:

- Tip 1) Recognize food avoidance is very common among IBD patients
- Tip 2) Proactively engage with patients about food
 - “What did you eat yesterday?”
 - “Do you eat anything on days you are out of the house?”
- Tip 3) Become familiar with patient directed diets

Exclusive Enteral Nutrition (EEN)
 Specific Carbohydrate Diet (SCD)
 Crohn’s Disease Exclusion Diet (CDED)
 Low FODMAPS

Anti-inflammatory diet (IBD-AID)
 Autoimmune protocol diet (AIP)
 CD- TREAT

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Integrating diet and nutrition in IBD clinical practice:

- Tip 1) Recognize food avoidance is very common among IBD patients
- Tip 2) Proactively engage with patients about food
 - “What did you eat yesterday?”
 - “Do you eat anything on days you are out of the house?”
- Tip 3) Become familiar with patient directed diets
- Tip 4) Find an GI dietician familiar with IBD

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Integrating diet and nutrition in IBD clinical practice:

- Tip 1) Recognize food avoidance is very common among IBD patients
- Tip 2) Proactively engage with patients about food
 - “What did you eat yesterday?”
 - “Do you eat anything on days you are out of the house?”
- Tip 3) Become familiar with patient directed diets
- Tip 4) Find an GI dietician familiar with IBD



The screenshot shows the website for the Crohn's & Colitis Foundation. The page is titled "Finding an IBD-Focused Dietitian" and is part of the "Diet & Nutrition" section. The page content explains the difference between dietitians and nutritionists, noting that dietitians are registered dietitian nutritionists (RDNs) with more education and clinical experience. A QR code is visible on the right side of the page.

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IBD- Nutrition Care Pathway

PRACTICE MANAGEMENT: THE ROAD AHEAD

Ziad F. Gellad, Section Editor

Development and Pilot Testing of the Inflammatory Bowel Disease Nutrition Care Pathway

Check for updates

Caroline Hwang,* Kelly Issokson,† Catherine Giguere-Rich,§ Swapna Reddy,|| Andrew Tinsley,¶ Welmoed K. Van Deen,‡ Harry Bray,|| Donald Lum,|| Humberto Aguilar,¶ Timothy L. Zisman,** Ziad Younes,†† Damara Crate,§ Ridhima Oberai,§§ Alandra Weaver,§§ Gil Melmed,‡ Corey Siegel,§ and Jason K. Hou||,||,¶¶

IBD-NCP pilot testing in IBD Qorus

- 2,388 patients screened
- 72% Low risk (mMUST 0)
- 10% Medium risk (mMUST 1)
- 18% High risk (mMUST ≥ 2)

The flowchart is organized into four vertical stages: Screening, Evaluation, Intervention, and Follow-up.
Screening: Universal screening with mMUST* (BMI <18.5, OR 5% weight loss in prior 3-6 mo, OR Flare with poor intake ≥5 days). If 'No', provide general nutrition counseling and continue screening. If 'Yes', proceed to Evaluation.
Evaluation: Assess for Symptoms limiting oral intake?, Food avoidance?, and Active IBD?. If 'Yes' to any, proceed to Intervention. If 'All no: low risk', continue screening.
Intervention: Symptom-focused management (for oral intake), IBD management (for active IBD), and Micronutrient deficiency evaluation (for all). Consider enteral nutrition supplementation and nutrition consultation.
Follow-up: 4-week follow-up for symptoms, food avoidance, weight, and IBD activity. Re-evaluate for goals: Weight > "well" weight, AND Symptoms resolved, AND Food avoidance resolved, AND IBD activity: inactive. If 'No', check for ≥2lbs weight gain but <well weight. If 'No', address as per evaluation, consider dietician referral, or refer to higher level care. If 'Yes' to goals, continue screening.

Hwang et al. Clin Gastroenterol Hepatol. 2020Nov;118(12)

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Screening

Universal screening with mMUST*

- BMI <18.5, OR
- 5% weight loss in prior 3-6 mo, OR
- Flare with poor intake ≥5 days

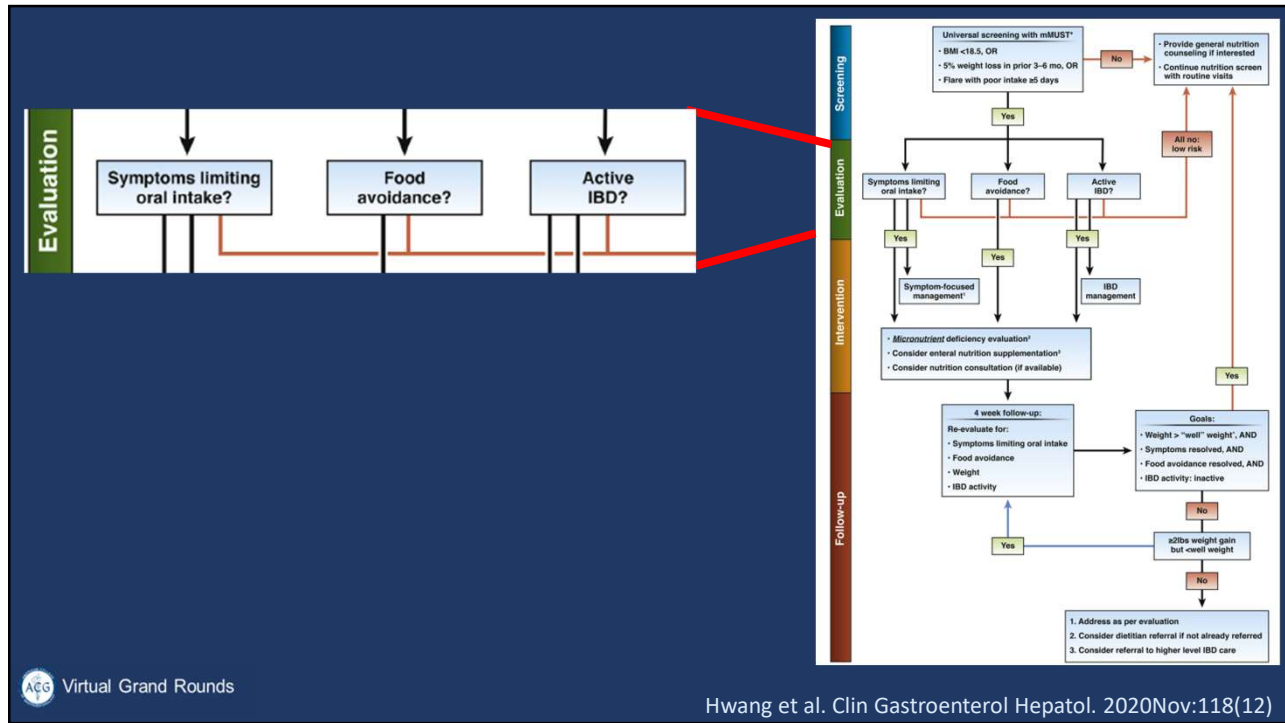
Yes

No

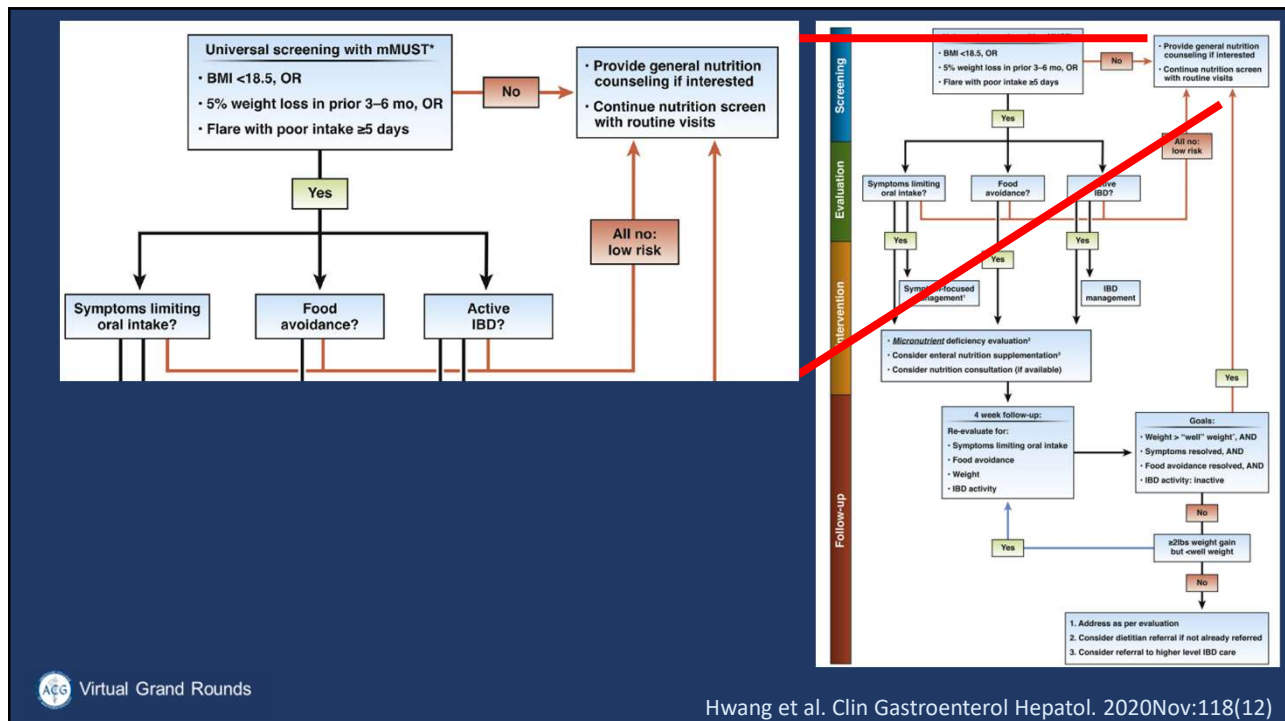
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Hwang et al. Clin Gastroenterol Hepatol. 2020Nov;118(12)

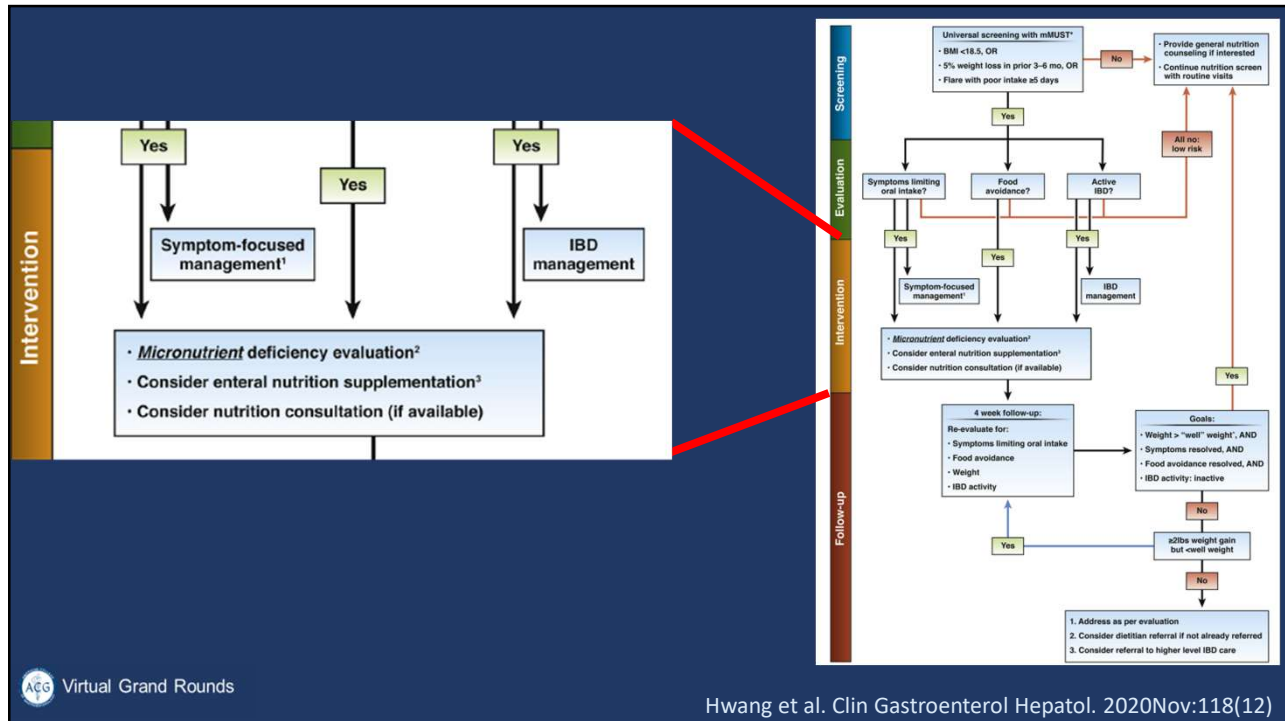
44



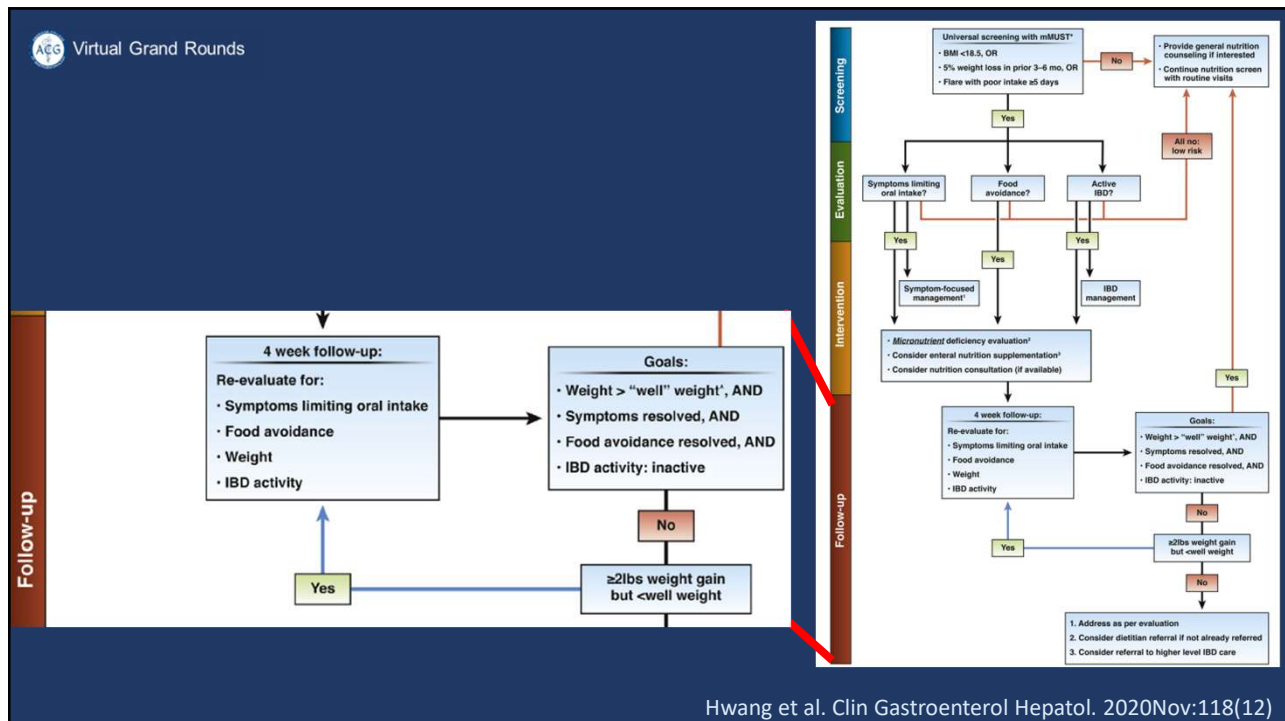
45



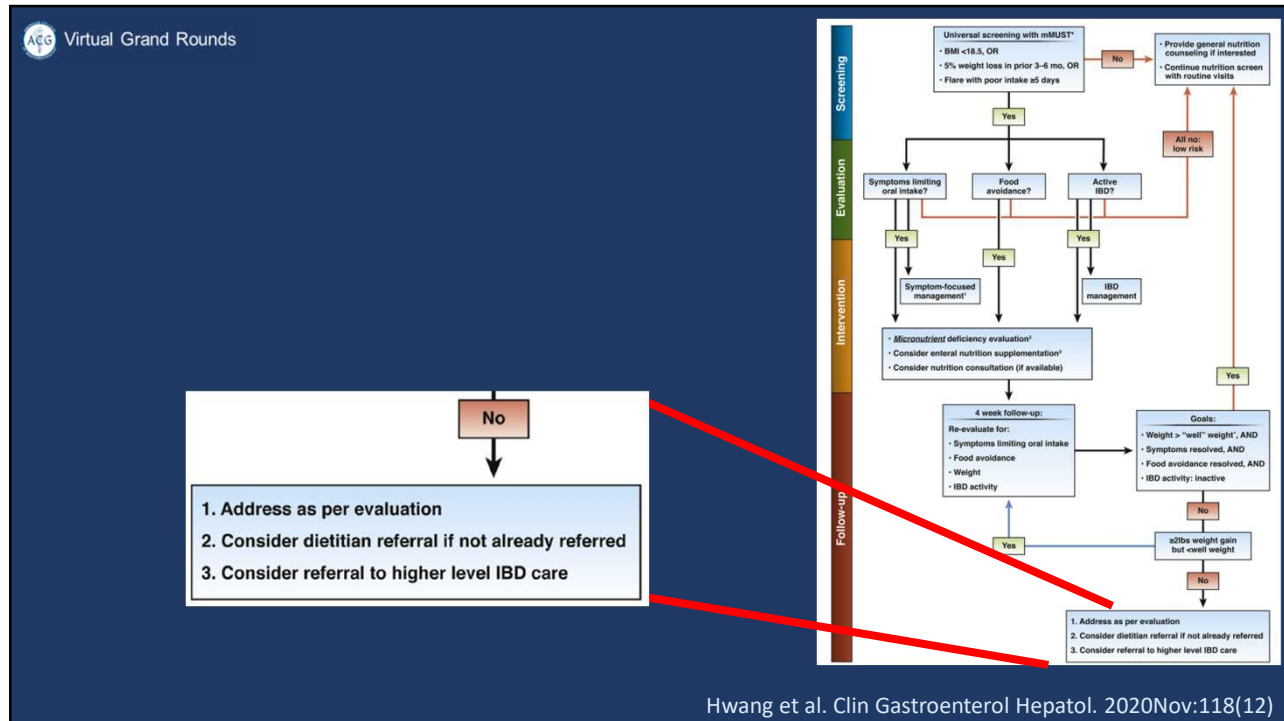
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Take Home Points

- Plethora of data linking association of diet and IBD
- Be aware of potential food as medicine approaches for IBD
 - Scientific basis for diet-based inflammation control (EEN)
 - Limited data of diet efficacy for IBD disease management
- Incorporate diet into your IBD practice

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Take Home Points

- Incorporate diet into your IBD practice
 - Tip 1) Recognize food avoidance is very common among IBD patients
 - Tip 2) Proactively engage with patients about food
 - Tip 3) Become familiar with patient directed diets
 - Tip 4) Find an GI dietician familiar with IBD
 - Tip 5) Be familiar with the IBD-Nutrition Care Pathway

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Thanks for Listening!


Questions?
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ACG Virtual Grand Rounds universe.gi.org

Questions?



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Colleen Webb, MS, RD

**All of the relevant financial relationships listed for these individuals have been mitigated*

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CONNECT AND COLLABORATE IN GI



ACG & CCF IBD Circle



ACG GI Circle

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