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Beyond Biology: Environmental and Lifestyle Influences in IBD

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Ms. Dudley Brown:
Hello. I'm Sharon Dudley Brown, a Nurse Practitioner at Johns Hopkins University IBD Center. Here with me today is Dr. Odufalu. In this episode, we're focusing on how environmental and lifestyle exposures influence disease onset and progression.

When we think about environmental and lifestyle factors in IBD, what exposures stand out to you as the most influential in disease onset or progression? And how do you integrate that knowledge into patient counseling or risk assessment in your clinic?

Dr. Odufalu:
Thanks for that question, Sharon, and that's actually a very challenging question. The number one modifiable risk factor in Crohn's disease is tobacco use and exposure. This has widely been important for both the youth as well as adult patients and so counseling patients early on to eliminate all tobacco exposure is incredibly important.

Now, in this day and era, there's been an explosion of tobacco exposure to youth through e-cigarettes and other means for getting tobacco, and it's so important to counsel on eliminating tobacco.

Although there's no data to support that tobacco exposure impacts ulcerative colitis, I think for overall wellness and overall health I always counsel on tobacco cessation and avoidance.

The next modifiable risk factor, with some emerging data, is visceral adipose tissue, and so abdominal fat we know may impact response to some of our therapies. There's been some good data with anti–tumor necrosis factor alpha, and so I generally use that data to segue into a counsel on the importance of cardiovascular exercise, maintaining a healthy lifestyle, and maintaining a healthy diet.

Sharon, I find that the diet discussion comes up every single day in my clinic when discussing with patients, and I find it a little challenging, because diets are so vast and so wide. How do you address diet and IBD? And how does that impact the course of IBD?

Ms. Dudley Brown:
Yeah, that's a great question, Dr. Odufalu. And you're right; patients are very focused on diet. And we know that while diets high in sugar, fat and processed foods are associated with a higher incidence, food alone doesn't cause IBD. Diet is a factor, however, in triggering flares, also in managing symptoms and influencing their risk.

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We know that Western diets, which are our diets high in saturated fats, red and processed meats, and low in fiber, are associated with higher IBD risk, whereas Mediterranean and high-fiber diets do show progressive signals in observational studies. So personally, I do recommend that patients try to have an intake of fiber, as recommended to the rest of the population, to 25 to 30 grams per day if they're in remission. In addition, I do recommend patients follow a Mediterranean diet, which is a common diet nowadays that most Americans should follow.

Dr. Odufalu:
Sharon, I think that was really an excellent discussion and conversation. I can't tell you how many times I see patients that have been avoiding fiber for years. But when patients are in remission, fiber is important for maintenance and for gut health and normal bowel habits.

Ms. Dudley Brown:
Yes, absolutely. And I want to thank Dr. Odufalu for this discussion. These environmental and lifestyle factors may not all be modifiable, but raising awareness and targeting what we can, like smoking cessation, diet, and even stress if we can modify that, that should be part of our routine IBD care. Thanks to our listeners for joining us.

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