

### Transcript Details

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### Crohn's & Colitis Congress 2021: Getting a Holistic View of IBD Diet Disparities & Well-Being

Announcer:

Welcome to Crohn's & Colitis Foundation Perspectives on ReachMD. Here's your host, Dr. Charles Turck.

Dr. Turk:

For ReachMD, this is Dr. Charles Turk joining me to discuss key takeaways from a session at the fourth annual Crohn's and Colitis Congress: Holistic View of IBD Diet Disparities and Well-Being is Tina Aswani Omprakash, patient advocate and co-moderator of the session, Ms. Omprakash, it's great to have you with us.

Ms. Omprakash:

Thank you, Dr. Turk, for having me here today.

Dr. Turk:

And to start us off, would you share with us what you thought were the most important takeaways from this session?

Ms. Omprakash:

I think the greatest takeaway for me, especially as a patient, was the idea of wellness and how wellness includes so many different aspects. So there's definitely medication in our toolkit. But what about mental health, the stressors in our life? So socioeconomic status, the healthcare disparities we may be facing? What about dietary therapies? So I think a lot of these different things really play into our overall wellness.

Dr. Turk:

Now, you just mentioned it a little bit, but several of the presentations touched on recent updates on diet therapies for IBD. Would you share some of the highlights that you saw and heard coming out of those presentations?

Ms. Omprakash:

Absolutely. I think the dietary therapy session was excellent. There's a number of studies coming out and they are proving how important diet actually is in the management of inflammatory bowel disease alongside medication. So one of the presentations was done by Dr. Levine on the CDED which is the Crohn's Disease Exclusion Diet, which is a whole-foods diet designed to exclude or limit certain foods that might be adversely affecting the microbiome. So, this was initiated in certain stages alongside with partial enteral nutrition when compared to exclusive enteral nutrition. And it did show that patient's quality of life and disease activity had overall improved with the CDED plus partial enteral nutrition.

Another diet that was discussed was the DINE-CD which was the protocol that was designed to compare the effectiveness of the specific carbohydrate diet, the SCD diet against the Mediterranean diet in Crohn's disease.

Lastly, the third study that was discussed was the PRODUCE trial done by Dr. Suskind. And what he was doing here was taking the specific carbohydrate diet, the SCD, and comparing it to whatever the patient's current diet was, and seeing if a modified SCD can have similar results to help open up the SCD diet. And results were again significantly improved in patients on the SCD, and that modified SCD against their current diet.

So overall, I think the dietary therapy section is important in recognizing how important diet is in the treatment of inflammatory bowel disease, especially concomitantly, to medication therapies.

Dr. Turk:

And would you highlight some of the best practices that you heard around managing stress in the context of IBD?

Ms. Omprakash:

This is a great question. So, Dr. Robert Hirten of Mount Sinai had done a fantastic presentation on stress and IBD. And one of the biggest takeaways for me was how he sort of debunked the myth that stress causes IBD flare-ups. He said that you know, it really depends on an individual's presentation, but that causation is different from correlation. And while stress is correlated with IBD, it is not necessarily a causative factor of a flare-up. So I think it's important for us patients to recognize that and separate the two to really understand what kind of role stress plays and how we can manage our stress levels better.

Dr. Turk:

And what were some of the key takeaways you heard with regard to health disparity and equity findings and how clinicians might keep those in mind when seeing patients?

Ms. Omprakash:

The presentation around health disparities and equity findings done by Dr. Ruby Greywoode of Montefiore it was a fantastic presentation. And I loved how she went into the different phenotypes of disease in different areas of the world, especially the developing world, and how we all sort of present differently, have different locations of disease, and how we can target treatments differently. And that's really why and how diversity in clinical trials is so important in the field of inflammatory bowel disease, to really help develop those personalized medications, to make sure that we're giving the best quality of life to patients of various ethnic backgrounds.

In addition, one of the other things that really stood out to me in her presentation was the aspect of social determinants of health and socioeconomic status. So, one factor here was really financial toxicity and food insecurity. So right now, during the pandemic, one of the things that patients are facing includes food insecurity. And so, you know, realistically, this applies to dietary therapies. How can we expect patients to be on whole-food, plant-based diets or certain kinds of medications or receive certain kinds of care if they can't afford it?

So these are really important things for clinicians to keep in mind with regard to the care of their IBD patients. Where are they coming from? How does that disease affect them? And financially, what kind of a burden is this on a patient?

Dr. Turk:

Well, and finally, how would you recommend that providers apply what they've learned in these sessions into their everyday practices?

Ms. Omprakash:

So I think there's a number of ways clinicians can really apply this. So I think what I was just saying about clinicians really looking at patient's backgrounds or socioeconomic status, very important. But also there was a key presentation done by Dr. Meena Bewtra on health literacy and numeracy, and how to explain to patients about the use of biologics long-term and how much safer they might be from steroids.

I think patient education and health literacy is so important in order to improve patient outcomes and prognoses over time. So I think clinicians have to keep that in mind how to talk to their patients about medication. But also, I think clinicians need to keep in mind this overall umbrella of wellness that Dr. Keefer talked about closing up and wrapping up this session was what does wellness include? So wellness is everything we just talked about today. Right? It's the medication therapies. It's all these dietary therapies and, you know, using those concomitantly. But it's also, you know, considering the patient's mental health, their stress levels, but also looking at, you know, their background, how that affects them, their socioeconomic status. All of these things really play into a patient's overall wellness when it comes to inflammatory bowel diseases.

Dr. Turk:

That's such an important thought to leave our audience with, and I'd like to thank Tina Aswani Omprakash for joining us today to talk about the key takeaways from the Holistic View of IBD session at the 2021 Crohn's and Colitis Congress. I'm Dr. Charles Turk. Thank you for joining us.

Announcer:

This episode was brought to you in collaboration with the Crohn's & Colitis Foundation and the American Gastroenterological Association. To learn more about the Crohn's & Colitis Congress, please visit [crohnscolitiscongress.org](https://crohnscolitiscongress.org). Thanks for listening!