

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/crohns-colitis-foundation-perspectives/understanding-the-importance-of-nutrition-in-ibd/11772/>

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Understanding the Importance of Nutrition in IBD

Announcer:

Welcome to Crohn's and Colitis Perspectives on ReachMD. The following program is produced in collaboration with the Crohn's & Colitis Foundation and the American Gastroenterological Association. Here's Dr. James Lindsay, Professor of Inflammatory Bowel Disease at Barts Health in London, UK, sharing his insights about nutrition in inflammatory bowel disease.

Dr. Lindsay:

Firstly, I acknowledge that the concern about what to eat is going to be a really important issue, I think a lot of people just dismiss it. Secondly, I really try and differentiate between what can I eat that will help my Crohn's disease from what can I help that might reduce symptoms. And I really try and instill in patients the understanding that what you put in your mouth affects how you feel in your tummy but we have to be careful that we don't assume because we reduce symptoms we're improving disease. So, I try and get that distinction to begin with and then we move on from there.

From the perspective of what diets to recommend, I think we need to hold our dietary intervention trials to exactly the same requirement in terms of evidence-base that we would hold a trial of a new biologic agent. So, if a colleague were to ask me which diets could you recommend, I would recommend diets that have high quality appropriately controlled evidence behind them.

A low FODMAP diet, a low fermentable carbohydrate diet well publicized in the treatment of irritable bowel syndrome, it's very important to remember that that diet consists of three parts. There is the initial part where you exclude all FODMAPS for two or three weeks and that's very difficult to do because it's really quite an exclusion diet. Then there's the challenge aspect where under the counsel of an experienced dietician, the patient's challenge spike back in individual food groups such as say mangos if you want to check whether the fructose is a driver for symptoms and the third part is the maintenance where they have a less strict diet based upon the reintroduction so that's how the diet works for IBS and the sustainability comes from the fact that having done the complete exclusion you go through a challenge phase to come up with a maintenance diet that is less restrictive.

I think within the pediatric world, the best induction therapy for a pediatric patient with Crohn's disease is an exclusive enteral diet. It has all the benefits with none of the side effects of steroids. I use it in several circumstances in my adolescent and adult practice.

Announcer:

That was Dr. James Lindsay, Professor of Inflammatory Bowel Disease at Barts Health in London. This program was produced in collaboration with the Crohn's & Colitis Foundation and the American Gastroenterological Association. If you missed any part of this discussion, or to find others in this series, visit ReachMD.com/foundation, where you can be part of the knowledge.