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## Dietary Understandings & Updates for Rheumatoid Arthritis Patients

Announcer:

This is ReachMD. Welcome to “Spotlight on Rheumatic Diseases”. This episode titled, “Dietary Understandings & Updates for Rheumatoid Arthritis Patients” is sponsored by Lilly. The views and/or opinions expressed are of the medical expert and not necessarily by Eli Lilly & Company.

Here’s your host, Dr. Matt Birnholz.

Dr. Birnholz:

Coming to you from the annual rheumatology meeting in Atlanta, Georgia, this is ReachMD, and I’m Dr. Matt Birnholz. Joining me today is Dr. Smitha Reddy, a rheumatologist from Poway, California. Dr. Reddy is a member of the American Rheumatology and California Rheumatology Association and was awarded the Best Physician Award in 2012. She also served as a Medical Honoree for the Arthritis Foundation in 2013. And today, we’re going to explore important dietary understandings and updates for patients with rheumatoid arthritis. So, Dr. Reddy, it’s a pleasure to have you on the program.

Dr. Reddy:

Thank you, Dr. Matt. It’s huge to be part of ReachMD educational series, and talk about diet, which is usually a topic not discussed in detail in a national conference.

Dr. Birnholz:

Right. And that’s actually a perfect pulpit to get started as a segue way, because from my own personal experience, I remember all the education we received in medical school regarding nutrition science. And more specifically, I remember both lectures. And that’s about the extent of nutrition science that most people going through medical school receive. So there’s a massive gap right now. And, in rheumatology in particular, I would venture to say that it might be even less known, although the effects and impacts and importance of nutritional considerations and dietary considerations is becoming more known. You are sort of at the forefront of that. So maybe you can tell us, our audience, how you got into becoming interested in dietary considerations for patients with RA?

Dr. Reddy:

So, this began as a journey through my training. As my program director approached me on what you could do for one month of your training, and I chose to go into integrative medicine and look at how they approach their patients, and that kind of gave me a segue way into learning more about anti-inflammatory diet, and how we can make impactful lifestyle changes to our patients. And we as rheumatologists can actually bring a lot to the table. Like you already mentioned, we are in the forefront of providing healthcare for our patients. Honestly, if you think about it, if you do not put yourself in the forefront of their healthcare team, they get lost. And where do they go for advice? They’re now going to a friend or to a family member or to the internet. So now you have this patient who is getting inadequate advice and harmful advice, stopping their medications, and then comes back to you worse than where they first began. So it’s very important for us as rheumatologists to be able to guide our patients and make the right healthcare choices. The other very important reason why we would want to do something like that would be, especially addressing their lifestyle changes, would be the chronicity of the care we provide. We don’t see our patients for one or two visits. We see them over a period of time; that includes 10, 15 years on an average. And then if you look at your patient population, your senior patients pretty much three or four times in a year. And that’s much more than they will see any other provider in their healthcare team.

Dr. Birnholz:

That's fascinating, yeah. And it seems like that's filling a major gap in care right now. But with respect to nutrition, tell me, how often have you needed to broach the subject of nutrition rather than patients bringing it to you?

Dr. Reddy:

That's a very good question. When I raise the subject, patients are already thinking about it. They have seen their primary care doctors and other doctors and their team, and finally when they come to you, they're thinking, what caused them to be where they are today, right? So they're already thinking about what they can do to empower themselves and change their healthcare for themselves. So when I do suggest diet, and suggesting diet from a lot of research done, I would say in functional medicine, naturopathic medicine, they have looked at food groups and food that would be more beneficial for chronic inflammatory conditions. And basically what exactly is anti-inflammatory diet, right? It's like a pyramid chart. You begin with the base of your pyramid chart, which is vegetables and fruits. So when you're eating vegetables, it has to be 80% of that diet should be vegetables, and 20% should be your fruits. So the 80% of the vegetables, what are your good sources? Basically they're dark green leafy vegetables, like spinach, kale, chard, and you're adding avocados and all the nutritious foods to that vegetable groups. And in your fruit, you have 20% fruit, which should be mostly from berries. Uniquely, as you know, berries have high antioxidant content to them. So if you can start to introduce those foods as a basis of your pyramid versus just sticking to an ADA heart diet, you are doing a much favor for them. So the next step in that pyramid is introducing healthy grains and healthy carbohydrates. So what are healthy carbohydrates? So basically whole food grains, right?

Dr. Birnholz:

Complex carbohydrates.

Dr. Reddy:

Yes, rather than overly processed and simple carbohydrates. And then if you have a patient who's coming in with gluten sensitivity or a celiac disease already diagnosed, and now they are not supposed to be eating carbohydrate foods, so right there you have seven grains which belong to the gluten-free category, so you can definitely have them stick to the plant-based diet, and also add the healthy gluten-free grains, which are like the quinoa, the teff, the buckwheat; they all are innately gluten free, and it's very easy for our patients to incorporate that. The pyramid after that would be introducing healthy proteins. It would basically be lean meat and cutting down on the red meat intake, and then adding eggs, which are whole protein. And then adding really good wild Alaskan salmon, good fish and your body tends to absorb more from the food than anything else. So you're adding like really good, healthy fish to their diet, at least two or three times a week. And the next step in that pyramid would be adding really healthy spices to their own food. They are spices that we use in our cooking all the time anyways, like the garlic, the ginger, the turmeric. You can add your own spices to your taste; it could just be a basil leaf. But you're adding these to build that anti-inflammatory pyramid for yourself. And finally in the pyramid, is you're actually paying attention to your supplementations. You're not just supplementing anything that comes across your way. And then so that's your anti-inflammatory pyramid. Once you kind of explain this to your patients, they're glued to it and they're hooked to it. And now they're actually eager to get back home and start implementing it.

Dr. Birnholz:

Now, on that topic of implementation, I imagine you run into two problems.

Dr. Reddy:

Right.

Dr. Birnholz:

One would be resetting expectations around the classic idea of saying, 'I'm sticking to the food pyramid. I added lettuce and a tomato and even put an egg into my burger and nailed it.' And trying to reset expectation around what does it actually mean to adhere to the food pyramid for anti-inflammatory eating. And then the other would be what we might call sort of the cost of entry. And by that, I mean actually trying to execute on that and make those changes without reverting back to prior habits. How do you counsel patients on both fronts?

Dr. Reddy:

Very good question. The reason we have more leverage over other providers is for the exact same reason. We get to see our patients multiple times, right? So when you begin your conversation on your first visit with this, it's very easy to keep them on track. The most common complaint in a rheumatology practice is fatigue and arthralgias. And that's across the board. And if your patients are not getting better with fatigue or arthralgias on the pyramid that you have given, that's when you start testing them. What are the kinds of testing you start running? You start testing them for food allergies. You start testing them for micronutrient deficiencies. You have to equip yourself to do it. You cannot just give them an anti-inflammatory pyramid to work off of and expect your patients to get better. We have to keep in mind that when people have chronic health problems as a result of food insensitivity or food allergies or micronutrient deficiencies, it can take a very long time for them to reverse it. It can take up to a year or even longer. So you are their coach coaching

them. Are you sticking to this? We're going to do this test. The other really important way that you can use your testing is the objective data. I'm efficient with this. What can I do? What are the foods I can eat to increase my absorption for this particular nutrient? Maybe then I would feel better. And if they have food allergies, it's very easy for them to stick to an elimination diet. So say you have a patient that's started their journey with you about a year ago, by the end of the year, they've come up with their own customized plan. They become their own health coach.

Dr. Birnholz:

And in this case of trying to implement an anti-inflammatory diet, you're looking at a longer course in which they're going to see improvements. How do you counsel them that helps them feel confident that maybe over the course of six months, maybe over the course of year they're really going to experience a major change, but they have to stick with it?

Dr. Reddy:

I do give them examples about other patients who got better. A primary example would be like a patient who comes to you with Hashimoto's thyroiditis. We know patients who have Hashimoto's thyroiditis are more likely to be gluten sensitive. And once you're gluten sensitive, you're more likely to react to dairy. So I give them little mini steps; I don't give them long courses to work off of. So the little mini steps is you don't have to eliminate gluten and milk for the rest of your life. The minute they hear about rest of their life, you lose their attention. So you are kind of giving them hope, I think, that it's not going to be the rest of your life; it's going to be maybe for the next three months. Try it. If there is no difference, we can change your pathway. You can go back to your pizza, you can go back to your milk, you can do what you want, but try this for three months. And the patients do feel better. Once they feel better, they're like, 'What can I do more? I'm more energetic. What can I do more to feel better? You know, I've started this journey already with you, and you have checked me for the sensitivities and everything, but what can I do to add to it?' So we've already gained their attention, and then they gain their own, benefit by following it.

Dr. Birnholz:

This is the most fascinating topic, and we need to know so much more about it. I hope that we get to have you back again to talk more about this in the future.

Dr. Birnholz:

Thanks so much for your time.

Dr. Reddy:

Thank you. I appreciate that.

Announcer:

This program was sponsored by Lilly. If you have missed any part of this discussion, visit [ReachMD.com/Spotlight On](https://ReachMD.com/SpotlightOn). Thank you for listening. This is ReachMD. Be Part of the Knowledge.

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