Transcript Details
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Crohn's & Colitis Congress 2022: A Look at Diet & Nutrition Therapies

Announcer:
Welcome to Crohn's & Colitis Foundation Perspectives on ReachMD. Here's your host, Dr. Jennifer Caudle.

Dr. Caudle:
For ReachMD, I'm your host, Dr. Jennifer Caudle. And joining me today to talk about key takeaways from the Fifth Annual Crohn's & Colitis Congress, which is a partnership of the Crohn's & Colitis Foundation and the American Gastroenterological Association, is Dr. Maitreyi Raman. Dr. Raman is an Associate Professor of Medicine and Medical Director of Alberta's Collaboration of Excellence for Nutrition in Digestive Diseases at the University of Calgary.

Dr. Raman, welcome to you.

Dr. Raman:
Thank you very much for having me today.

Dr. Caudle:
So, Dr. Raman, what sessions at this year's Congress were you most interested in?

Dr. Raman:
So thanks for that question. So the nutrition session "Soup to Nuts" was of particular interest to me. First, I was just delighted to see the diverse content of diet and nutrition presented as relevant to the patient with IBD. The topic of diet and nutrition is of high interest to patients, and with the advancements in this field over the past five years, I think we can confidently state there is evidence for diet and nutrition therapies to improve outcomes in patients with IBD.

I tend to think about diet as referring to the dietary patterns, dietary components, and/or food groups that people eat or consume, but in contrast, I think about nutrition as referring to things like nutritional status assessment and relationship to clinical outcomes, including hospitalizations, infections, response to biologics and postoperative outcomes. So I love the fact that distinguishing diet and nutrition was front and central in this particular session, and I think both concepts interplay and may affect outcomes and should be addressed in tandem.

Dr. Caudle:
And why were those sessions important to you and your clinical practice?

Dr. Raman:
So, as a gastroenterologist with a nutrition-focused interest, this session was critical to highlight the many roles for diet and nutrition in

IBD care. Increasing awareness for the patient with IBD will allow them to advocate and actively seek multidisciplinary care that incorporates diet and nutrition adjunctive therapies. For the IBD physician, having awareness of diet and nutrition therapies can increase therapeutic relationships with patients; lead to improved outcomes that are, for example, better biologic effectiveness; managing potential complications, such as infection; post-op complications; and improved quality of life. And, finally, for the subset of patients with biologic hesitancy, dietary interventions may serve as a starting point in the right clinical context.

Dr. Caudle:
Now, from your perspective, Dr. Raman, how do you see the role of dietary therapy in IBD treatment expanding in the years to come?

Dr. Raman:
Now, this is a great question and one very close to my heart. Diet has a role to play in IBD onset and its treatment. The many large prospective cohort studies that have studied diet as a risk factor for IBD have taught us this. Similarly, decades of experience and high-quality studies using exclusive enteral nutrition have also shown us that nutrition therapies can induce and maintain remission in both adults and pediatric populations. But as we move forward to thinking about whole-food-based diets and their role in IBD management, I think things become a little bit more complex as people consume foods as part of diet patterns rather than single nutrients.

So the emerging data to date signal a benefit for fresh fruits, vegetables, fish, chicken, decreased red and processed meats, decreased saturated fats and food additives, and these recommendations have been published in a few guidelines, including the IOIBD Dietary Guidelines and then more recently have informed the IBD food pyramid as published in the *Lancet Gastro & Hep*. However, there's still a lot more research needed to understand how to position diet as a treatment. Further questions include what type of diet or dietary components or patterns are optimal to managing inflammation? Should these be delivered as whole-food-based or delivered together with partial enteral nutrition? The effects of diet and/or partial enteral nutrition need to be explored both for induction of remission in mild to moderate disease as monotherapy, as well as in combination with advanced therapies. Further studies to assess effectiveness of diet to maintain remission both with and without advanced therapies are required.

And finally, biologic deescalation is a topic of hesitancy with many gastroenterologists although frequently asked for by patients, so studies to exploring maintenance of remission in the setting of biologic deescalation to diet therapies could also be very interesting to explore.

Dr. Caudle:
And before we close, Dr. Raman, was there a session that you found especially impactful or one that you plan to take what you learned and implement those lessons into practice?

Dr. Raman:
Right. So the topic of diet in the patient with the J-pouch was particularly novel for me. This is a topic that we don't routinely discuss with patients in either the preoperative or even postoperative setting, and likely this is because there is only a limited body of evidence to guide an optimal J-pouch diet, but the presenter in the Congress did a fabulous job of describing how J-pouch diets have overlap with high-output ileostomies. And the goals of diet and nutrition therapy in a patient with a J-pouch really are to decrease frequency of stools and incontinence, which are very germane to patient quality of life. So in this session the pathophysiology of J-pouch and diarrhea symptoms were nicely outlined, providing rationale for the suggested dietary interventions, and these included an emphasis on optimizing oral rehydrating solutions, frequent sips of fluids through the day rather than medium to large volumes of fluid in one sitting, liberalizing sodium intake and also following a largely low insoluble fiber-containing food diet and separation of solids and liquids. And the goals for monitoring around urine volume, um, were discussed, and adverse, uh, effects frequently seen in J-pouch patients on kidney function, particularly due to chronic or subclinical dehydration were nicely described.

So, for me, listening to the session was a good reminder that similar nutritional recommendations that are commonly discussed in the setting of high ostomy outputs should be applied to the patient with the J-pouch, and having this conversation early, even preoperatively, can prepare the patient for the journey in the post-op setting.

Dr. Caudle:

Well, I think those are all important lessons we can take with us. And as that brings us to the end of today's program, I'd like to thank Dr. Maitreyi Raman for sharing her thoughts on the 2022 Crohn's & Colitis Congress.

Dr. Raman, thanks so much for your time today.

Dr. Raman:
Thank you.

Dr. Caudle:
For ReachMD, I'm Dr. Jennifer Caudle. If you couldn't join the sessions live, all Congress content is available on demand through December 31, 2022. Find out more by visiting CrohnsColitisCongress.org. Thanks for joining us.

Announcer:
This program was brought to you in collaboration with the Crohn's and Colitis Foundation and the American Gastroenterological Association. To learn more about the Crohn's and Colitis Congress, please visit crohnscolitiscongress.org. Thanks for listening.