

# 3rd IBDHORIZONS UPDATES FOR APP



IBDH

King Street Ballroom, October 29, 202



# DIET IN IBD: WHAT IS NEW?



IBDH



# ARS QUESTION 1

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- A. Enteral nutrition has shown to improve symptoms in IBD
- B. Specific Carbohydrate Diet is superior to the Mediterranean diet for clinical remission and calprotectin improvement
- C. Diet can improve biochemical findings (CRP, hematocrit, albumin)
- D. Patients in clinical symptomatic remission should still have endoscopic assessment for disease activity

# ARS QUESTION 2

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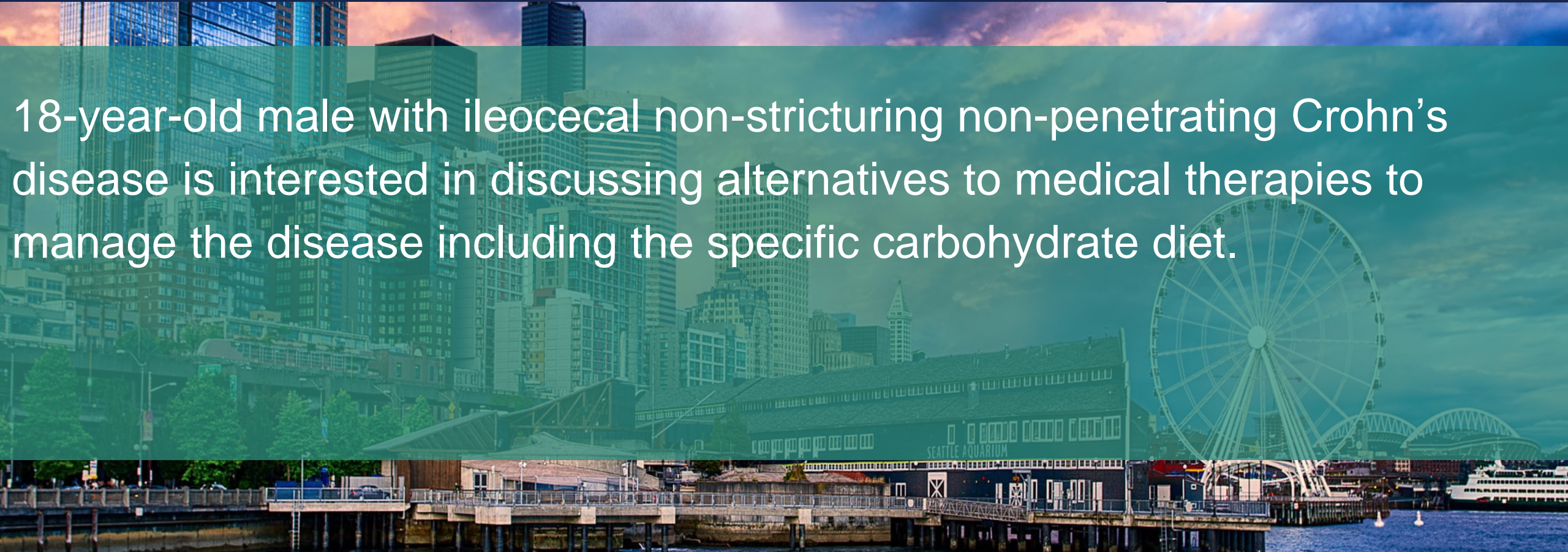
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- A. Induces clinical remission in 20% of children and adults
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# CLINICAL CASE 7



18-year-old male with ileocecal non-stricturing non-penetrating Crohn's disease is interested in discussing alternatives to medical therapies to manage the disease including the specific carbohydrate diet.



# Diet in IBD: What is New?

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Dale Lee, MD, MSCE  
Associate Professor  
Director, Clinic Nutrition  
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Seattle Children's®



**DALE LEE**

🐦 @daleleemd

Dr. Dale Lee is an Associate Professor of Pediatrics at Seattle Children's Hospital. He's the Medical Director of Clinical Nutrition at Seattle Children's Hospital

Dr. Lee leads a multidisciplinary team studying IBD including clinical gastroenterology, clinical nutrition, nutrition epidemiology and food science.

He enjoys playing guitar and is presently trying to teach his 5-year old son how to play ukulele.

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IBDHORIZONS

# DISCLOSURES

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No relevant financial relationships to disclose

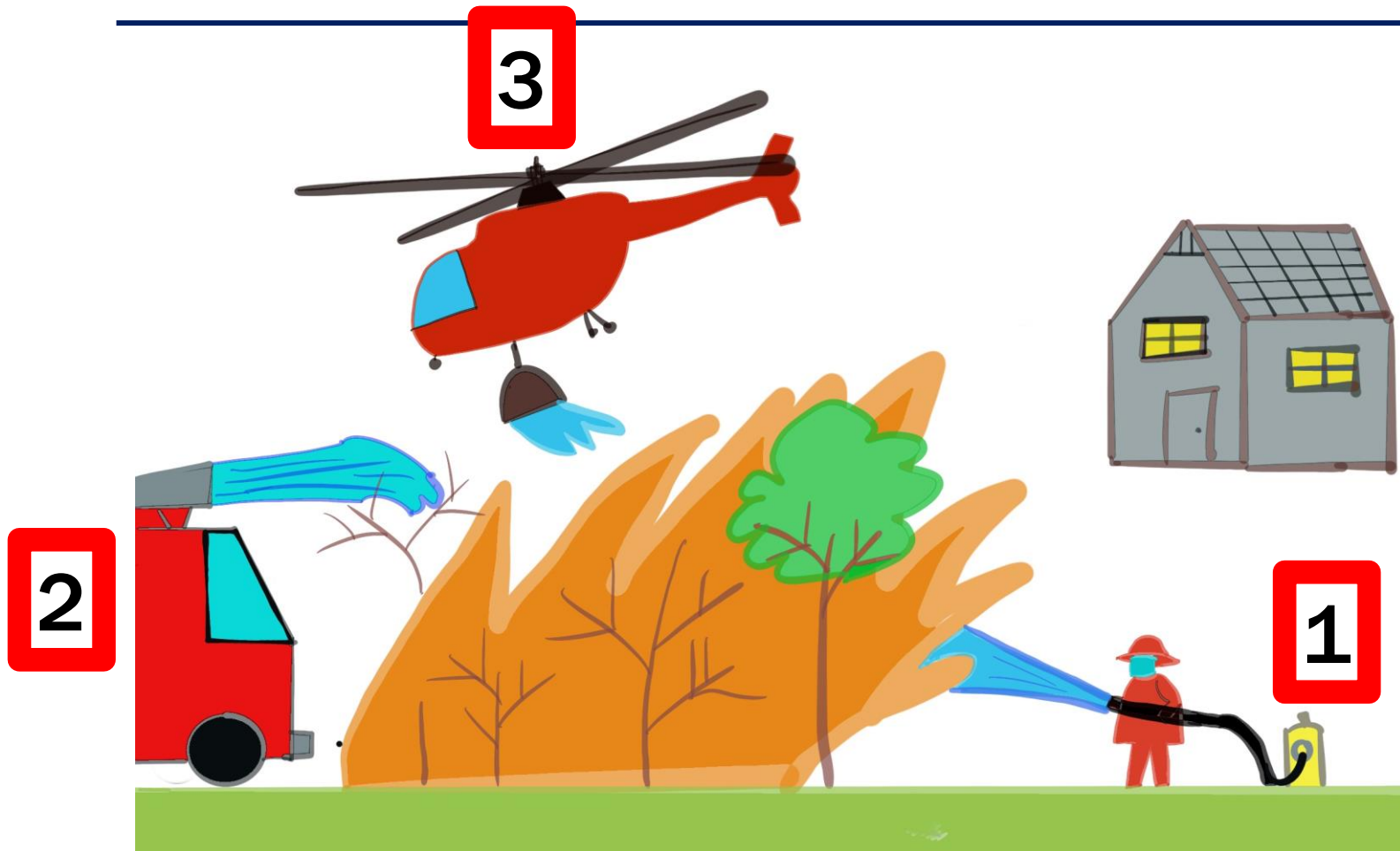
# Objectives

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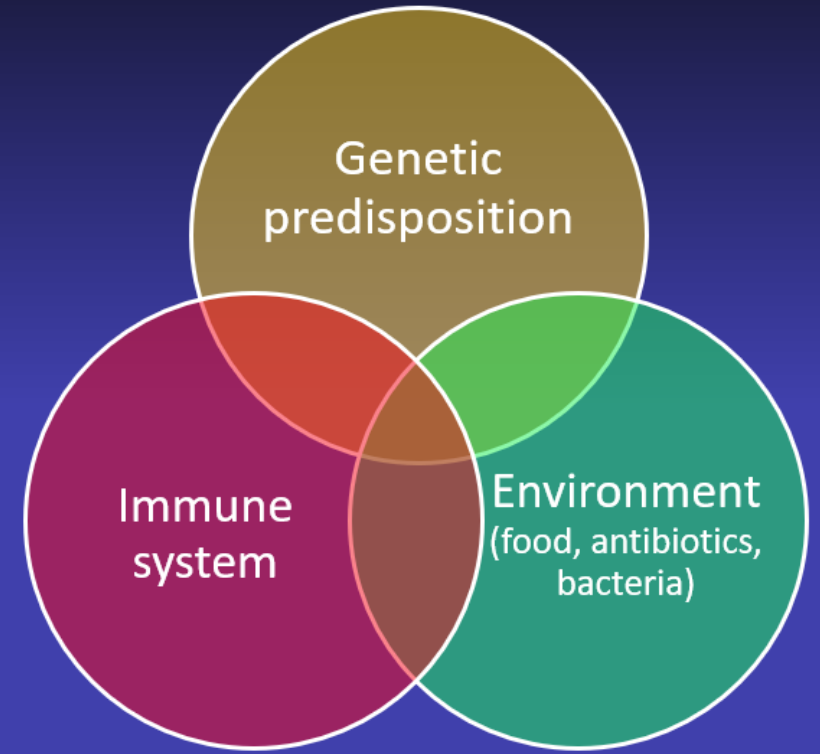
- Discuss the current evidence regarding safety and efficacy of dietary therapy in IBD
- Discuss where dietary therapy fits into IBD management: monotherapy or adjunctive
- Review how to assess if dietary therapy is effective



# Diet in IBD Pathogenesis?



## What causes IBD?



# Dietary Approaches for Treating IBD

Therapy	IBD Phenotype
Exclusive Enteral Nutrition	Crohn's
Specific Carbohydrate Diet (SCD)	Crohn's + UC
Crohn's Disease Exclusion Diet (CDED) + Partial Enteral Nutrition	Crohn's

# Exclusive Enteral Nutrition (EEN)

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- Also known as the “Defined formula diet”
  - Formula: 100% of nutritional needs
  - Exclusion of standard foods
  - Induction therapy (6-10 weeks)
- Formula can be consumed by mouth or via tube
- Does not require a specific formula
- Uses:
  - Calories
  - Therapy for Crohn’s (~80% efficacy)

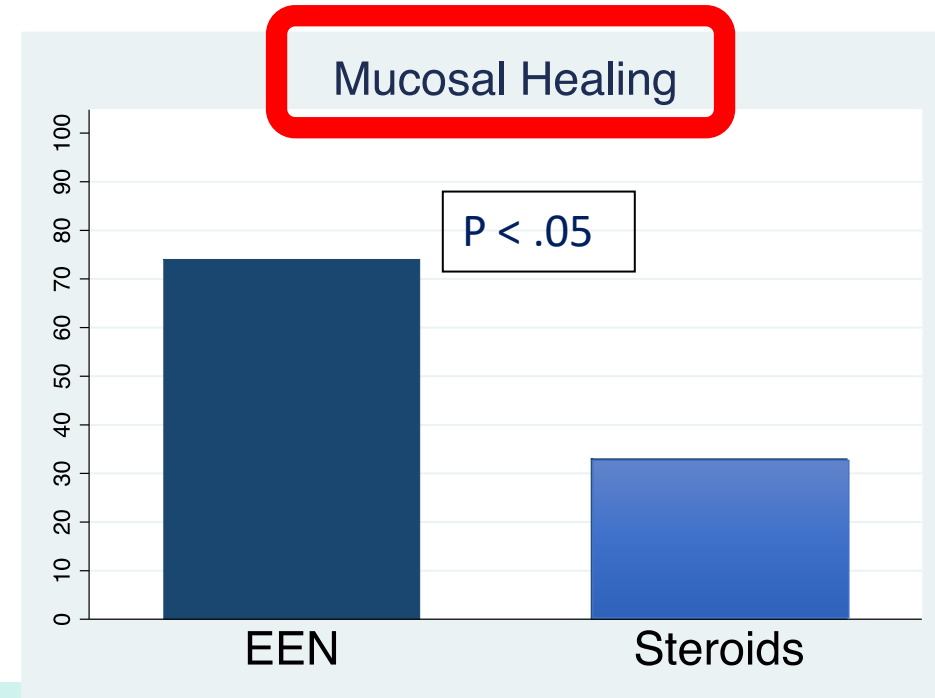
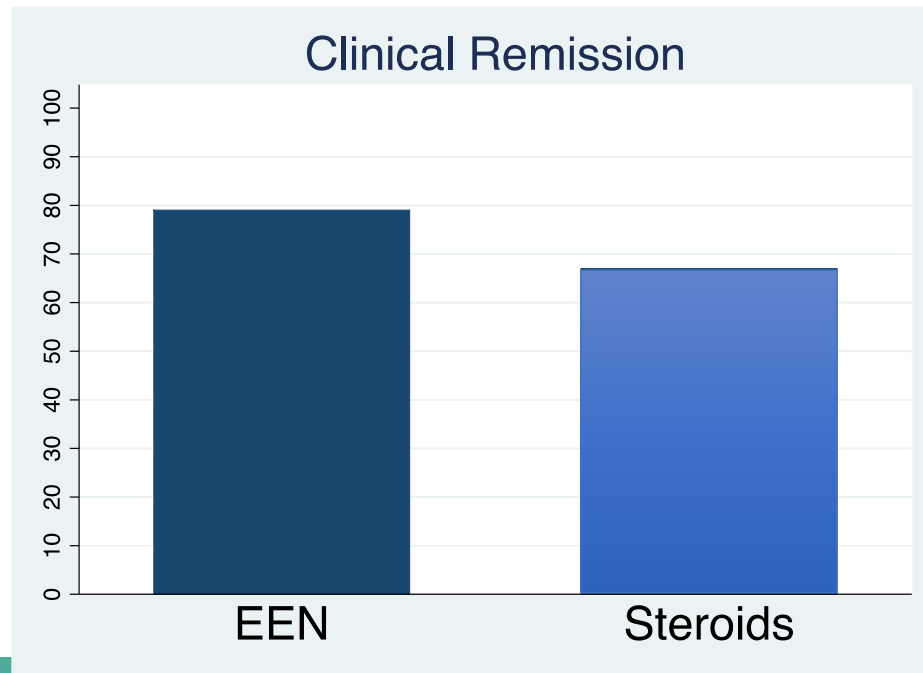


Votik AJ. Arch Surg 1973. Day AS. World J Gastro 2015.

# EEN is superior to corticosteroids

## Study Design:

- 37 children with newly diagnosed Crohn's disease
- 10-week randomized trial: steroids vs. EEN



# What about Exclusive Enteral Nutrition in Adults?

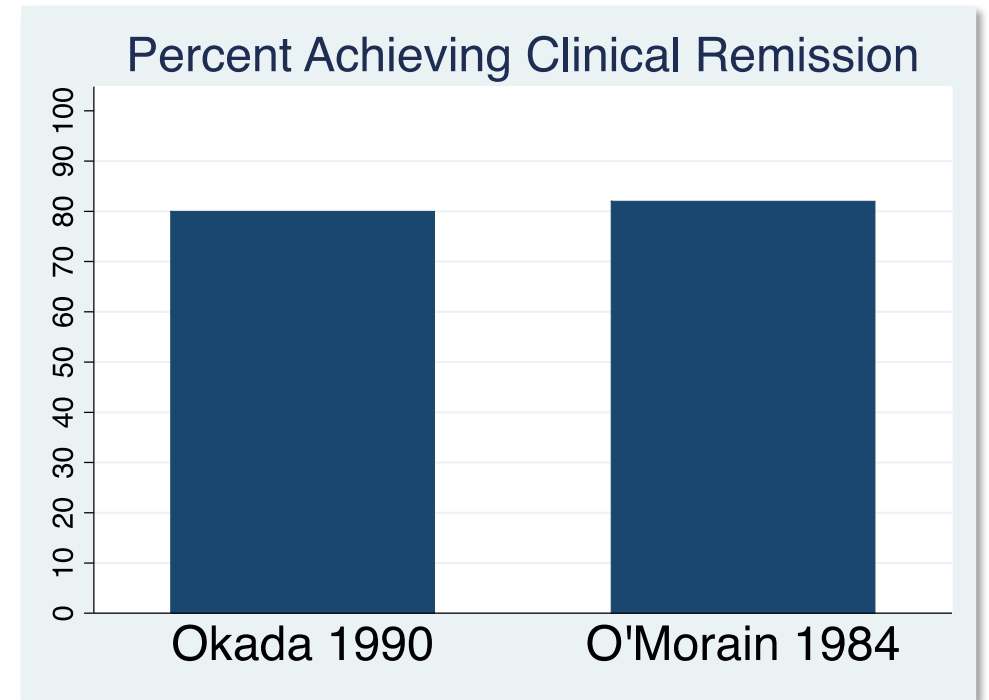
Studies have suggested EEN  
less effective in adults

Reasons?

- Compliance
- Complicated disease

But: In compliant adults with  
new diagnosis, similar efficacy

Narula N. Cochrane Rev 2018.  
Swaminath A. Alim Pharm Ther 2017.  
Wall CL. World J Gastro 2013.



Okada M. Hepatogastroenterology 1990.  
O'Morain C. Br Med J 1984.

# Specific Carbohydrate Diet

- Large interest from IBD patients
- Literature: numerous case series showing benefit

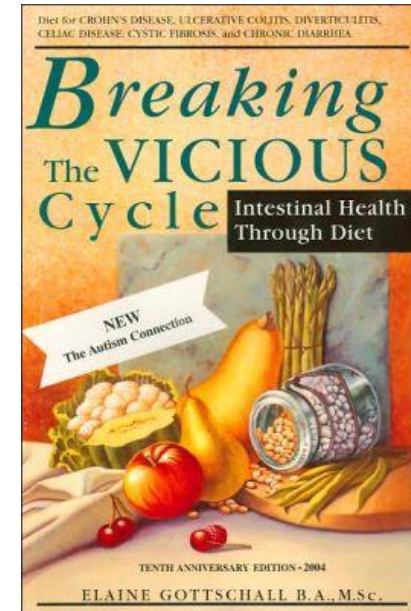
## Restricted foods on SCD

All grains

Refined sugars

Cow's milk products (fully fermented yogurt ok)

“Processed foods”



Suskind DL, et al. J Clin Gastro 2018.

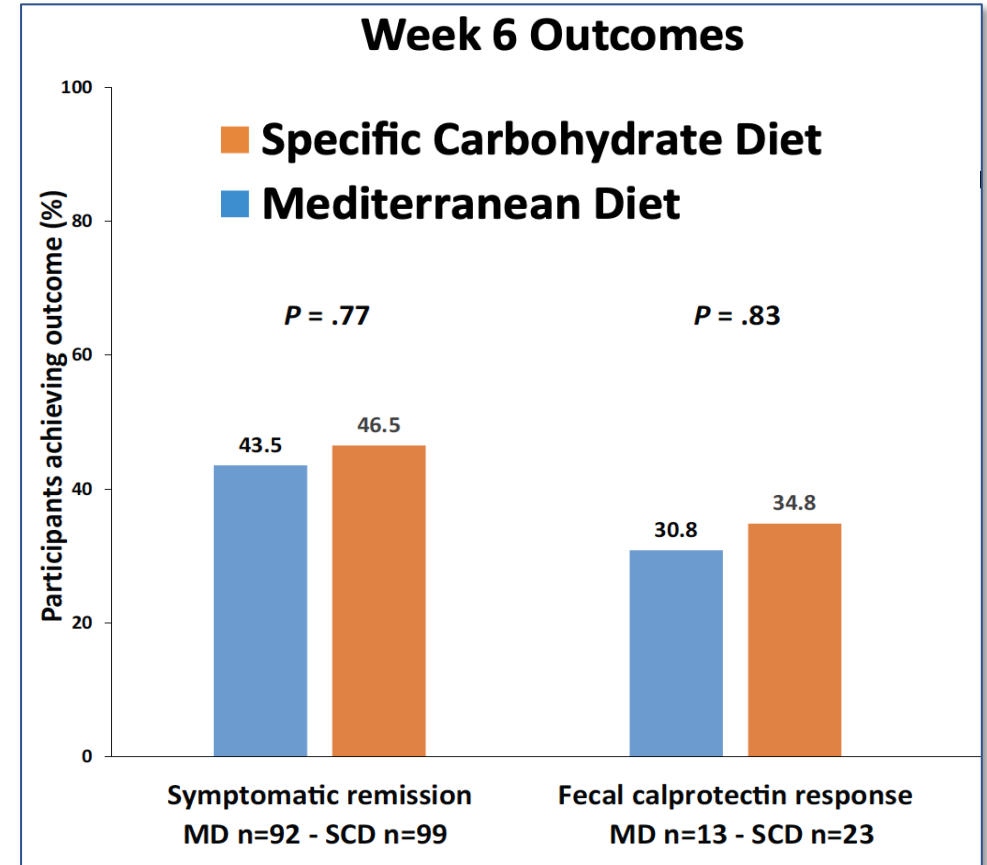
Obih C, et al. Nutrition 2016.

Cohen SA, et al. J Ped Gastro and Nutr 2014.



# Specific Carbohydrate Diet

- Randomized trial
- Six weeks of food delivery
- 194 participants enrolled
  - Average disease duration: 10 years
  - ~30% with prior IBD surgery
  - Over 50% on biological drug



Lewis JD, et al. Gastro 2021.

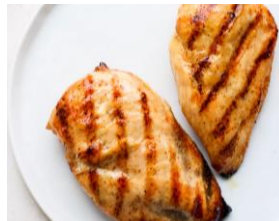
# Crohn's Disease Exclusion Diet + PEN

- Randomized trial over 12 weeks
- 74 children/adolescents with active Crohn's disease

	Weeks 0-6	Weeks 7-12
Group 1	50% kcal from CDED 50% kcal from formula	75% kcal from CDED 25% kcal from formula
Group 2	EEN	Free diet 25% kcal from formula

## Foods to Avoid:

- Gluten
- Dairy
- GF baked goods
- Animal fat
- Processed meat
- Emulsifiers
- Canned goods
- “Expiration date”



Levine A. Gastroenterology 2019.



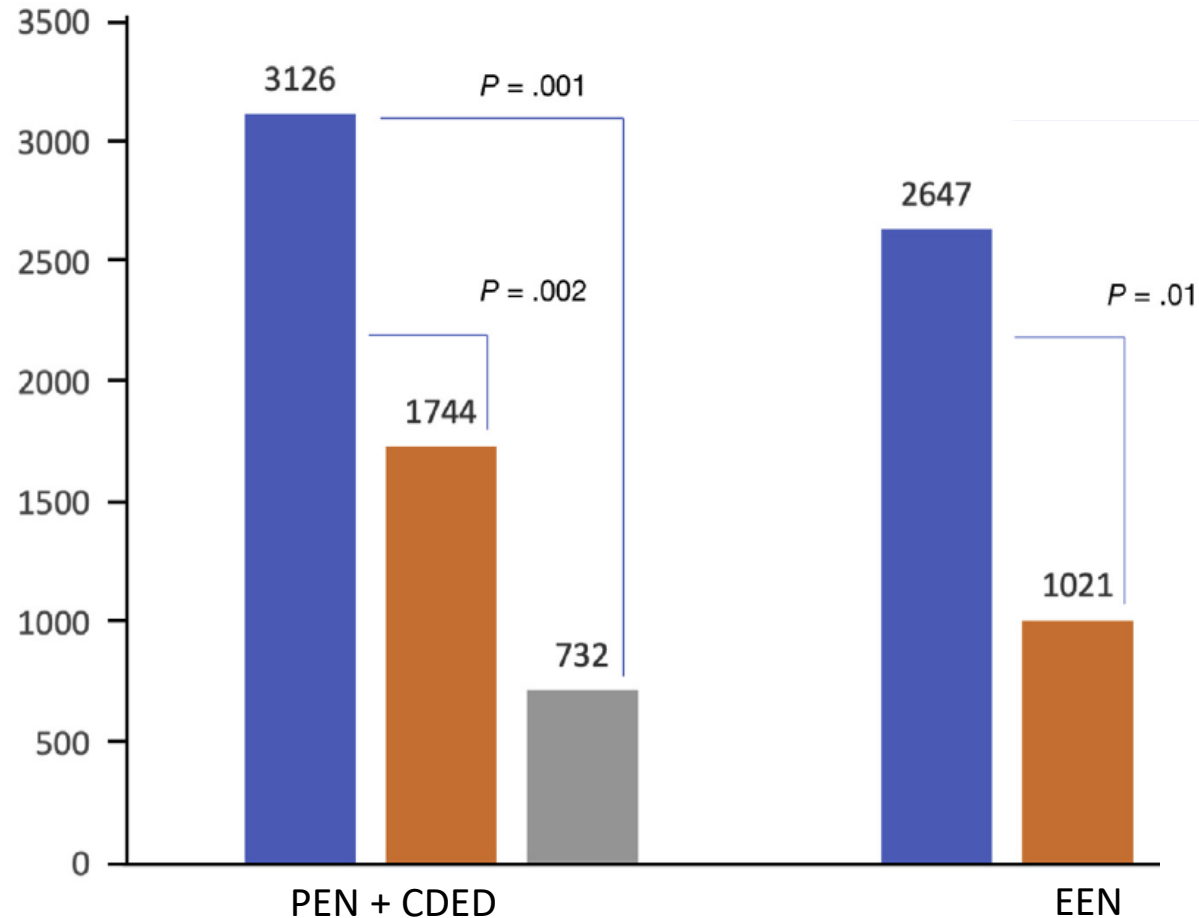
# Three Phases of CDED

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Phase	Duration (weeks)	Formula (% daily kcal)	Food
1	6	50%	5 Mandatory foods
2	3	25%	Expanded food list
3	3 or longer	25%	Expanded food list + may include 1-2 free days/week

Note: Publication does not separate phases 2 and 3

# Results from CDED + PEN



# What is the Role of Diet in IBD Management?

Dietary approach	When to consider
Exclusive Enteral Nutrition (EEN)	<ul style="list-style-type: none"><li>- Crohn's</li><li>- Induction therapy</li><li>- Motivated/compliant patient</li></ul>
*Specific carbohydrate diet	<ul style="list-style-type: none"><li>- Crohn's or UC</li><li>- Adjunctive therapy to drugs</li><li>- <i>Primary therapy?*</i></li></ul>
*Crohn's disease exclusion diet (CDED) + partial enteral nutrition (PEN)	<ul style="list-style-type: none"><li>- Crohn's disease</li><li>- Willing to continue formula long-term</li><li>- Primary or adjunctive therapy</li></ul>

\*Additional studies needed

# Assessing the Efficacy of Dietary Therapy

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Partnership with knowledgeable dietitian is critical

- -Assess for nutritional adequacy
- -Teaching on diet/compliance

The rigor for assessment of efficacy should be equal to that applied to immunosuppressive drugs:

- 1) Symptoms and quality of life
- 2) Objective markers of inflammation (blood/stool)
- 3) Imaging
- 4) Endoscopic assessment

# Conclusion

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- Patients will ask about dietary therapy for IBD
- Exclusive enteral nutrition is an effective option for adult Crohn's
- Further studies are needed for exclusion diets
  - Patients will use them, and important to partner with them to assess efficacy

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IBDHORIZONS

# PANEL DISCUSSION



## Panel Discussion

Moderator: Scott D. Lee, MD

Jeff Jacobs, MD

Erica Heagy, FNP-BC

Kindra Clark-Snustad, DNP

Dale Lee, MD



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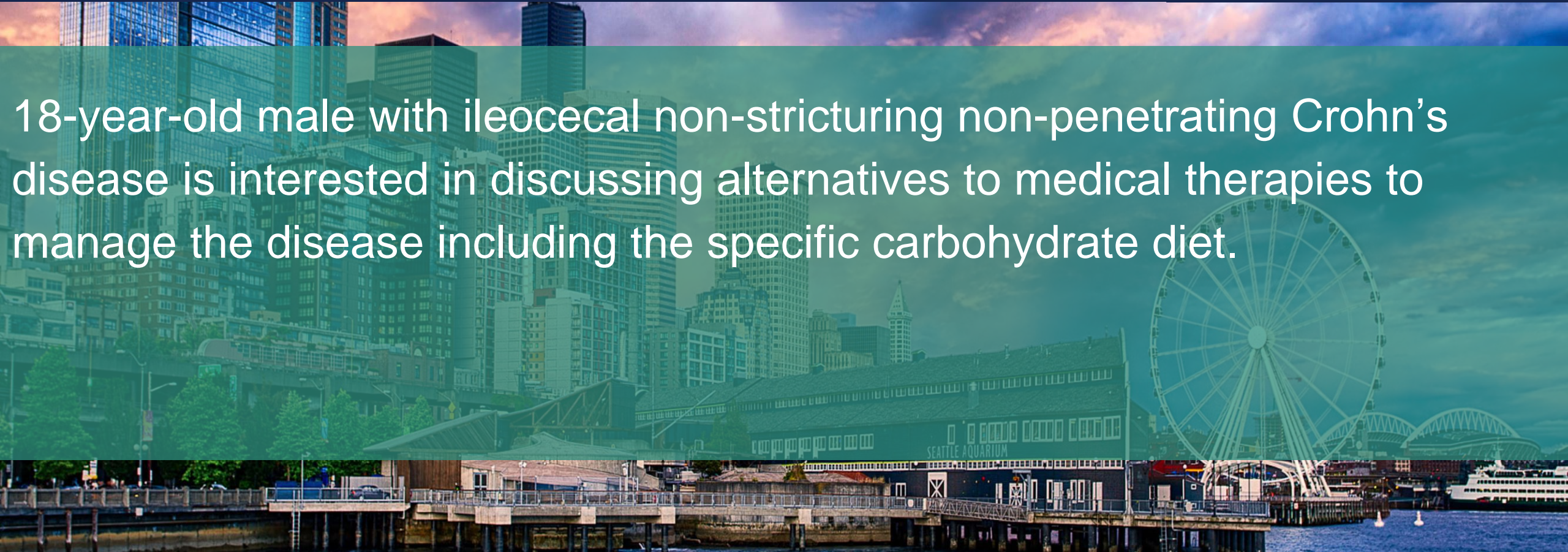
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