















Socialising











Enjoyment





Comfort



Familiarity, identity, belonging



Experiences of food and nutrition in IBD: the patient perspective









Diet in the prevention of IBD

Breastfeed infants

unless contraindicated



Eat less

Animal protein

Animal fats

Eat more

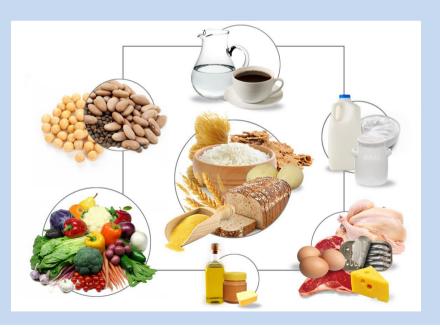
Vegetable protein (e.g. legumes)

Fats from fish (n3)

Fibre

Fruits

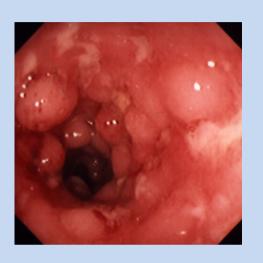
Vegetables







Enteral nutrition in Crohn's disease



	Exclusive Enteral Nutrition	Steroids
Children	83% enter remission	61% enter remission
Adults	45% enter remission	73% enter remission









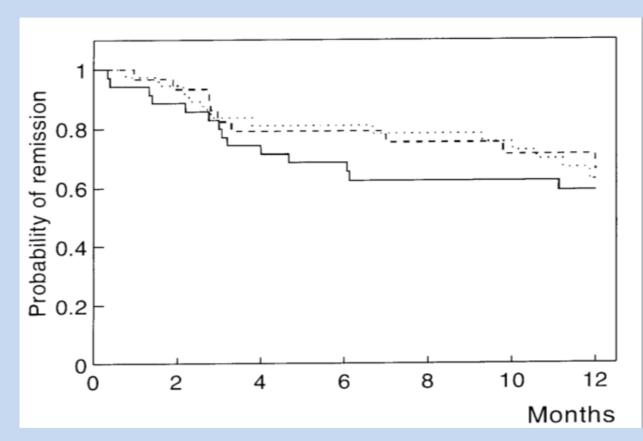
Fibre in inflammatory bowel disease:

systematic review of randomised controlled trials





Fibre in maintenance of UC: psyllium



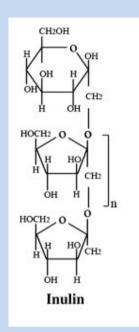
30% relapse on fibre and drug (psyllium + mesalazine) 35% relapse on drug only (mesalazine, 1.5 g/d) 40% relapse on fibre only (psyllium, 20 g/d)







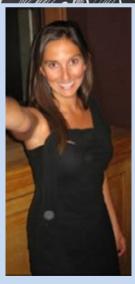
Prebiotics to treat active Crohn's





A substrate that is selectively utilized by host microorganisms conferring a health benefit

ISAPP consensus statement





	FOS	Placebo	p Value
Response*			
Intention to treat, n (%)	12 (22%)	19 (39%)	0.067
Per protocol, n (%)	12 (30%)	19 (42%)	0.243
Remission†			
Intention to treat, n (%)	6 (11%)	10 (20%)	0.193
Per protocol, n (%)	6 (15%)	10 (22%)	0.395



Fermentable

Oligosaccharides (fructans)

(α-galacto-oligosaccharides)

Disaccharides (lactose)

Monosaccharides (fructose)

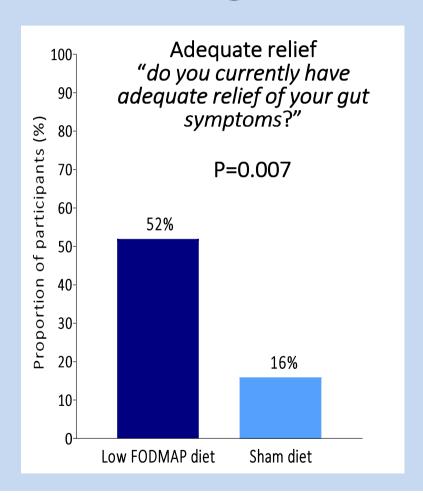
And

Polyols (sorbitol, mannitol)



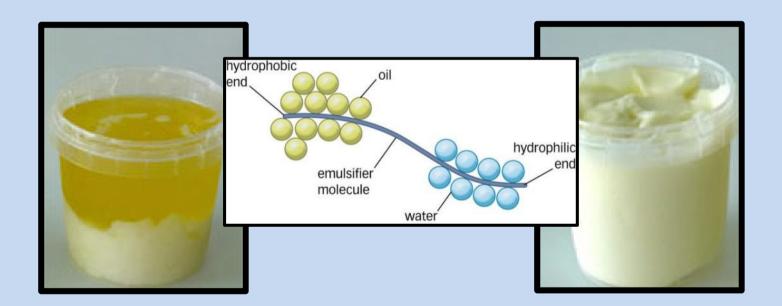


Restricting prebiotic FODMAPs improves 'functional gut symptoms' in IBD

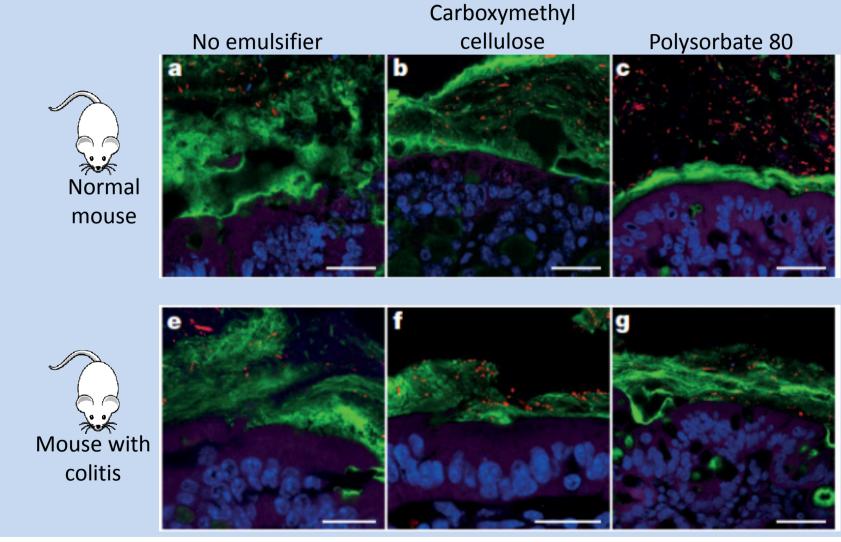


Emulsifiers and inflammatory bowel disease

Substances that make it possible to form or maintain a homogenous mixture of two or more immiscible phases such as oil and water in a foodstuff



Emulsifiers impact the microbiome in mice





Special diets for IBD



"Crohn's disease exclusion diet" uncontrolled trial

Partial Enteral Nutrition with a Crohn's Disease Exclusion Diet Is Effective for Induction of Remission in Children and Young Adults with Crohn's Disease

Rotem Sigall-Boneh, RD,* Tamar Pfeffer-Gik, RD,* Idit Segal, MD,* Tsili Zangen, MD,* Mona Boaz, RD, $PhD_r^{\dagger,\pm}$ and Arie Levine, $MD^{*,\pm}$

Exclude:

Gluten

Dairy products

Baked goods and breads

Animal fat

Processed meats

Canned goods

Packaged products with a due date

EMULSIFIERS

TABLE 2. Pairwise Comparisons of Parameters Between Baseline and Week 6

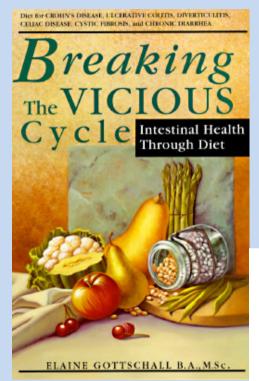
N = 47	Baseline	Week 6	P
ны	6.37 ± 2.74	1.85 ± 2.93	0.000
PCDAI $(n = 34)$	27.7 ± 9.4	5.4 ± 7.98	0.000
CRP	2.9 ± 2.7	0.86 ± 1.0	0.000
ESR	29.3 ± 16.6	17.0 ± 10.9	0.000
Hemoglobin	12.2 ± 1.3	12.3 ± 1.2	0.5
Albumin	4.2 ± 2	4.07 ± 0.40	0.67

Pairwise comparisons only in subjects with parameters at both time points. HBI calculated for all patients. PCDAI calculated only for children and adolescents through age 18 years.

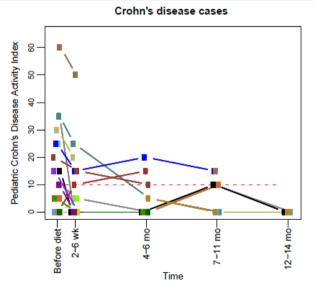
PCDAI, pediatric Crohn's disease activity index.

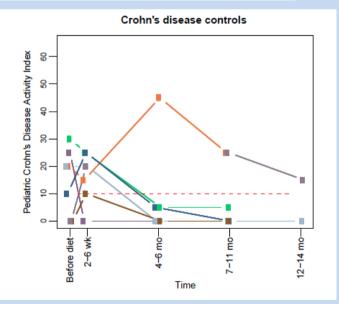


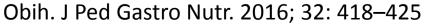
Specific carbohydrate diet (SCD)



Exclude	Include
Grains e.g. wheat, barley, corn, rice	Almond flour Coconut flour
Added sugar	Honey
Milk products	Fermented yogurts











Diet in IBD

Breastfeeding and a healthy diet are associated with lower risk of IBD

Enteral nutrition is an effective treatment in IBD (the type of formula doesn't matter)

- More effective than steroids in children
- Less effective than steroids in adults

Fibre and prebiotics have variable effects on IBD, perhaps more effective in UC

Low FODMAP diet reduces functional gut symptoms, particularly in UC

Emulsifiers show impact on microbiome, permeability and colitis in mice, human studies are underway

Very limited data on 'special diets'



Guy's and St Thomas' NHS

NHS Foundation Trust

Dr Miranda Lomer
Dr Peter Irving
Dr Jane Benjamin
Dr Charlotte Hedin
Selina Cox



Prof James Lindsay Prof Dusko Ehrlich Dr Benoit Chassaing



