

UC IRVINE 12<sup>TH</sup> ANNUAL GI & HEPATOLOGY SYMPOSIUM  
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# Nutritional Therapies for IBD

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# Disclaimers

- Scientific advisor for Azora Therapeutics

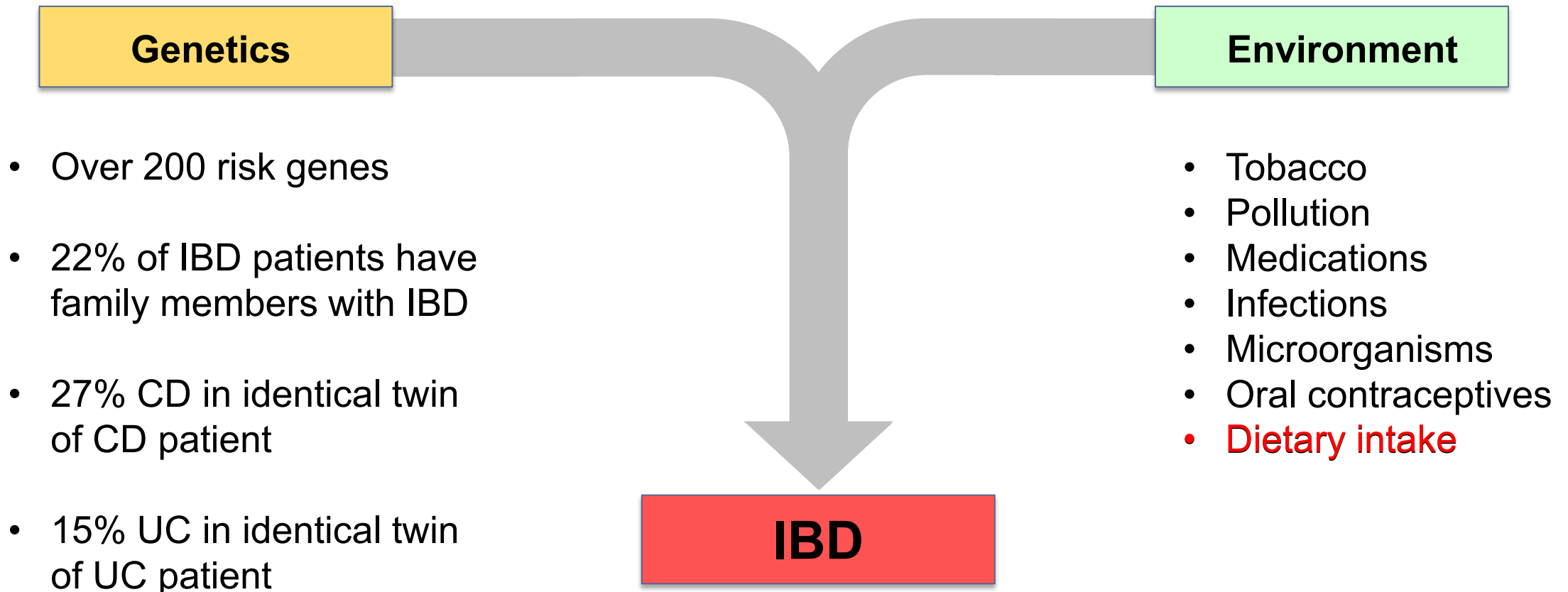
# Outline

- Does the Diet Matter?
- Bidirectional Relationship
- Enteral Nutrition
- Solid Food Diets
- Dietary Supplements



- This presentation will broadly touch on major themes and is not intended to be comprehensive
- Image: Wikipedia  
A lot of research is still needed

# Does the Diet Matter?



# Does the Diet Matter?

- Japanese Survey

- Surveys of up to 68,000 Japanese (1966-1985)
- 242 CD patients had ↑ animal protein, ↑ omega-6, ↓ omega-3

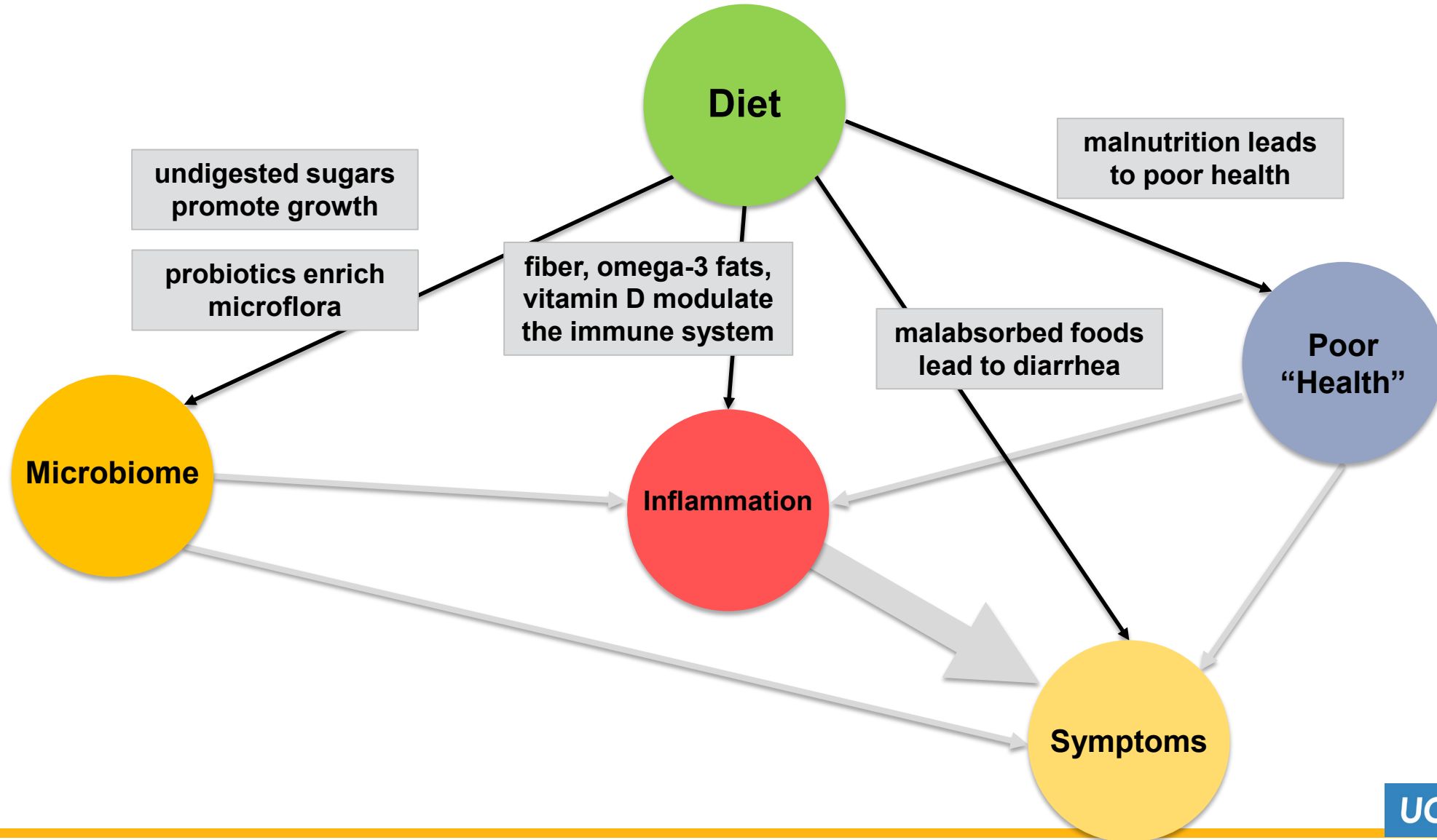
- European Prospective Investigation into Cancer

- Surveys of 203,193 Europeans (1991-1998)
- 126 UC patients had ↑ omega-6

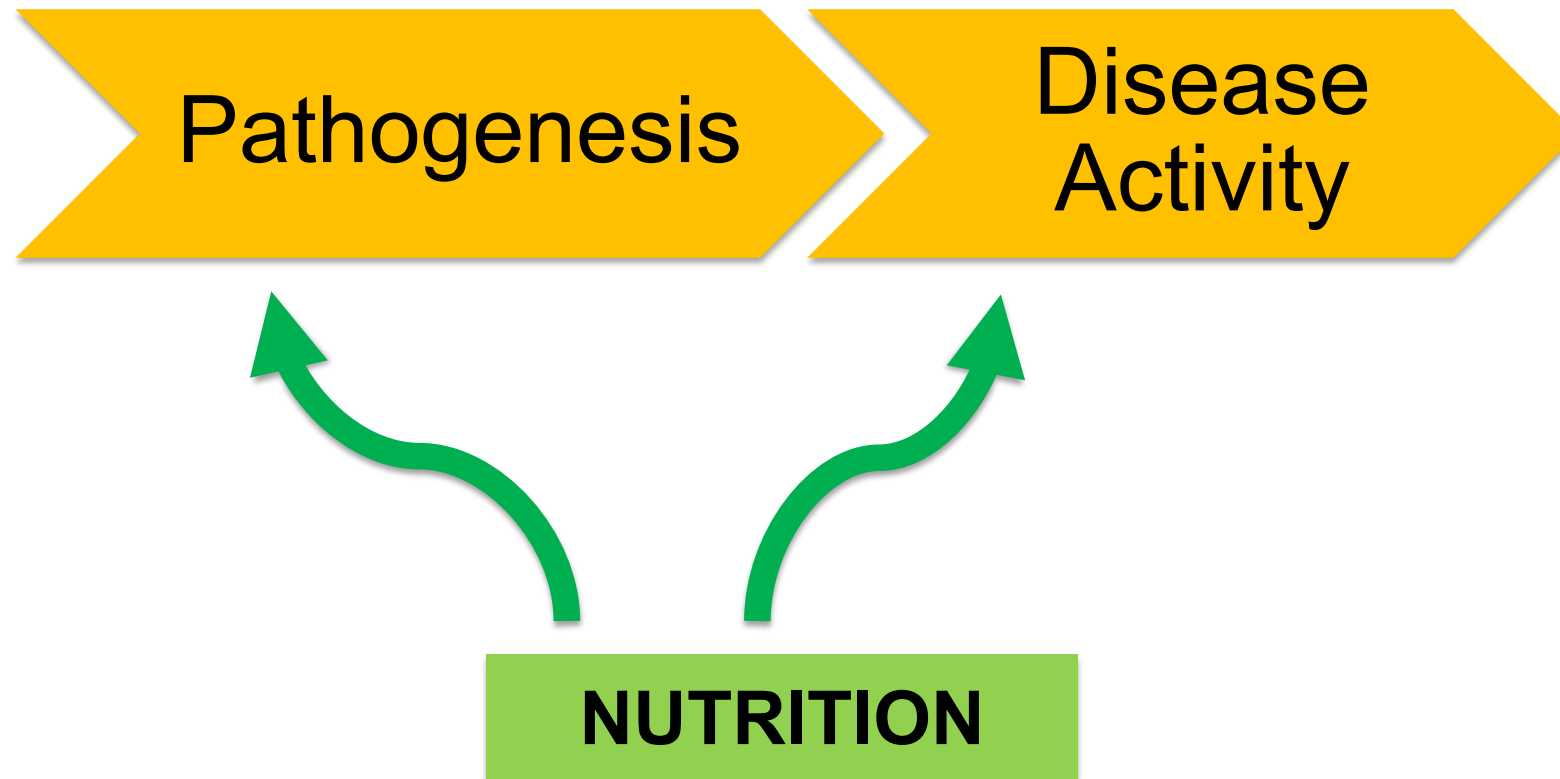
- Nurses' Health Study

- Surveys of up to 170,000 women
- Fiber was associated with ↓ risk of CD but not UC
- Vitamin D was associated with ↓ risk of CD but not UC

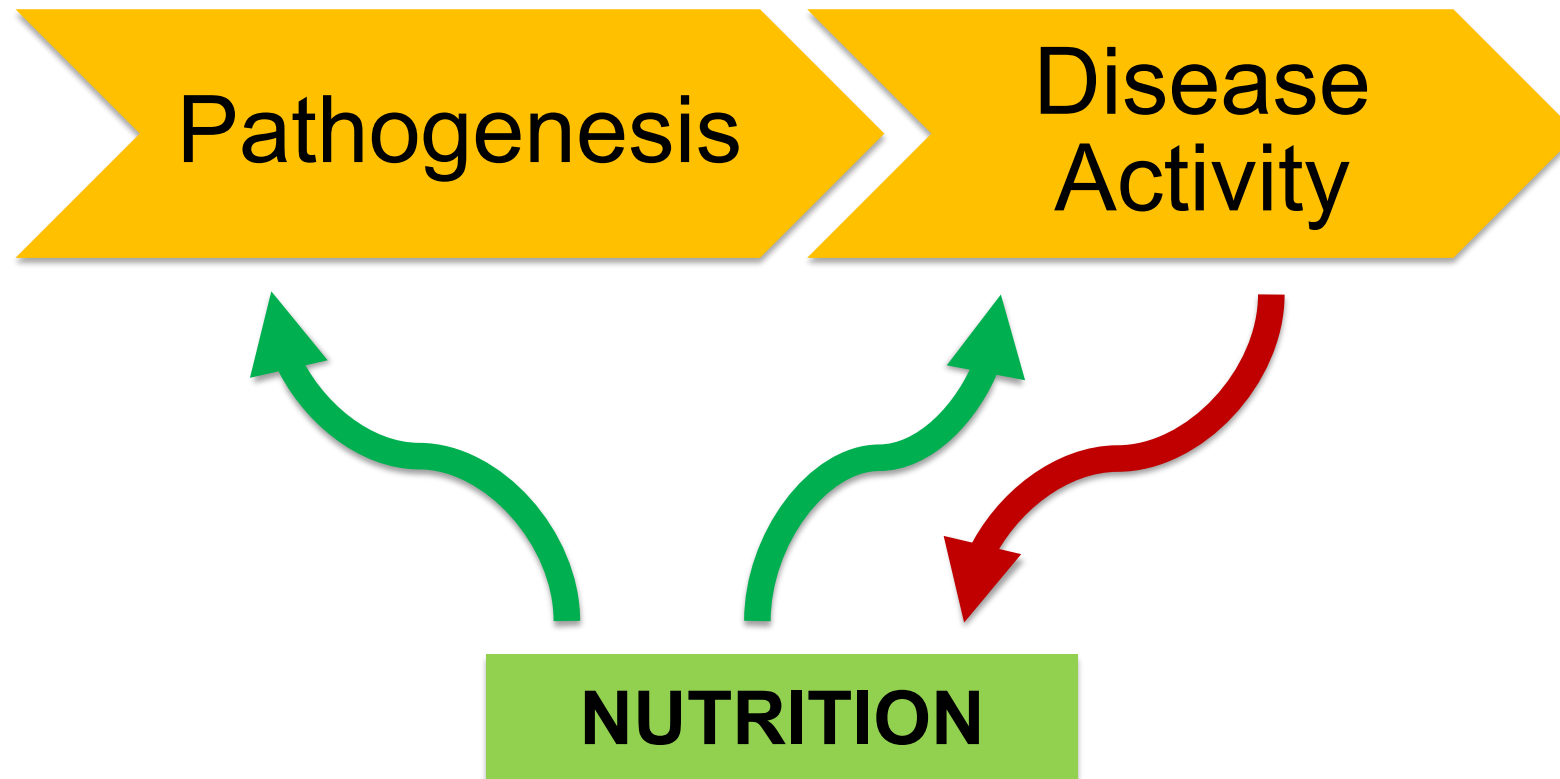
# How Does Diet Affect Disease Activity?



# Bidirectional Relationship of Nutrition and IBD



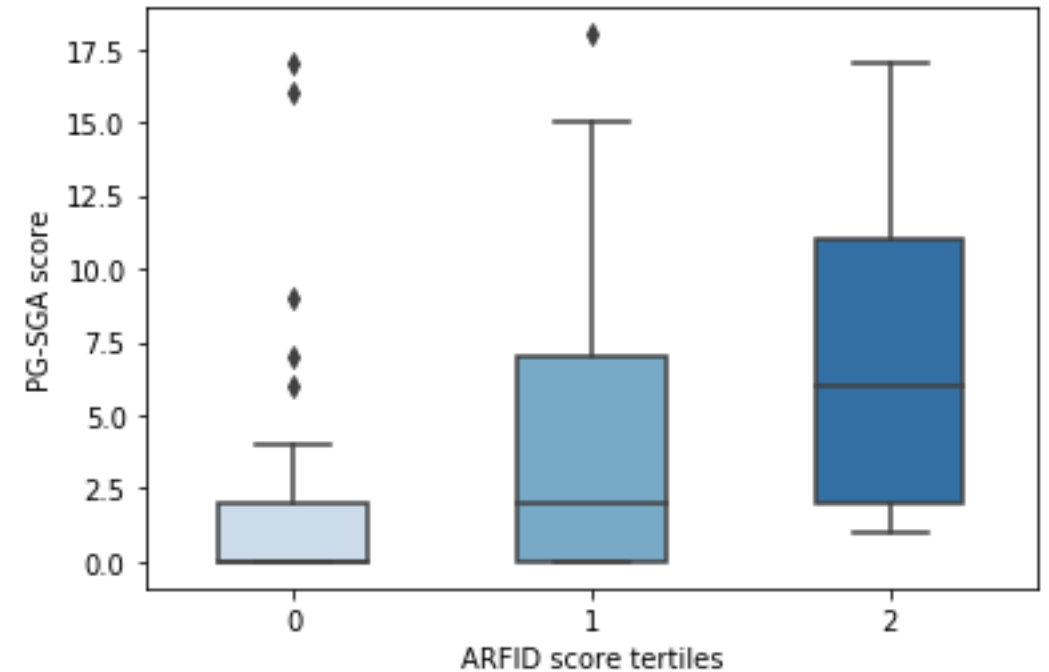
# Bidirectional Relationship of Nutrition and IBD





# High Risk of Restrictive Eating Behaviors

- 58% had characteristics of restrictive eating
- Most commonly reported symptoms influencing intake: pain (14%), diarrhea (12%), fatigue (12%)
- Restrictive eating patterns associated with malnutrition



# What are Dietary Strategies for IBD?

## **Established Evidence**

- Enteral nutrition

## **Emerging Evidence**

- Solid food diets
- Probiotics

## **Extrapolated Evidence**

- Omega-3 fatty acids
- Fiber

# What are Dietary Strategies for IBD?

## **Established Evidence**

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# Enteral Nutrition

- Specialized liquid formulae that are either delivered orally or through a feeding tube

## **Premise**

- Provides a supplementary source of calories
- Reduces intake of “pro-inflammatory” substances
- Preserves integrity of bowel
- Modulates gut immune system

# Enteral Nutrition

## Crohn's Disease

- Effective for induction and maintenance of remission in CD
- Can be used as monotherapy when corticosteroids not possible (Grade A evidence)

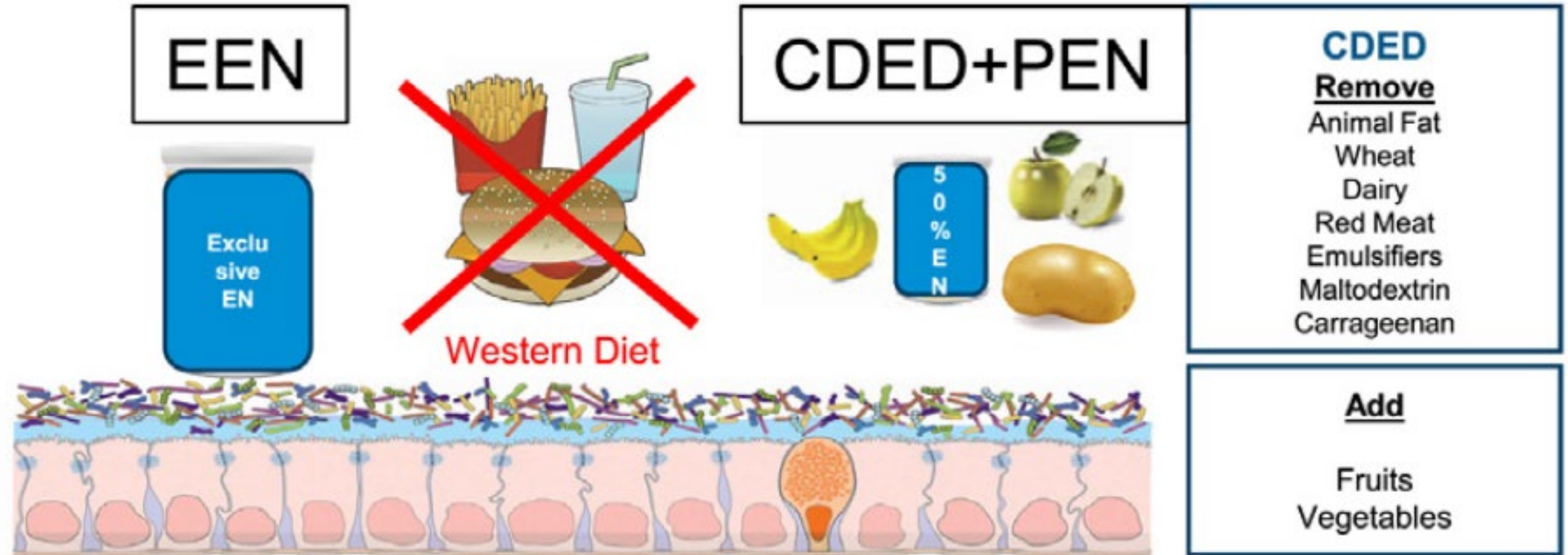
## Ulcerative Colitis

- No clear benefit

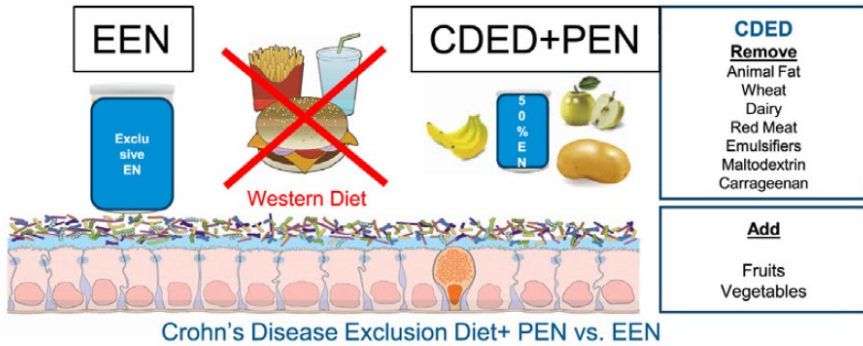
## But ...

- Adherence is very challenging due to discomfort, distaste, social reasons, insurance coverage, etc.

# What about *Partial* Enteral Nutrition?

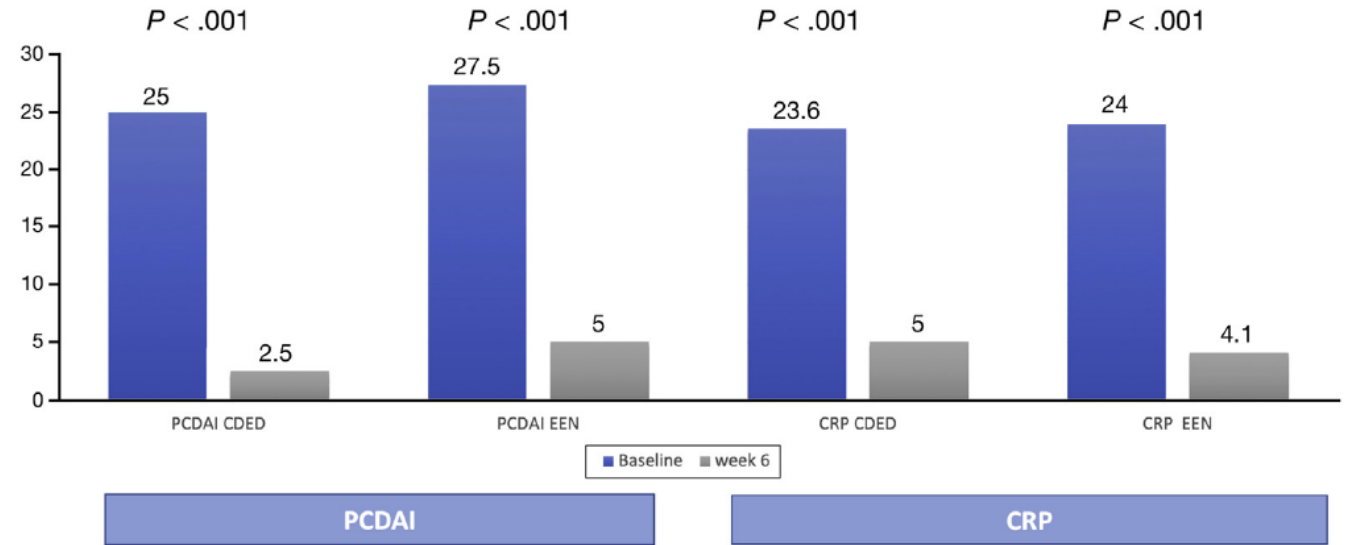
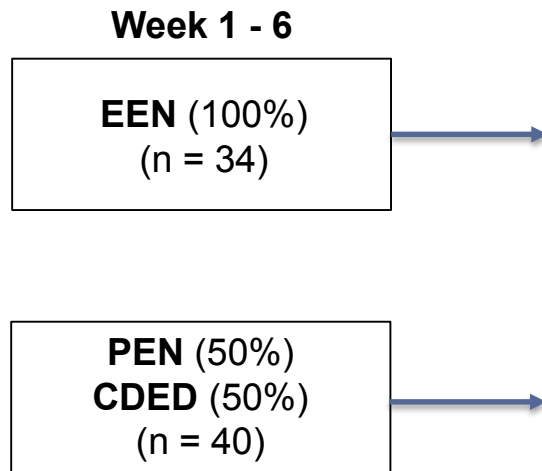


# What about *Partial* Enteral Nutrition?

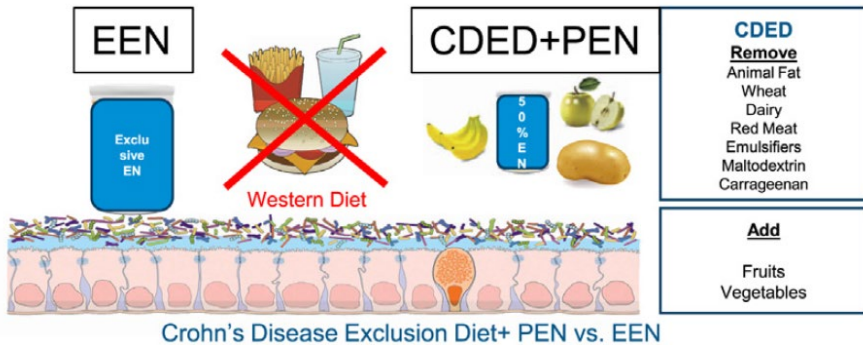


## Findings

- PEN and EEN improved symptoms and CRP

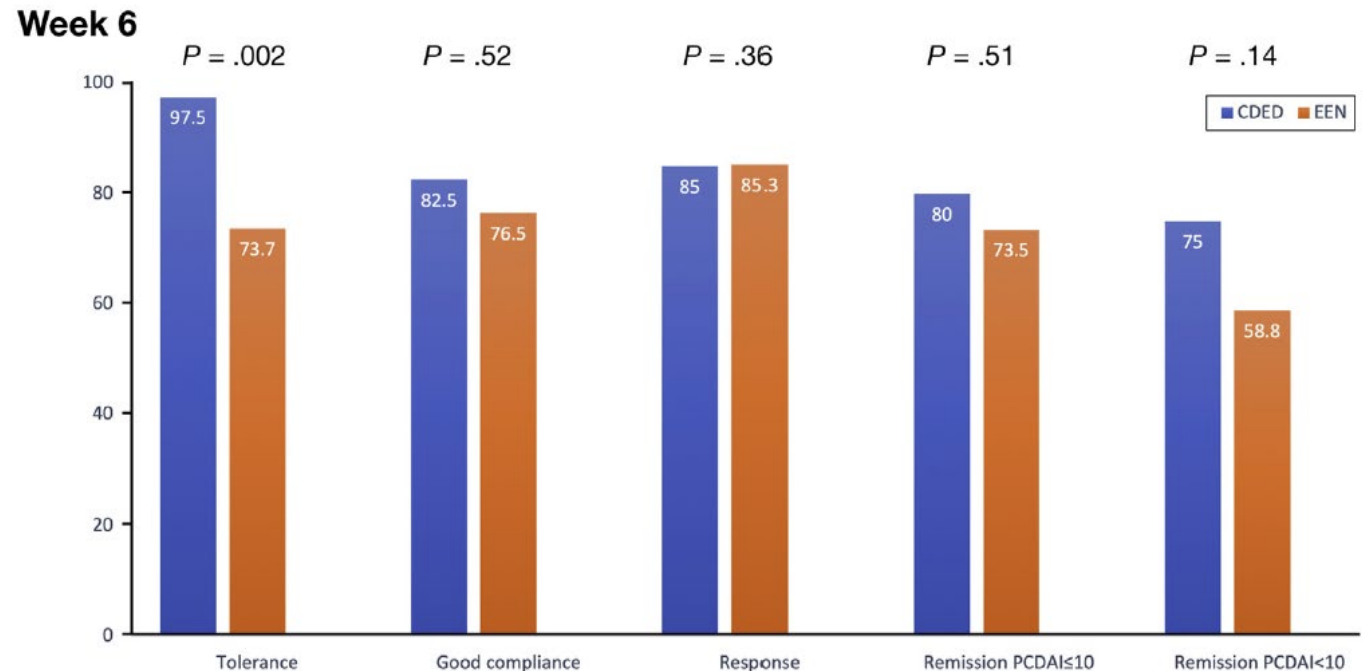
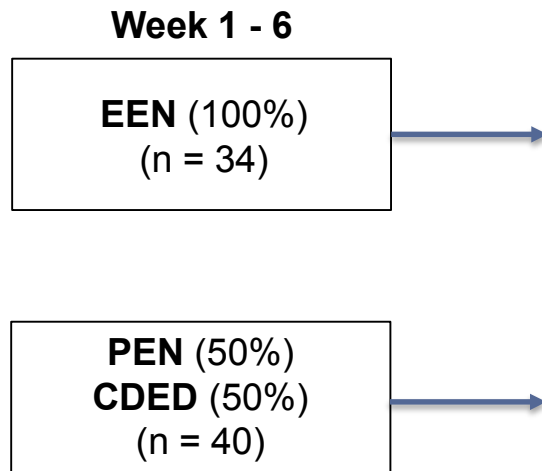


# What about *Partial* Enteral Nutrition?



## Findings

- PEN was more tolerable than EEN
- PEN ~ EEN for achieving 6-week response and remission





# What are Dietary Strategies for IBD?

## Established Evidence

- Enteral nutrition

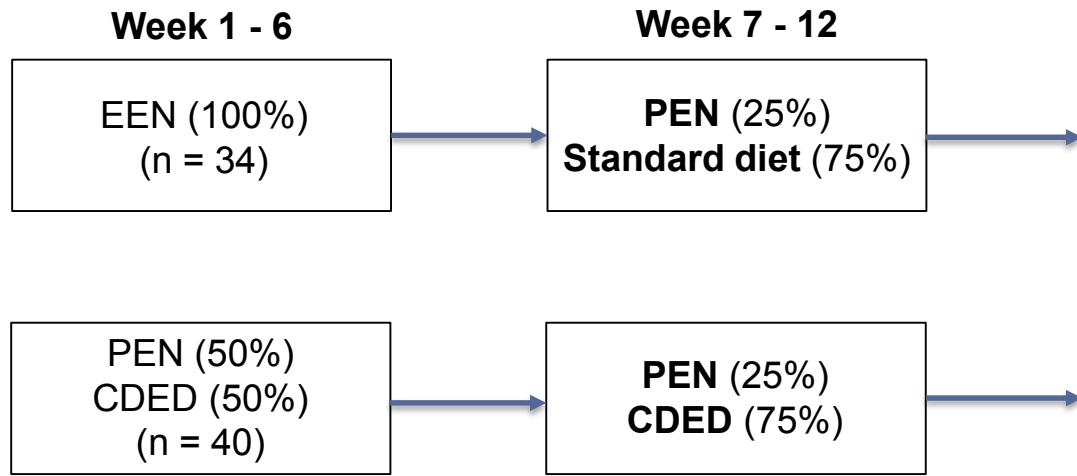
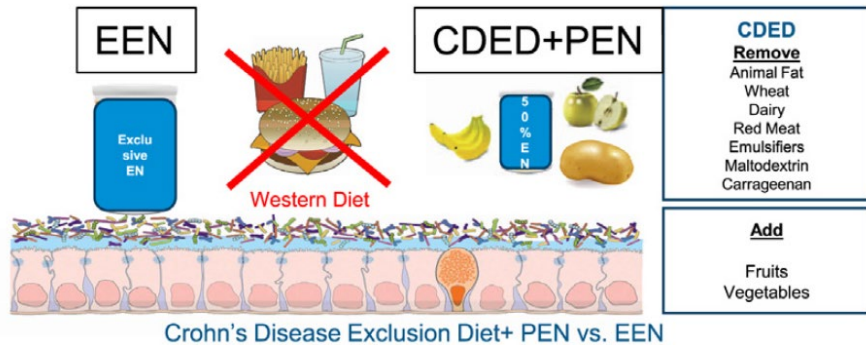
## Emerging Evidence

- **Solid food diets**
- Probiotics

## Extrapolated Evidence

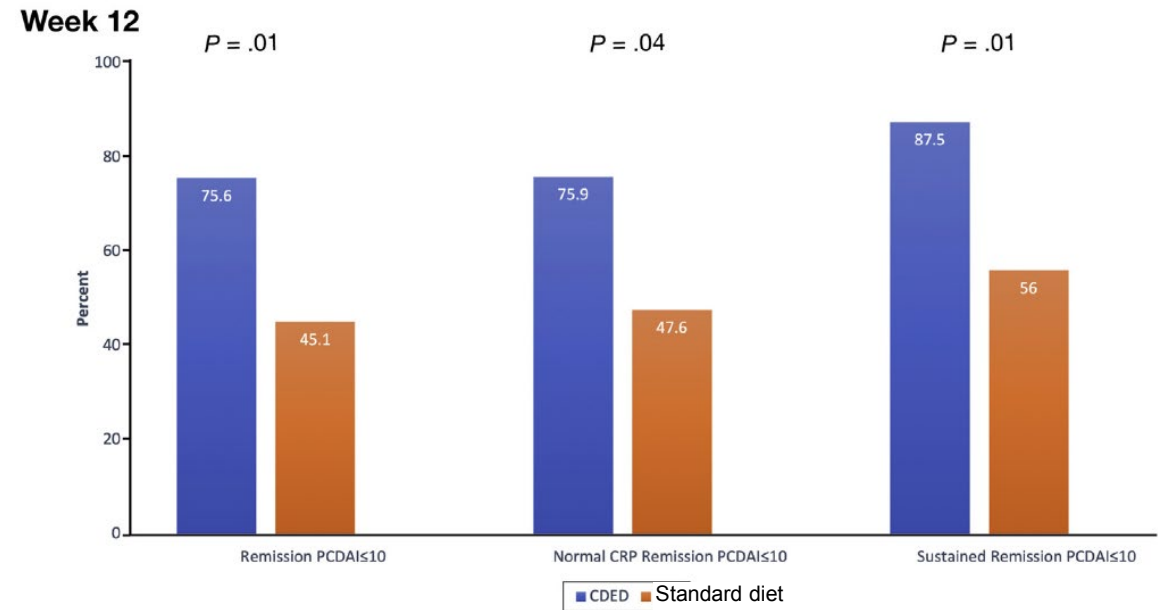
- Omega-3 fatty acids
- Fiber

# What about *Solid Food* Diets?



## Findings

- CDED was superior to standard diet for sustained remission



# CD Exclusion Diet

## “Forbidden Foods”

Dairy products, margarine

Wheat, breakfast cereals, breads and baked goods, yeast for baking

Gluten products, soy products, potato or corn flour

Processed or smoked meats and fish

Sauces, salad dressings, syrups and jams

Canned products, dried fruits

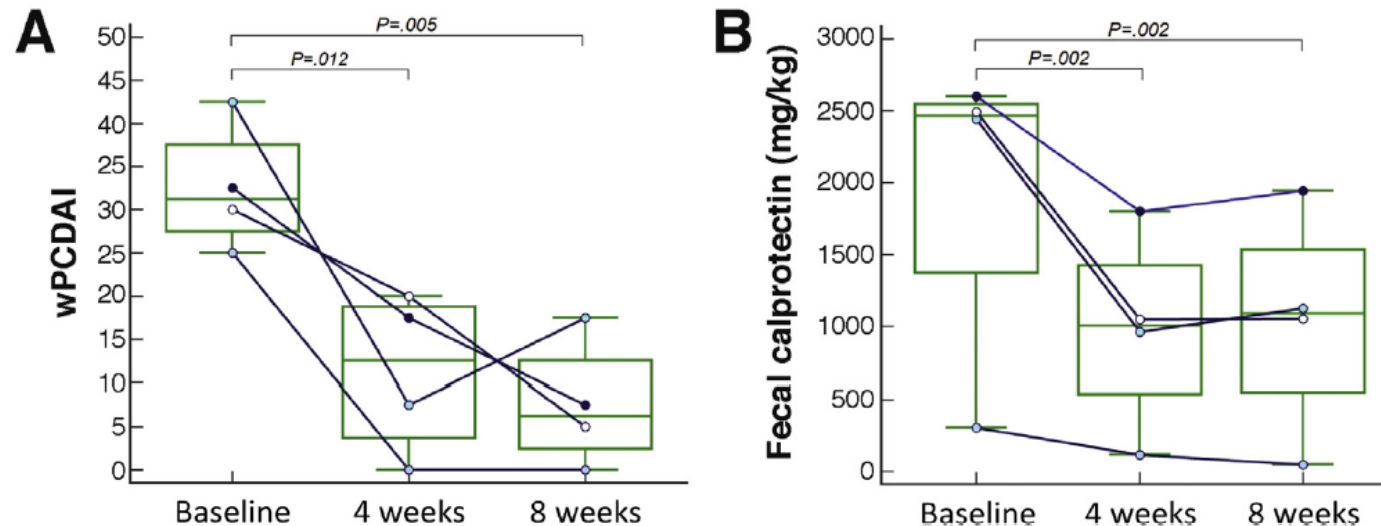
Packaged snacks

Soft drinks, fruit juices, sweetened beverages, alcoholic beverages, coffee

Candies, chocolate, cakes, cookies, and gum

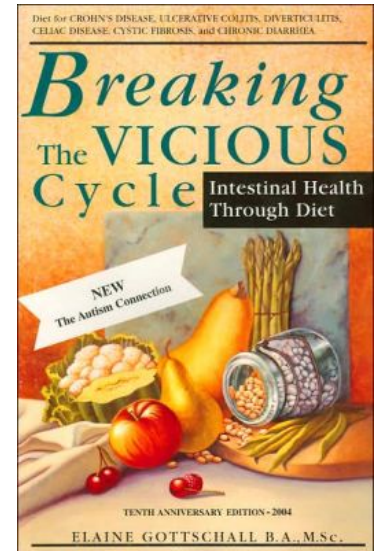
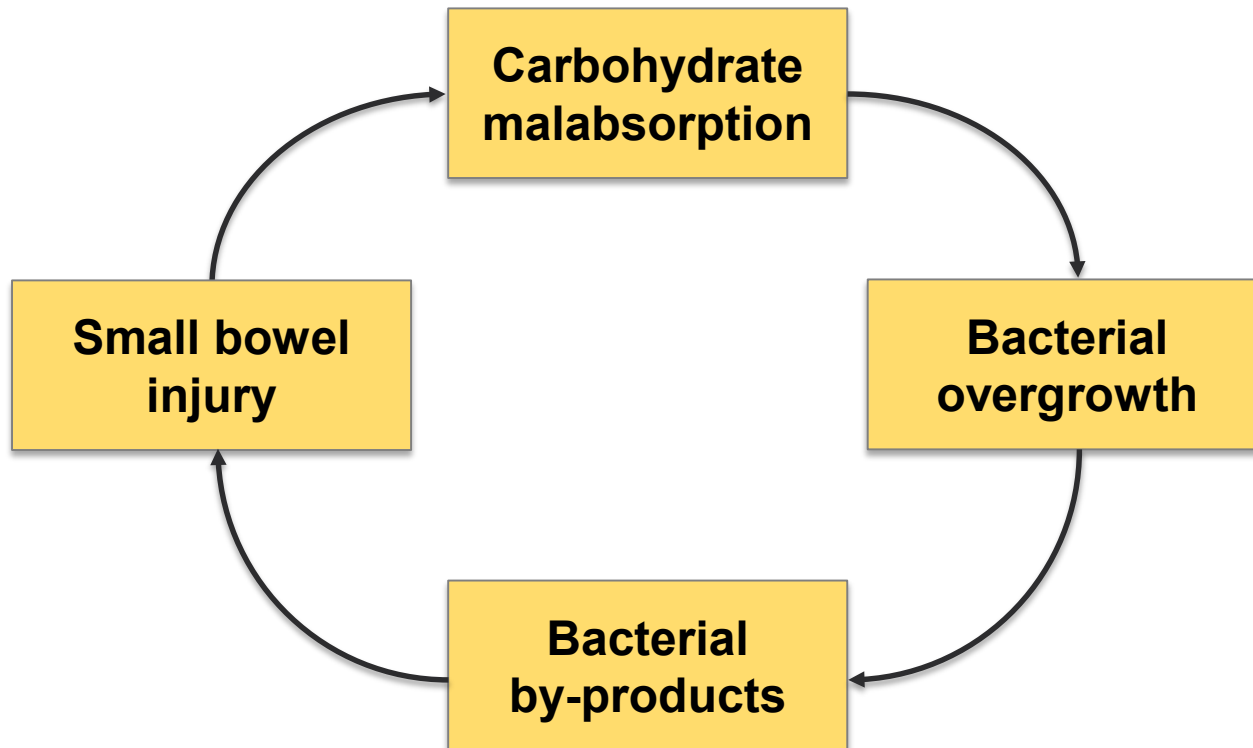
# CD-TREAT Diet

- Aim to develop solid food diet that recapitulates the microbiome changes from using exclusive enteral nutrition
- Diet components still proprietary
- Tested on 5 children with mild-to-moderate CD



# Specific Carbohydrate Diet

- Originally developed to treat celiac disease
- Popularized by the book “Breaking the Vicious Cycle”
- Elimination of di-, oligo-, and polysaccharides



# Specific Carbohydrate Diet

Allowed ( "Legal food")	Not Allowed ("Illegal food")
All fresh meats, fish, shellfish	Packaged, deli, preserved meats
Most vegetables	Potatoes, corn, starchy vegetables. Tapioca starch, cornstarch
Most fruits	Canned fruits, Green bananas, plantains and young coconut
All fats and oils, including butter	
Cheeses (aged >30days)	Cream, ricotta, mozzarella, other soft un-aged cheeses
Lactose free yogurt	Milk, store- bought yogurt
Honey	All other sweeteners (cane sugar, artificial sweeteners, agave, maple syrups)
Legumes (soaked) (lentils & most beans)	Grains (wheat, rye, oats, rice, buckwheat, quinoa) Bean sprouts, fava beans, garbanzo beans, soy beans
Nuts : Almonds, pecans, hazelnuts, walnuts, cashews, chestnuts, peanuts, brazil nuts	Not candied, salted, flavored nuts
Drinks: weak tea/coffee, water, mineral water, club soda, dry wine, gin, scotch, bourbon, vodka	Instant coffee, fruit juices, milk, soda, sweet wines, flavored liqueurs, brandy, sherry, beer

# Specific Carbohydrate Diet

## **Seattle Children's Hospital (2014)**

- 7 CD patients had normalization of symptoms, albumin, and CRP by 3 months
- Stool inflammation markers significantly improved
- No concurrent medications

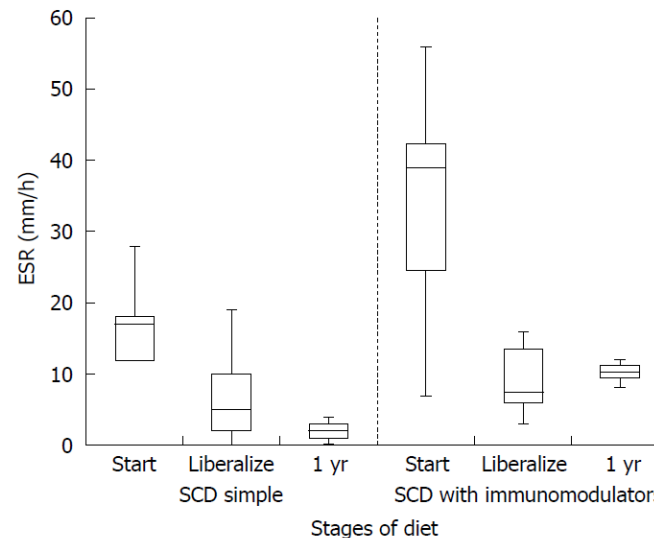
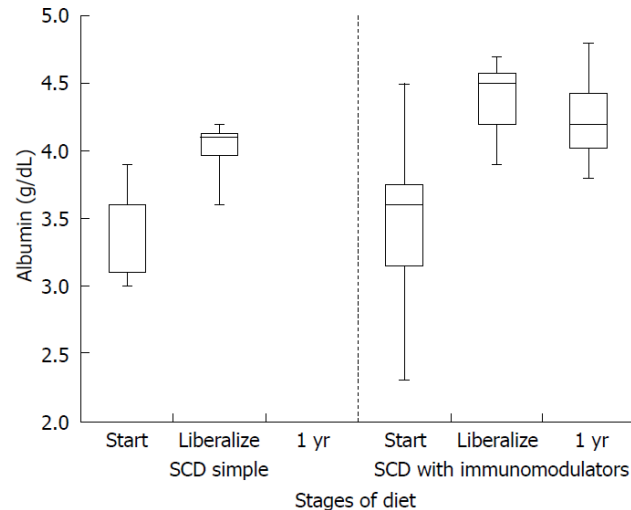
## **Children's Healthcare of Atlanta (2014)**

- 6/9 CD patients had clinical remission by 3 months
- No changes to existing medications

# Specific Carbohydrate Diet

## Stanford Children's Hospital (2016)

- 11 CD pediatric patients
- Albumin, ESR, height, weight improved and remained stable
  - ... even after progressive liberalization of diet





# What are Dietary Strategies for IBD?

## Established Evidence

- Enteral nutrition

## Emerging Evidence

- Solid food diets
- **Probiotics**

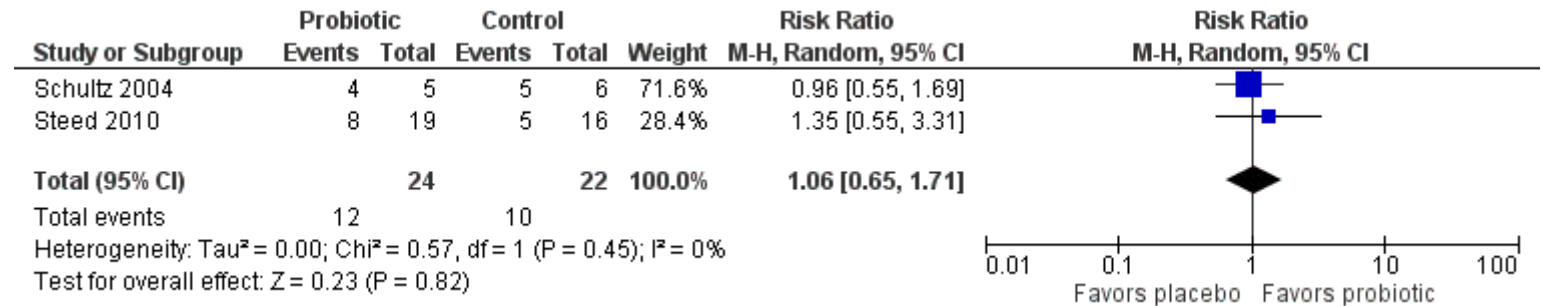
## Extrapolated Evidence

- Omega-3 fatty acids
- Fiber

# Where Do We Stand with Probiotics?

## Crohn's Disease

- No known benefit



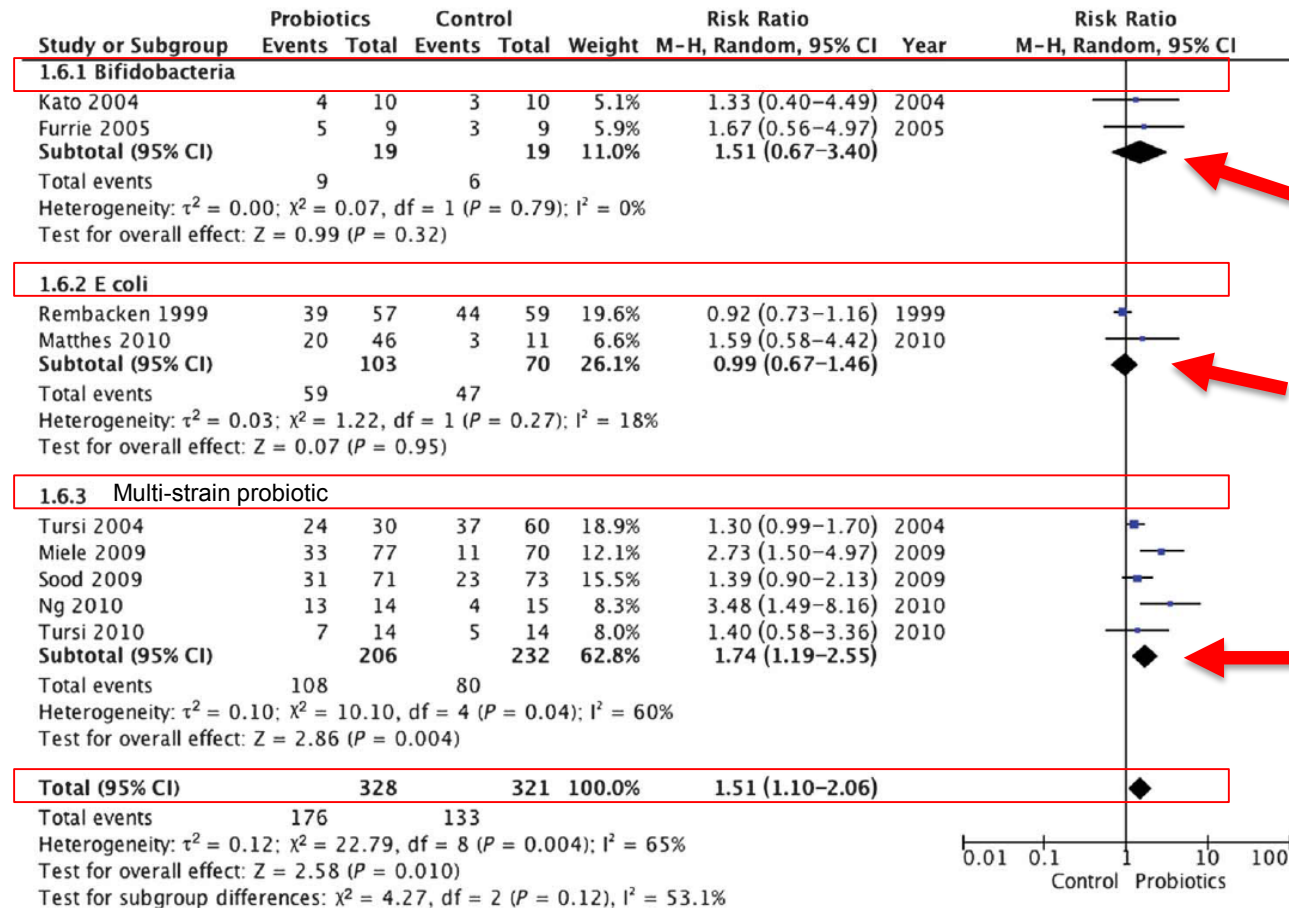
## Ulcerative Colitis

- Potential benefit from **multi-strain probiotics** in the *induction and maintenance* of remission

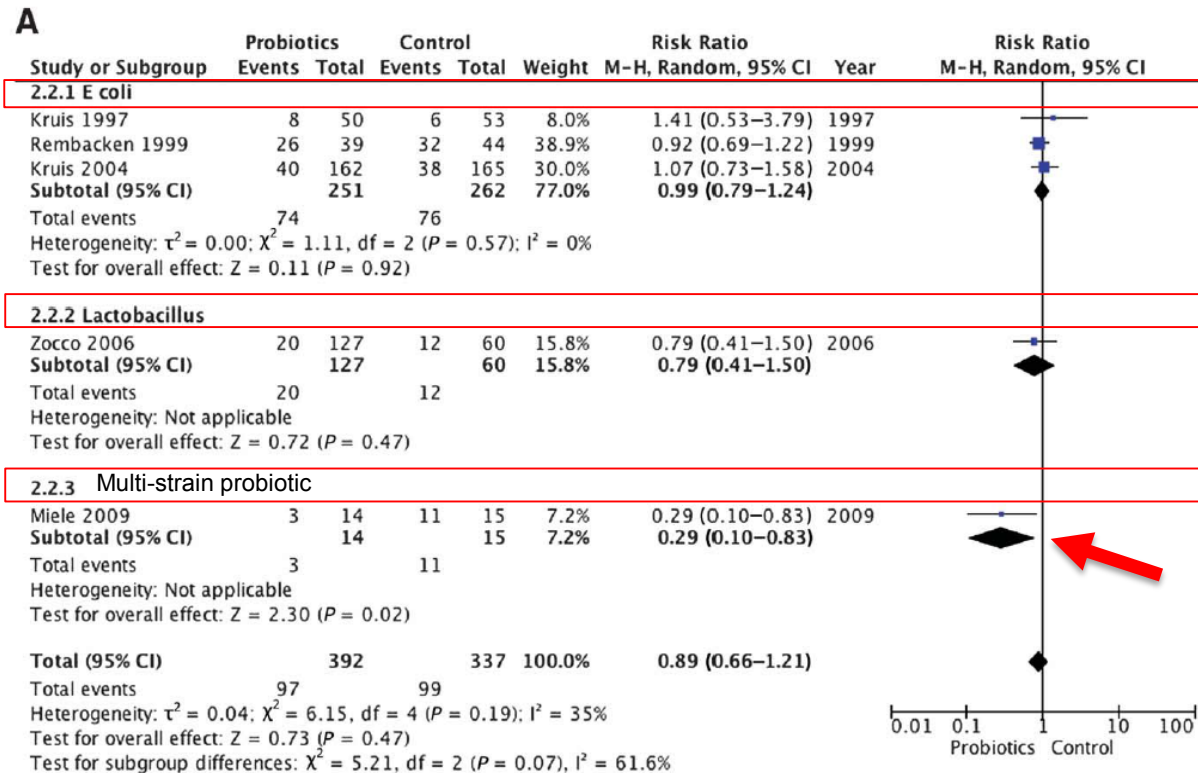
## Pouchitis

- Potential benefit from **multi-strain probiotics**

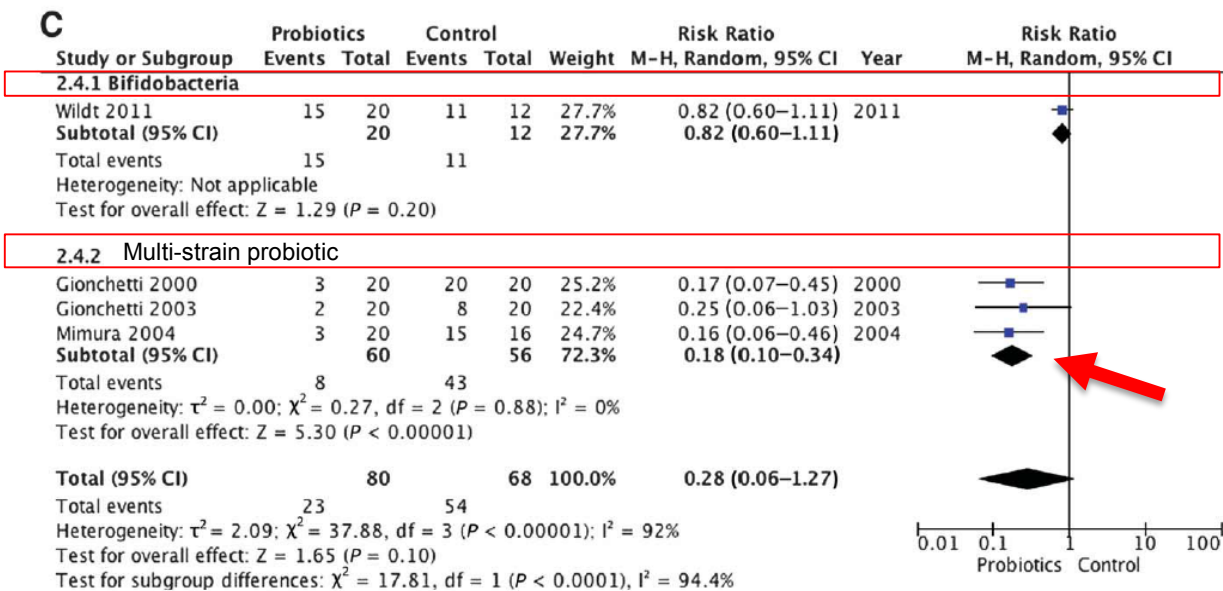
# Probiotics for *Induction* of Remission



# Probiotics for *Maintenance* of Remission



# Probiotics for Pouchitis



# Where Do We Stand with Probiotics?

## Crohn's Disease

- No known benefit

## Ulcerative Colitis

- Potential benefit from **multi-strain probiotics** in the *induction and maintenance* of remission

## Pouchitis

- Potential benefit from **multi-strain probiotics**

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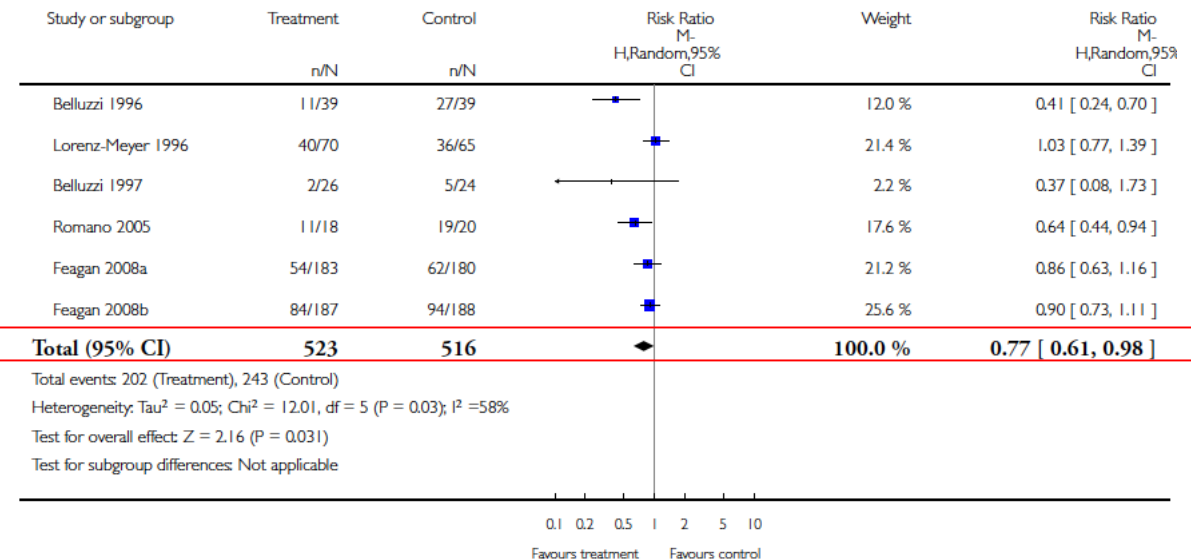
## Extrapolated Evidence

- Omega-3 fatty acids
- Fiber

# Omega-3 Fatty Acids

## Crohns' Disease

- Induction: No trials
- Maintenance:
  - Cochrane review of 1039 patients → marginal benefit



## Ulcerative Colitis

- Induction
  - Inconsistent results
  - Largest study (86 patients) → no difference
- Maintenance
  - 3 trials (138 patients) → no difference in 1-2 year relapse rates



# Fiber

- Fiber is non-digestible plant-based substance
- Premise
  - Converted to short chain fatty acids (SCFA)
  - SCFA serve as fuel for colonocytes
  - SCFA enhances microbial diversity toward a favorable profile
  - SCFA has anti-inflammatory properties
- Current Evidence
  - Inconsistent data with lack of high-quality studies
  - Solid food diets with some data of benefit encourage use of **fiber** (fruits + vegetables)

# Summary

- Maintain good hydration
- Eat “healthy” balanced diet (plant-based diet? Mediterranean diet?)
  - Sounds simple, but research up to 2019 supports this principle for IBD
  - Current data suggest the benefit of **exclusion** (red meat? processed foods? refined carbohydrates? emulsifiers?) and **inclusion** (fruits and vegetables)
- Consider fiber (if not at risk of obstruction)
- Consider probiotics (UC)
- Much more research is needed!

# Thank You

**UCLA** Health



David Geffen  
School of Medicine