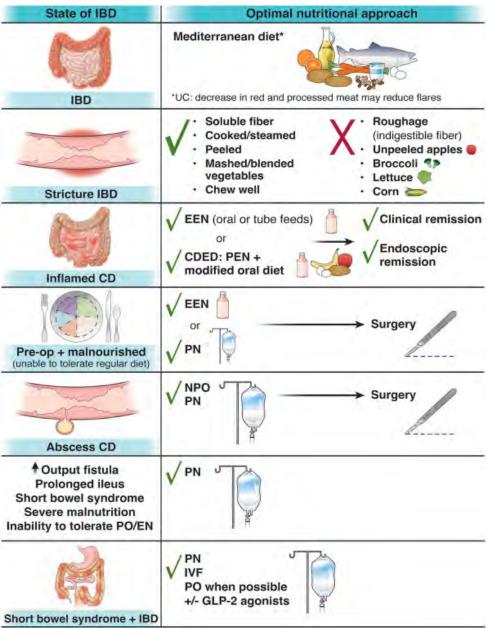


Breakout #3 Nutrition





Hashash JG, et al. Gastro. 2024;166:521-532

Therapeutic Diets for IBD



Whole Food Diets

- Mediterranean Diet
- Anti-Inflammatory Diet
- SCD
- CDED

Anti-Obstruction Diets

- Texture Modification → Small Particle Size
- Soluble vs Insoluble Fiber

Liquid Nutrition Diets

- Exclusive Enteral Nutrition (EEN)
- Crohn's Disease Exclusion Diet (CDED)
- Partial Enteral Nutrition (PEN)

Elimination Diets

- Food Intolerances
- IBD Symptom Management

What is Exclusive Enteral Nutrition (EEN)?



EEN is a dietary therapy where patients consume only a nutritionally complete liquid formula for a set period—typically 6 to 8 weeks—to induce remission.

Why choose EEN?

- Reduces gut inflammation
- Alters gut microbiome
- Provides balanced nutrition
- Unlike steroids, fewer side effects
- Supports long-term gut health

Challenges of EEN

- Adherence
- Social Impact
- Taste Preferences

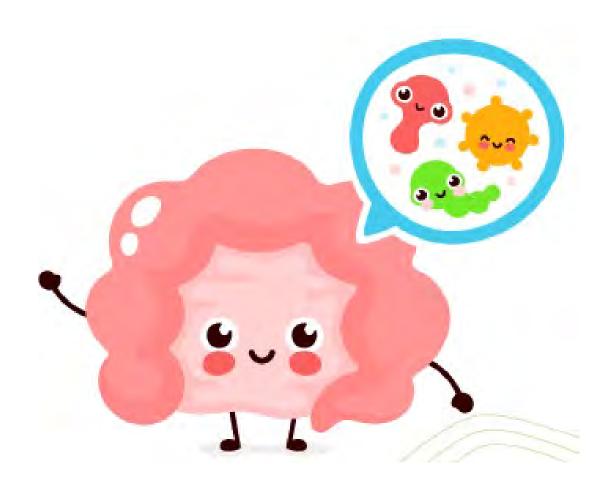








What is the Crohn's Disease Exclusion Diet (CDED)?



- CDED focuses on removing or minimizing consumption of certain foods that could be harmful for individuals with Crohn's disease and promoting the consumption of foods that support a healthy microbiome.
- Three phase diet that incorporates Partial Enteral Nutrition (PEN) from a special formula in decreasing amounts throughout each phase.
- CDED can be used as main therapy treatment for patients with mild Crohn's Disease or in adjunct with IBD medication therapy.
- Labs/Stool Studies will be monitored after the first two phases, along with at least every 6 months during maintenance phase.



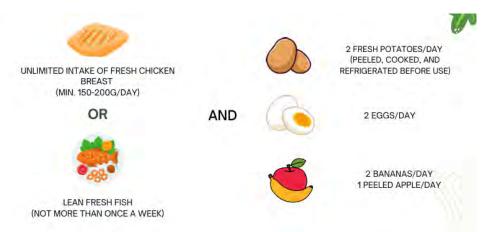
CDED Phases

Phase 1 (Weeks 1-6)

- 50% of daily calories from a liquid formula.
- Strict avoidance of proinflammatory foods (processed meats, dairy, gluten, emulsifiers, and artificial additives).
- Focus on whole foods like chic eggs, potatoes, rice, and certain fruits and vegetables.

Phase 2 (Weeks 7-12)

- Formula intake is reduced to 25%
- More whole foods are introduced



Phase 3 (Maintenance Phase)

- 25 % of daily calories from a liquid formula.
- A balanced, anti-inflammatory diet is continued long-term
- Mon-Friday resume Phase 2 diet
- Weekend "Cheat Days"



Navigating Diet During an IBD Flare: diarrhea/urgency/bloating/gas/abdominal cramps

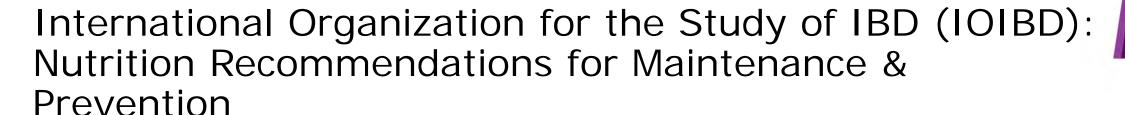
Quick Diet Tips

- Increase soluble fiber
- Avoid lactose
- Reduce greasy/fried foods
- UC less red meat/processed meat may reduce flares¹⁻²
- Adequate hydration

Soluble Fiber Sources for Flare

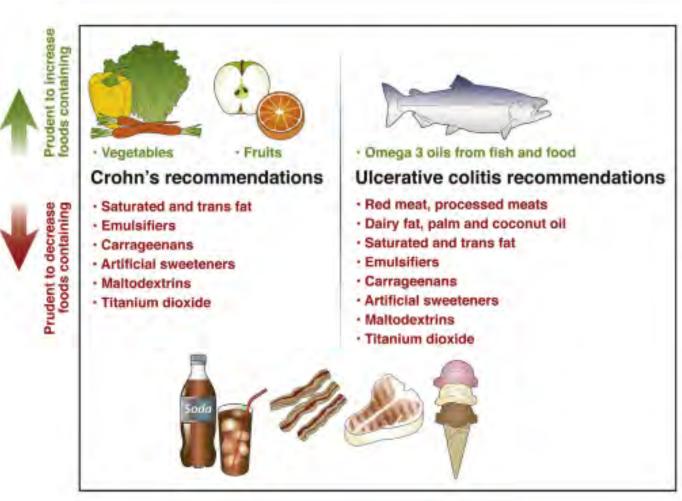


Hashash JG, Elkins J, Lewis JD, Binion DG. AGA Clinical Practice Update on Diet and Nutritional Therapies in Patients With Inflammatory Bowel Disease: Expert Review. Gastroenterology. 2024;166(3):521-532. doi:10.1053/j.gastro.2023.11.303
 Levine A, Rhodes JM, Lindsay JO, et al. Dietary guidance from the International Organization for the study of inflammatory bowel diseases. Clinical Gastroenterology. 2020;18(6):1381-1392. doi:10.1016/j.cgh.2020.01.046





PRO TIP:
ADDITION vs
AVOIDANCE



Levine et al. Clin Gastroenterol Hepatol. 2020





Specific Carbohydrate Diet (SCD)

High intake:

Unprocessed meats, poultry, fish, shellfish, eggs, most vegetables (fresh, frozen, raw, or cooked), most fruits and nuts, some legumes.

Avoid:

Grains, dairy other than in some hard cheeses and homemade yogurt fermented for 24 hours, sweeteners other than honey.

Mediterranean Diet (MD)

High intake:

Olive oil, fruits, vegetables, nuts, cereals.

Moderate intake:

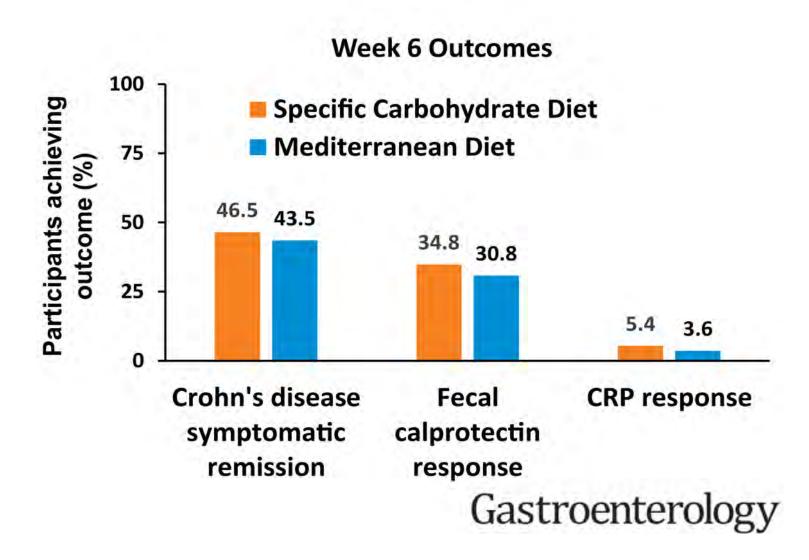
Fish, poultry, and wine.

Limited intake:

Red and processed meat, sweets...

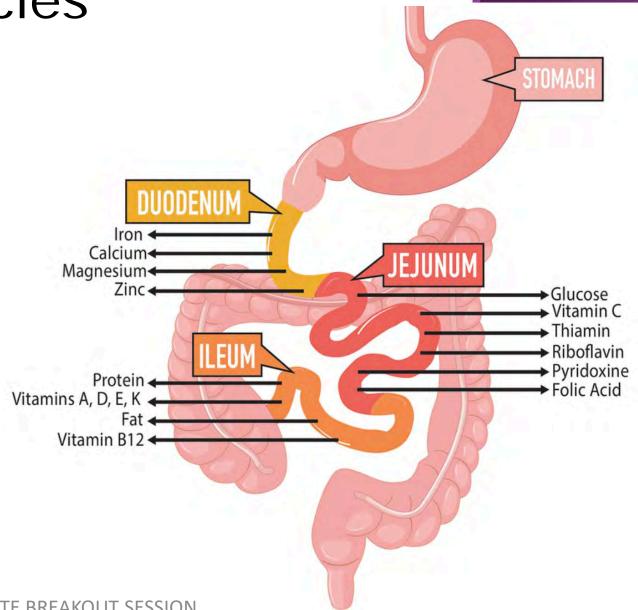


DINE-CD



Micronutrient Deficiencies

- Patients with IBD are Higher Risk
- Causes
 - Bowel inflammation
 - Food avoidance
 - Medical treatments
 - Surgical treatment



Nutrient Deficiency	Risks	Symptoms
Vitamin D Calcium	Long-term steroid use Lactose restricted diets	Bone loss or fractures, muscle cramps, stunted growth
Iron	Blood loss	Anemia, fatigue, weakness
Vitamin B12	Ileal disease or surgery (site of absorption) Autoimmune gastritis/surgical resection of stomach (loss of intrinsic factor)	Fatigue, numbness/tingling in toes/feet, confusion
Folate	Certain IBD medications Small bowel resections	Fatigue, mouth sores, neurological issues
Zinc	Fistulizing disease Diarrhea Vegetarian diet Chronic use PPI/H2B	Impaired healing, disturbed smell or taste, hair loss
Magnesium	Severe diarrhea	Disturbed bone health, muscle cramps, fatigue



Questions

