

Webinar Questions & Answers

Using Formulas, Defined Diets, and Herbs as Complementary Therapy for IBD

Presented by Kelly Issokson, MS, RD, CNSC

Specific Carbohydrate Diet (SCD) Questions

- Does the specific carbohydrate diet have evidence for histological remission, not just clinical symptoms? **A small study looked at healing via capsule endoscopy, but no large studies to date looking at histologic response.**
- Can the SCD be done temporarily? **Yes – the goal is remission. Once patient in remission (can take a few months to a few years) I recommend liberalizing diet as tolerated.**
- Do you recommend combining any of these diets such as the Semi Vegetarian and the Specific Carbohydrate Diet? **Some diets can be combined (low FODMAP and SCD, or PEN and Mediterranean) and some cannot (SCD and PEN) – depends on clinical course and patient goal.**
- It seems like the SCD diet is quite the opposite of your initial recs for Mediterranean, plant-based diet. How do you know which one to recommend? **SCD is recommended for active disease, Mediterranean diet is recommended as a general healthy diet or as a way to help promote health and maintain remission.**
- Is the SCD effective for UC? **Preliminary studies show SCD can help patients with UC achieve clinical remission.**
- If you recommend SCD for individuals with active disease, when is it indicated to put a patient on EEN or PEN? **EEN is recommended to help induce remission or to use as a bridge to elective surgery, and PEN is recommended to help maintain remission or improve response to biologic therapy.**

Yogurt Questions

- What brands are 24hr fermented yogurts? **Currently there are no SCD approved commercially yogurts available.**
- How can patients get 24-hour yogurt? Is that something someone must make at home? **SCD approved yogurt must be made at home using a yogurt starter free of bifido bacteria.**
- What is considered an SCD yogurt? **A homemade yogurt made from milk using an SCD friendly yogurt starter (bifido bacteria free) that has been fermented for 24 hours.**

Crohn's Disease Exclusion Diet (CDED) Questions

- What factors and aspect of the patient's presentation helps you to decide whether to use the SCD or the CDED? **As these diets are both used to help induce remission for those with Crohn's disease, the deciding factor would be patient preference.**
- Does it specify what EN formula is used in combination with the CDED Diet? **The formulas used in the studies were Pediasure and Modulen. For the patients needing EEN via NGT, Osmolite was used.**
- Is this protocol specific to CD? What about UC or any help with collagenous/microscopic colitis? **The CDED has only been studied in Crohn's disease.**

Exclusive Enteral Nutrition (EEN) Questions

- Would the same effects/benefits be seen if a person were to exclusively drink formulas (by mouth) instead of consuming via NG/enteral route? **Yes, as long as the person drinks enough formula to meet their nutrient needs and is compliant with EEN.**
- For Orgain Products, if used with EEN, do you know what volume is needed to meet 100% RDA for nutrients? Would you still recommend supplementation of Calcium/Vitamin D, MVI when on EEN? **Individual nutrient needs should be assessed by the RD and MD. Orgain is not designed to be used as a sole source of nutrition; I usually recommend a daily multivitamin/mineral when using this product for EEN. Additional calcium is not usually needed as the formulas contain calcium, but patients may need additional vitamin D depending on their individual needs.**
- I'm curious about using immunonutrition in conjunction with EEN prior to surgery. Has that been studied? **This has not been studied, but I recommend it, specifically immunonutrition 5 days pre and post-surgery and carb loading the night before and morning of surgery.**
- Is there data showing changes in gut microbiota while on EEN? **Yes—studies show the microbiota decreases in diversity.**
- For EEN is there a difference in response or remission rate in high fiber formulas versus low/no fiber formulas? **The formulas that have been studied are low in fiber.**
- If elemental formulas have a higher % of remission, why should we start with polymeric formulas then? **Both are effective for inducing remission, so I recommend starting with polymeric formulas due to improved palatability and lower cost, hence patient more likely to complete EEN therapy.**
- I have many patients who report diarrhea caused by oral nutrition supplements, any suggestions? **Patients can initially have an increase in symptoms when starting an oral nutrition supplement. I recommend having them try different polymeric brands, encourage them to drink slowly (over 15-30 min). Sometimes it can take patients a few days to adjust to the formula before symptoms subside. If still intolerant to formula after these adjustments, consider changing to semi-elemental or elemental if diarrhea continues.**
- After EEN diet, what diet do you transition a patient to for maintenance? **I encourage a low fat, low fiber diet initially to help improve tolerance to solid foods, with a transition to a maintenance diet (PEN or Semi-vegetarian diet) over 3 days.**
- To prevent formula fatigue, have you tried pure extracts for flavors like vanilla or almond? How about a bit of blended cooked fruits like apples or peaches? **Those are great ideas! I do not recommend adding purees if patient on EEN, but this is possible if doing PEN.**

- Isn't maltodextrin in many polymeric formulas? How do you "square" vs. the animal studies? Yes, it is, but EEN isn't meant to be used long term. I recommend avoiding/limiting food additives in the diet where possible, as they don't provide nutritional benefit.
- How does Carrageenan, maltodextrin, Xanthan gum, etc interrupt gut microbiome? Studies suggest food additives contribute to dysbiosis, inflammation, and increased intestinal permeability. One theory as to why this happens is via an increase in acellular nutrients provided by a Westernized or highly processed diet that fuel dysbiosis.
- Is high fructose corn syrup a concern for those with IBD? I recommend limiting added sugars in the diet to <30 grams daily. High fructose corn syrup is not good for the liver, so I recommend those with liver disease avoid this sweetener.
- When suggesting to IBD patients that they drink Ensure or BOOST, many will have concerns regarding the added corn syrup and think this would not be a good option. What would be your response to this? If patients are trying to limit processed foods then why are we recommending Ensure/BOOST which is as refined, soy, milk based as it gets? EEN is a short-term therapy that has been proven to induce remission in IBD, and PEN has been proven to maintain remission in IBD. We recommend this based on the evidence showing benefit in IBD when using these formulas therapeutically.
- Is there insurance coverage for exclusive EN shakes you listed? Insurance does not usually cover these formulas for EEN, but I encourage patients to first check with their insurance providers as some may cover this if it is a prescribed therapy for IBD and needed permanently (90 days or more).
- What type of follow-up schedule do you recommend for patients on formula, especially when out of the hospital setting? I encourage my patients to reach out to me weekly via phone or email so I can better understand how they are tolerating their formula diet and make recommendations to change therapy if they are not responding.
- Any issues with Candida overgrowth after several weeks on any of these formulas - did you struggle with that at all after your 30 days following EEN diet with Orgain? No issues that I know of. I have not seen that in my patients and did not personally experience that.
- Do patients need to be concerned with avoiding gums and thickeners such a guar gum etc? I recommend avoiding food additives in the diet as much as possible, as they have not been extensively studied in humans and they do not provide a nutritional benefit.
- For the supplements, does it matter what the flavor is? Do they respond better to certain flavors than others? Patients will be more compliant if they like the formula they are drinking – I encourage them to try different flavors during their EEN trial to mitigate taste fatigue.
- Are there any FODMAP safe supplements out there? Pronourish has been discontinued by Nestle. We do not know the FODMAP content of the formulas typically used for EEN as they have not been analyzed by Monash University. ProNourish would not be suitable as a sole source of nutrition. Patients should try the available EEN formulas to assess their individual tolerance.

Dietary Supplement Questions

- Which form of Aloe? Outer leaf, inner or both? The aloe in the study that I mentioned was aloe vera gel. Reference: Sebeos-Rogers & Rampton. Gastroenterol Clin N Am 46 (2017) 809–824.

- Could you clarify the amount of Boswellia and Aloe Vera? Please see this review for details on amounts used in the studies: Reference: Sebepos-Rogers & Rampton. Gastroenterol Clin N Am 46 (2017) 809–824; Rahman et al. Curr Treat Options Gastro (2017) 15:618–636; Cheifetz et al. 2017. Gastroenterology. 2017;152:415-429.
- Do you recommend the same dose of curcumin to everyone? The studied effective dose is 2-3 grams per day.
- Is there a specific brand or kind of curcumin that you recommend? No brand preference but encourage patients to get one without additives (i.e. black pepper not needed).
- Was curcumin only studied in enema form or in oral as well? Any difference in results? Both found to benefit ulcerative colitis.
- Are curcumin and psyllium safe to use during a flare? Always consult a physician prior to starting supplements or herbal therapy. Curcumin and psyllium may be used during a flare.
- How much psyllium do you recommend? The study I referenced used 20 g/day. Sebepos-Rogers & Rampton. Gastroenterol Clin N Am 46 (2017) 809–824.
- Is psyllium helpful or harmful? Psyllium has been shown to help reduce symptoms in IBD.
- Do you recommend using a probiotic along with nutritional therapy? Not initially.
- What are your thoughts on fish oil to decrease inflammatory cytokines? This has not been found to be effective in IBD.
- I am curious about additional supplementation that may be recommended including licorice (DGL or as tea), and glutamine. Any thoughts? In my practice glutamine seems to help, however, there is no strong evidence supporting either of these for IBD.

General IBD Diet Questions

- Where does the Mediterranean diet fit with the diets summarized in treatment of IBD, is it more useful for clinically inactive disease? It has not been studied in IBD, but I often recommend this as part of a maintenance strategy or for general health promotion in my patients.
- Which Orgain products would you recommend for a patient with IBD, gastroparesis and hx of acute pancreatitis, nausea, pain, bloating and s/p cholecystectomy? I would recommend trying the Orgain All-In-One shake, and switch to a lower fat or more hydrolyzed version if that isn't tolerated.

Other / Misc. Questions

- Kelly, thank you, I assume all these recommendations apply to adult patients. Any experience with teens or younger? The most robust evidence for supporting IBD diet therapy is in the pediatric population.
- Do you have any websites or resources you recommend for meal ideas for patients following a low FODMAP diet? Monash University is a great resource.
- Is there a decision tree for the use of different modalities in IBD or colitis? None currently published.
- What are your thoughts on alcohol consumption by patients with IBS? I recommend limiting per CDC guidelines: 1 drink/day for women, 2 drinks/day for men, and 2 alcohol free nights per week.

- Why only olive oil rather than also encouraging grapeseed, walnut, flax, or canola oils? **Olive oil that is unrefined is the preferred oil due to high antioxidant and monounsaturated fat content.**
- Can you clarify what is Mesalamine- refractory UC? **A patient with UC who has symptoms/active disease despite being on mesalamine.**