



SESSION 1

NUTRITION THERAPY FOR IBD: A PRIMER FOR ADULT GI

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Dietary management for patients with IBD can be separated into three components: assessment, supportive therapy, and nutritional therapy. When asked about treating IBD with diet, the advice most of us would probably have given up until recently was: there is no specific dietary therapy for IBD; one should identify potential food triggers and avoid them; and that following the Canada Food Guide is recommended. The exception to this was exclusive enteral nutrition (EEN) in pediatric Crohn's disease (CD), which is certainly safer and at least as effective as steroids for induction of remission.

The landscape for diet therapy in IBD is now changing. Together with advances in defining how EEN works and how dietary factors might be contributing to IBD pathogenesis, research has shifted from animal and cell models to emerging human data. The Crohn's disease exclusion diet (CDED), was evaluated in a randomized, controlled trial (RCT), the results of which were recently published in *Gastroenterology*. This is the first RCT of a full food-based dietary therapy showing similar effectiveness and improved tolerability compared to EEN in inducing remission in children with CD. The study also showed that CDED reduces flares after coming off the diet, likely related to changes in microbes. Other diets, such as CD-TREAT, also show promise and will likely be followed by multiple clinical trials.

While these diets are becoming available, however, there still remain many questions and gaps in clinical care: What training does one need to administer these treatments? Which patients will they work on? Are there risks to going down the diet path?

Key References

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