Can We Start Using Diet to Treat IBD?

Maria T. Abreu, MD

Director, Crohn's and Colitis Center

Professor of Medicine,

Professor, Microbiology and Immunology University of Miami Miller School of Medicine

Vice Chair for Research, Department of Medicine

Chair, IOIBD



Pharma Disclosures 2022

Consulting/Advisory Board

- Boehringer Ingelheim
- Gilead
- Landos Biopharma
- UCB Biopharma
- ≻ Eli Lilly
- Cosmos
- AbbVie

Grants

- Pfizer
- Prometheus Laboratories
 Inc.
- Takeda Pharmaceuticals,

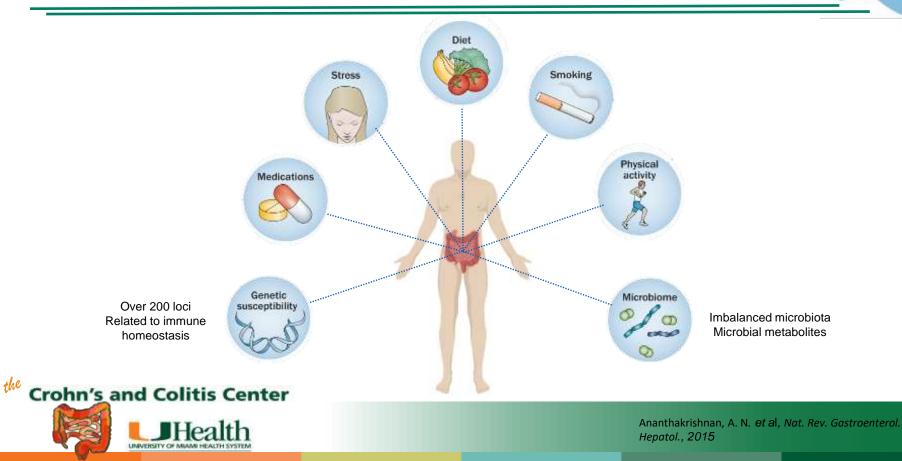
Inc.

- Teaching/Lecturing
 - Cornerstones Health, Inc
 - Focus Medical Communications
 - Imedex
 - Janssen Pharmaceuticals

the Crohn's and Colitis Center



IBD is multifactorial: host, microbial, environmental

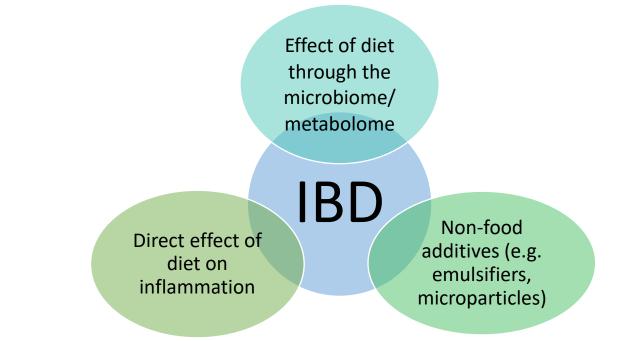


What is there to discuss about diet?

- Does diet cause IBD?
- •Can diet worsen the symptoms of IBD?
- •Can diet be used to "treat" IBD?
 - Is that mucosal healing?
 - Is it symptomatic improvement?
- •Can diet be used to prevent IBD?



Model of how diet can impact IBD





Why suspect diet as a trigger of IBD?



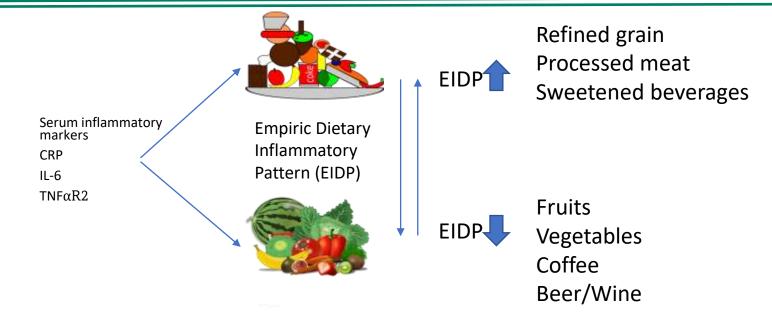
Epidemiologic evidence supports diet playing a role in IBD risk

 Prospective cohorts have demonstrated an association between various dietary components and risk of CD or UC

	Crohn's Disease	Ulcerative Colitis		
Increases Risk	Low Vitamin D Increased animal protein Inflammatory Diet Ultra-Processed Foods	Trans-saturated fats Increased animal protein High sugary and soft drinks		
Decreases Risk	Potassium Zinc High Fiber (fruits ,vegetables) Fish Mediterranean Diet	n3 PUFA(long Chain)		
Crohn's and Colitis Center	d Colitis CenterHou JK et al. Am J Gastroenterol. 2011;106(4):563-573JHealthChassaing B et al. Nature. 2015;519(7541):92-96			

the

Dietary Patterns – Inflammatory Diet



- CD: HR_{Q4 VS Q1} = 1.51, 95% CI 95% CI 1.10-2.07, P_{trend} = 0.01
- Shift from a low to high inflammatory potential of diet increased risk of CD: HR 2.05; 95% CI 1.10-3.79



Lo CH, Lochhead P, Khalili H, et al. Dietary Inflammatory Potential and Risk of Crohn's Disease and Ulcerative Colitis. *Gastroenterology*. 2020;159(3):873-883.e1. doi:10.1053/j.gastro.2020.05.011

Dietary Patterns – Mediterranean Diet

• Swedish cohorts:

- Adherence to Mediterranean style diet assessed at baseline in 1997 (mMED questionnaire)
- Through 2017, 164 new CD and 395 new UC cases

mMED score	0-2	3-4	5	6-8
CD	1	0.69 (0.48-0.99)	0.78 (0.49-1.24)	0.42 (0.22-0.80)
UC	1	1.35 (1.04-1.76)	1.37 (0.99-1.90)	1.08 (0.74-1.58)



Khalili H, Håkansson N, Chan SS, et al. Adherence to a Mediterranean diet is associated with a lower risk of later-onset Crohn's disease: results from two large prospective cohort studies. Gut 2020;69:1637-1644

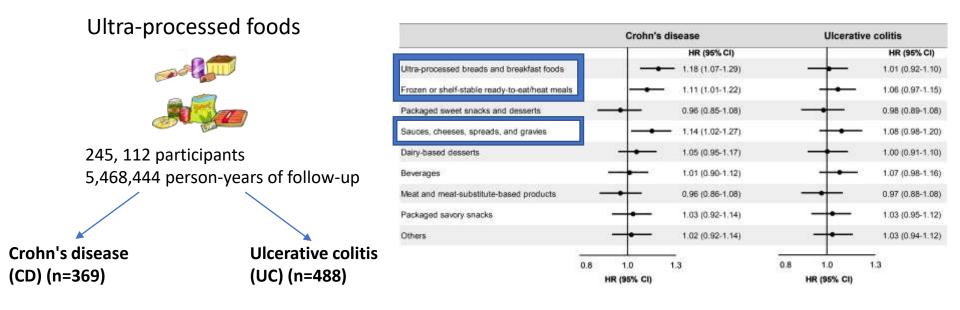




Added Sugar, Salt , Fats, Preservatives and Emulsifiers Loses Nutrient Content



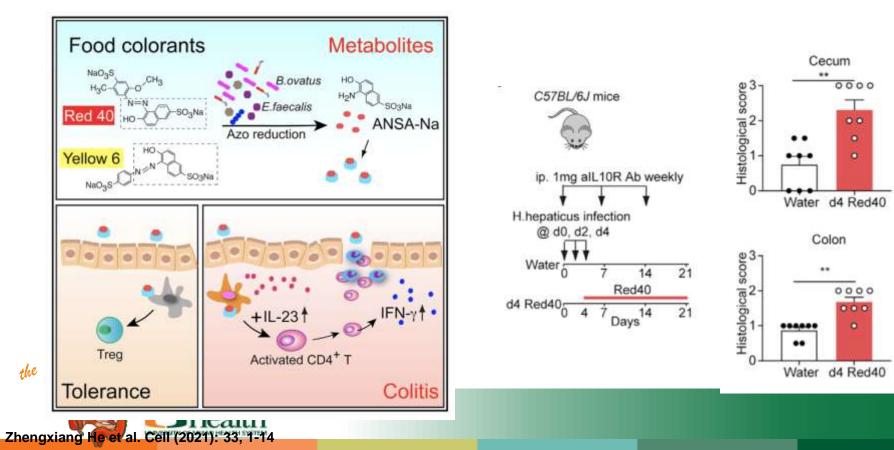
Ultra-processed foods



Increased risk of CD: Q4 vs Q1: HR, 1.70, 95% CI, 1.23-2.35, P_{trend} = 0.0008



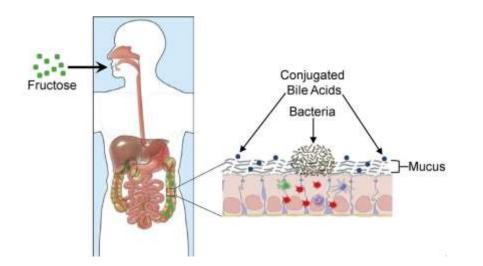
Lo CH, et al. Ultra-processed Foods and Risk of Crohn's Disease and Ulcerative Colitis: A Prospective Cohort Study. Clin Gastroenterol Hepatol. 2021 Aug 28:S1542-3565(21)00911-3 Food colorants metabolized by commensal bacteria promote colitis in mice with dysregulated expression of interleukin-23



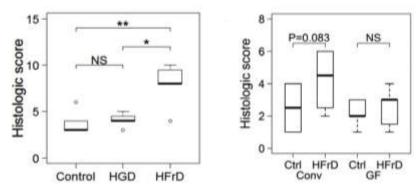
Can diet worsen the symptoms of IBD?



Excess dietary fructose has a pro-colitic effect by altering microbiota and metabolites



Reducing or eliminating bacteria attenuated HFrDmediated worsening of DSS-induced colitis.





Montrose, David C et al. CMGH, vol. 11,2 525-550. 20 Sep. 2020

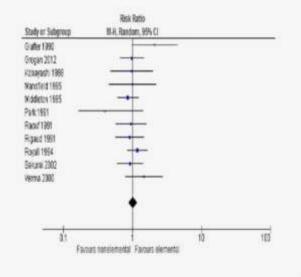
Can diet be used to "treat" IBD?

Is that mucosal healing? Is it symptomatic improvement?



Elemental vs Non-elemental Formula

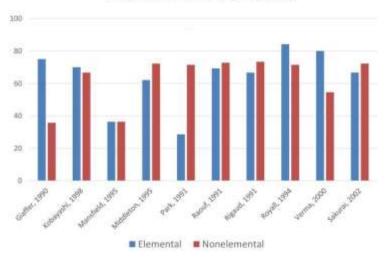
Remission Rates Nonelemental vs Elemental



Crohn's and Colitis Center

the

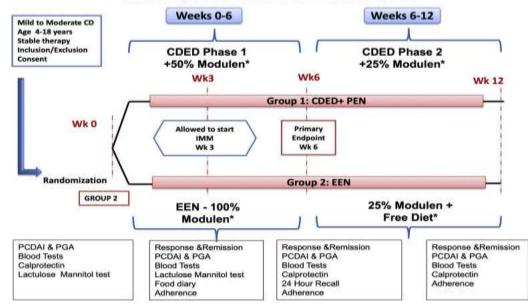
Elemental vs. Nonelemental



Response to Dietary Therapy

Zachos M, Tondeur M, Griffiths AM. Enteral nutritional therapy for induction of remission in Crohn's disease. Cochrane Database of Systematic Reviews 2007, Issue 1

CD Exclusion diet (CDED) Plus PEN – Study Design



Study Design Crohn's Disease Exclusion Diet (CDED)

*Modulen will be given ORALLY



Levine A, et al. Gastroenterology. 2019

Aug;157(2):440-450.

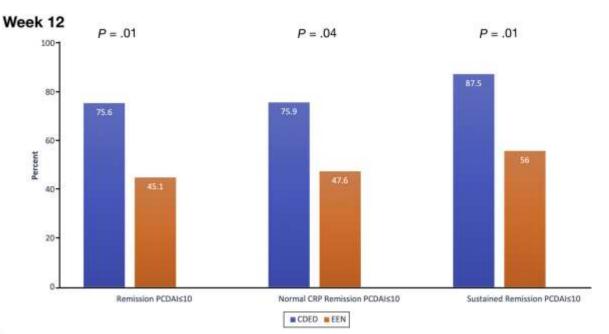
- Disallowed foods items
 - Dairy
 - animal fat
 - Wheat
 - Emulsifiers
 - artificial sweeteners
 - several other food items
- Mandatory food items to be consumed daily soluble fiber, apple pectin, and resistant starch
 - Eggs
 - Fresh chicken breast
 - Banana
 - Apple
 - Potato (must be cooked and refrigerated prior to consumption increases resistant starch content)



Levine A, et al. Gastroenterology. 2019 Aug;157(2):440-450

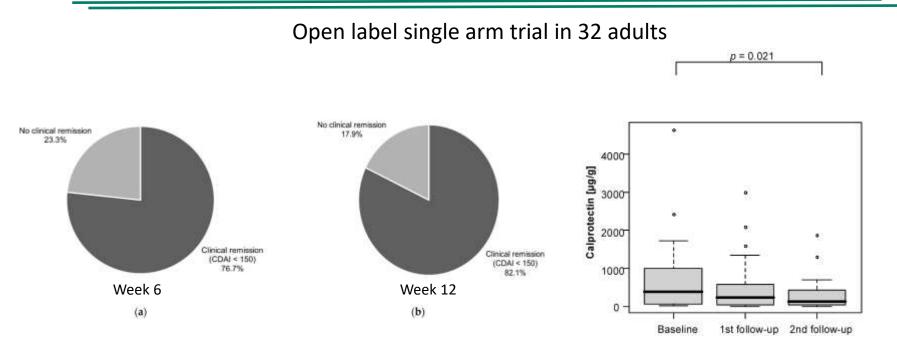
CDED Plus PEN – Results

 Sustained remission in 87.5% of CDED+PEN participants vs 56% in EEN participants at week 12





Crohn's Disease Exclusion Diet (CDED) in Adults





Szczubełek M, et al. Effectiveness of Crohn's Disease Exclusion Diet for Induction of Remission in Crohn's Disease Adult Patients. *Nutrients*. 2021; 13(11):4112

Can we mimic exclusive enteral nutrition?

EEN beneficial in pediatric IBD

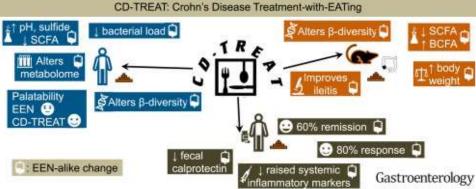


Crohn's Disease Treatment-with-eating (CD – TREAT)

✓ Goal – to mimic EEN by exclusion of certain dietary components (ex: gluten, lactose, and alcohol) while matching macro and micronutrients using ordinary food

Example: matching components of enteral formula and food – maltodextrin replaced by food high in starch and low in fiber

✓ Composition of CD-TREAT based on Modulen IBD (most popular enteral formula in Europe)





CD - TREAT

- Study compared CD-TREAT diet to EEN
 - Total of 25 healthy participants, results found similar changes in the microbiome between CD-TREAT and EEN in randomized controlled trial
 - Five children with Crohn's disease
 - Improved disease activity index score
 - Rate of remission was 60% after 8 weeks of CD-TREAT

Table S1: A day's menu of CD-TREAT diet for a boy with CD, 15 y, 48 kg and 170cm.

3	Breakfast:		
	1 multivitamin tablet		
	Full fat milk (360ml)		
	Rice breakfast cereals (45g)		
2	Apple juice (360ml)		
	Morning snack:		
	Pineapple juice (360ml)		
	1 peeled apple		
	Lunch:		
	1 sandwich with white bread (2 slices), cheddar (45g) and cream cheese (45g), lettuce (20g) and peeled cucumber (20g)		
	1 bowl chicken and rice soup		
	Afternoon snack:		
	1 rice pudding		
12	Dinner:		
	1 portion grilled salmon (180g) with mashed potatoes (260g) and cheese sauce		
	All dairy products were lactose free; all cereal-based products were gluten free		



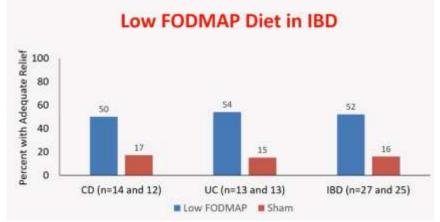
Svolos V, et al. Gastroenterology. 2019 Apr;156(5):1354-1367

IBD go-to Diets: Low FODMAP Diet

- FODMAPS are poorly absorbed carbohydrates that are fermentable by gut bacteria
- May cause colonic gas and excess water retention in the intestinal lumen → abdominal pain, bloating, diarrhea, gas, constipation
- Includes all foods devoid of FODMAPS
- Excludes foods containing FODMAPS:
 - Fructo-oligosaccharides (wheat, onions, legumes)
 - Lactose (milk, ice cream)
 - Fructose (apples, honey)
 - Galactans (legumes)
 - Sorbitol (stone fruits, artificial sweetener)



Low FODMAD Diet in IBD



Crohn's and Colitis Center

the

 No significant difference after 4 weeks on change in irritable bowel syndrome severity scores,

- significant improvements in specific gut symptom scores and the numbers reporting adequate symptom relief.
- ✓ The low FODMAP diet reduced fecal abundance of microbes believed to regulate the immune response, compared with the control diet, but had no significant effect on markers of inflammation.

COX, GASTROENTEROLY AGA CLINICAL—ALIMENTARY TRACT | 188.E7, JANUARY 01, 2020

<u>, ISSUE 1</u>, P176-

Results from recent diet intervention studies



We made the cover!

the Crohn's and Colitis Center

Late Postagerative Recurrence	Monality in NAFLD 1240	Disconnected Percentric	Enhanced Liver Filmosa
Arrang CD Patients in		Duct and Risconnect of	Score and Liver Outcomes
Endoucepic Remainion 1218		Plad Collection 1275	in NASH 1292
Second Second Second		-	Charlenge and Antonio and

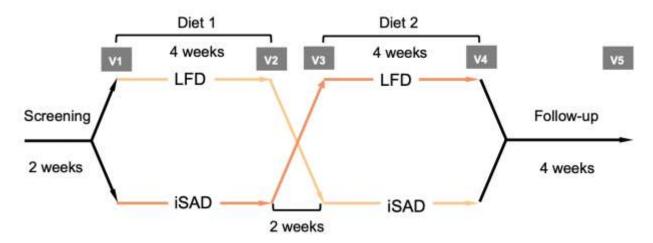
Clinical Gastroenterology and Hepatology

Low-Fat Diet & Inflammation in IBD

also AGA Cloud Practice Update on Management of in this Blooding Gastric Variase: Expert Review 1998 ISSUE The Rick of Extra Intestinal Cancer in Inflammatory Bowel Disease: Systematic: Review and Meta-Andysis of Population-Based Calvort Studies 1117



High fat versus low fat/high fiber diet in UC patients in remission



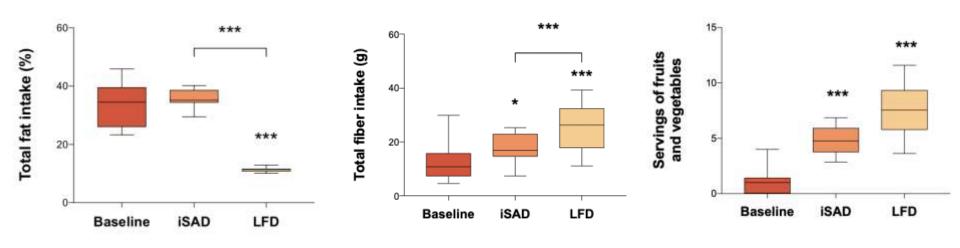
Pilot study completed: 18 patients

- LFD: 10% of calories from fat, 1-5% saturated fat, and 5-9% MUFA and PUFA. High fiber
- Idealized SAD: 35-40% of calories from fat, 10-11% of saturated fat, 25-29% MUFA and PUFA



Fritsch et. al CGH 2020

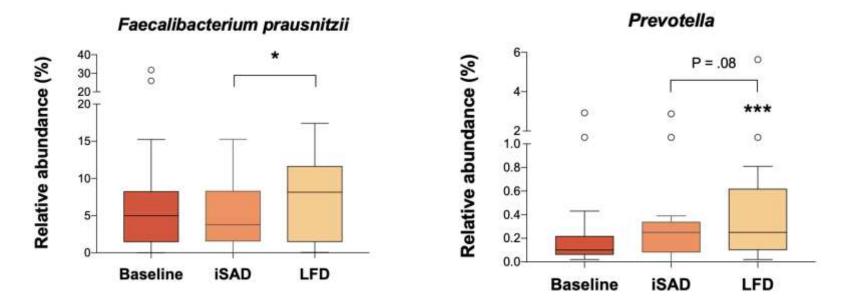
Fat intake at baseline is high in UC patients





Fritsch et. al CGH 2020

Species Level Changes with Important Implications to UC



Fritsch et. al CGH 2020









Diet to INducE Remission in Crohn's Disease Study: DINE-CD

Scientific PI: James D. Lewis, MD, MSCE, University of Pennsylvania

Administrative PI: Angela Dobes, MPH, Crohn's & Colitis Foundation

Data Management Center Director: Robert Sandler, MD, MPH, University of North Carolina

Conducted by the Crohn's & Colitis Foundation Clinical Research Alliance



Funding Support: PCORI Contract number PPRND-1507-31465 Crohn's & Colitis Foundation 5UL1TR001878 P30-DK050306 Sherman award to Dr. Lewis



DINE-CD Study Diets



Specific Carbohydrate Diet

- High intake of
 - 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

- High intake of
 - Olive oil
 - Fruits
 - Vegetables
 - Nuts
 - Cereals
- Moderate intake
 - Fish and poultry
 - Wine
- Limited intake
 - Red and processed meat
 - Sweets

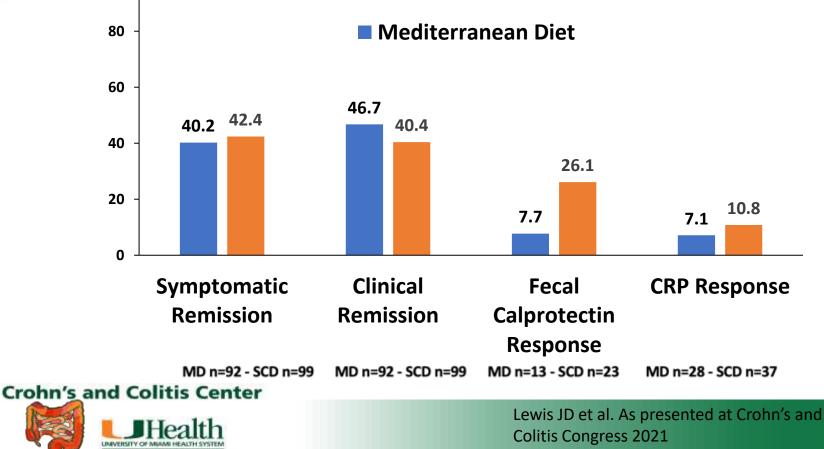
Lewis JD et al. As presented at Crohn's and Colitis Congress 2021





the

Week 12 Outcomes



Conclusions from CD-DINE

- Both diets were well tolerated despite increased consumption of fruits and vegetables
- Symptomatic remission was common with both diets
 - Similar results with and without confirmed inflammation prior to randomization
- Neither diet was associated with normalization of CRP concentration

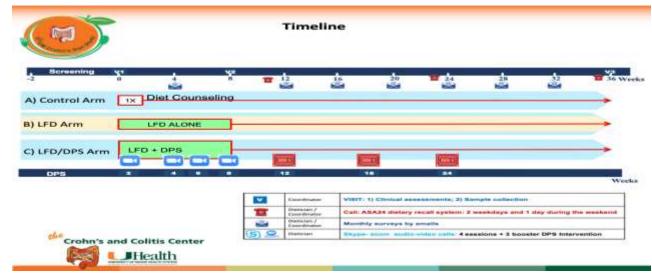


Can we change people's diet behavior long-term?



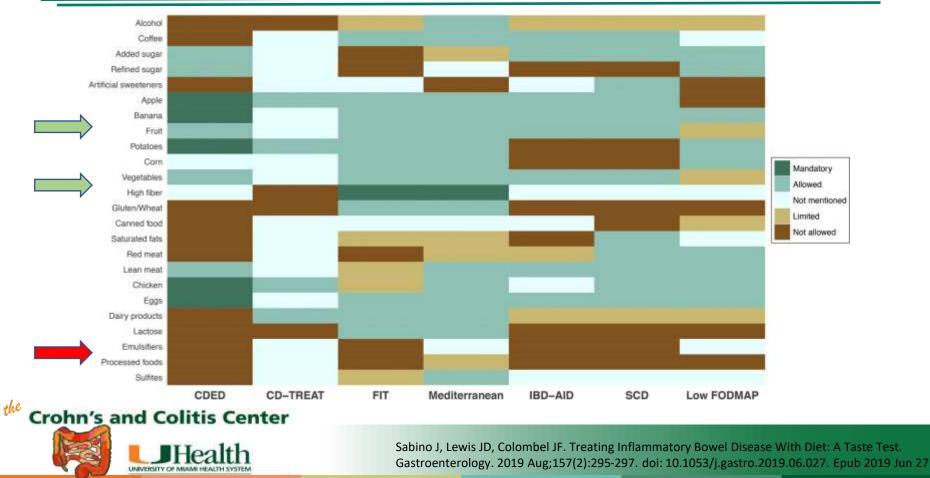
A Holistic Diet Intervention For People With Crohn's Disease

- ✓ 3-arm study
- ✓ Test the effectiveness of a low fat, high fiber diet to reduce symptoms, inflamm ation, and improve quality of life in people with Crohn's disease.





Common Themes in Diets for IBD



IOIBD Practical Guidance for Patients

- Whole Food diet as adjunct
- Shop the outside aisle
- Fresh fruits and vegetables
- Fresh meats and fish
- Use olive oil as dominant fat
- Mixed nuts as an alternative snack to chips, cookies, etc





Levine, A et al. Clin Gastroenterol Hepatol. 2020 May;18(6):1381-1392.

Acknowledgements

NIDDK; CCF; State of Florida, Helmsley Charitable trust

Abreu Lab

- Irina Fernandez
- Maria Alejandra Quintero
- Joan Burgueno
- Luis Garces
- Cristiana Mengarelli
- Hajar Hazime
- Nivis Brito
- Ana Maribel Santander
- Gillian Jacobsen
- Michelle Ducasa
- Judith Pignac-Kobinger
- Julia Fritsch







- Biochemistry
 - Sylvia Daunert
 - Sapna Deo
- HIHG
 - Jake McCauley
- Veterinary MedicineJulia Zaias
- SurgerySabita Roy