

NUTRITIVE THERAPY OF INFLAMMATORY BOWEL DISEASE

Summary

Nutritional support, and the possibility that some factors originating from food may cause mucosal inflammation, are rationale for diet and nutritional therapy in inflammatory bowel disease. Total parenteral nutrition may be useful only in patients with severe malnutrition or those who are intolerant to enteral nutrition. In ulcerative colitis neither elemental, nor total parenteral nutrition may decrease inflammation. Enteral nutrition ameliorates symptoms and consequences of inflammation and improves nutritional status in Crohn's disease, but corticosteroids of inflammation and improves nutritional status in Chron's disease, but corticosteroids are more effective in induction of remission. Polymeric formulations are equally effective, more palatable and less expensive than elemental. Enteral nutrition is treatment of choice for some particular subgroups of patients, such as children due to growth impairment. In Crohn's disease in remission administration of fish oil formulations which contain w-3-fatty acids was effective in decreasing the number of recidives, but patients dislike high fish oil intake and adverse effects, such as nausea, diarrhea and fishy breath.

Supplementation of folic acid is necessary along with sulfasalazine administration which alters it's absorption, as well as with metotrexate which is folic acid antagonist. In the case of prolonged corticosteroid treatment it is obligatory to supplement calcium and vitamin D. After ileal resection administration of liposoluble vitamins and B12 is mandatory.

Although there is no universal diet, exclusion of cereals, diary products, yeast and lipids, particularly long chain triglycerids, prolong remission in majority of patients. Diet fibers haven't direct beneficial effect in inflammatory bowel disease, moreover is can worsen diarrhea by provocation of motility. In severe bile acid malabsorption it is obligatory to lower food lipid intake, particularly long-chain fatty acids.

Besides medications for maintaining remission, cyclic administration of enteral nutrition, fish oil, and individually adjusted diet, may be additional strategies for maintenance of remission in inflammatory bowel disease.