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FOOD FOR THOUGHT

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That nutrition is important in Inflammatory Bowel Disease is without question. Some clinical studies, in fact, have investigated whether diet alone can replace medications for treatment. And it's easy to understand why.

In Crohn's disease, the loss of appetite coupled with entire loss of nutrients, and presumably increased requirements for an inflamed intestine, create the need for attention to the diet. This is multiplied in children where 10-40% of patients under 21 years have impaired growth, diminished weight gain and delayed puberty.

With severe disease of the ileum or its resection, vitamin B12 deficiency is common. Moreover, folate levels may be low, and may be lowered further by Azulfadine, which can hamper its absorption. Increased losses of iron and zinc may similarly require replacement.

But the loss of calories and protein is often less apparent with malnutrition and either weight loss or inability to gain. For this reason, calories and protein are often supplemented. When possible, patients are advised to increase their intake. But with 30% of Crohn's and even some ulcerative colitis patients having lactose intolerance, and another group feeling ill from high density fats, this becomes difficult to achieve (especially if there is loss of appetite). Calories may then be added by nutritional supplements, (for example: Instant Breakfast) or in some cases by feeding tubes or intravenous "hyper alimentation."

Fiber too becomes an issue for the inflamed intestine. Patients with severe or recurring IBD may be warned against fresh fruits, and vegetables that have considerable residue. Similarly, nuts and popcorn, matzo and beer are restricted. Some recent study by Hunter, in Britain, suggests that patients excluding foods that seem to be intolerant may improve their clinical course. But what is true for one patient may not be good for another.

In summary, the clinical comfort and progress of IBD patient may benefit from attention to a variety of dietary factors. This is modified for the individual, the patient losing nutrients because of active disease or resection, or the adolescent requiring additional calories and protein to prevent growth failure.

Table 1	Table 2
REASONS FOR INCREASED NUTRIENT NEEDS:	NUTRITIONAL THERAPY
DECREASED INTAKE • Anorexia • Abdominal pain • Nausea	NUTRIENTS NEEDED • Protein • Calories up to 150% (standard) recommended daily • Allowance • Vitamins Folate, B12, D, K • Minerals, Iron, Calcium, Zinc, Magnesium
EXCESSIVE LOSSES • Malabsorption • Bacterial overpopulation • Drug interactions • Diarrhea • Bile salt loss • Blood loss	POSSIBLE RESTRICTIONS Lactose • Fat • Fiber
INCREASED REQUIREMENTS • Fever • Fistula • Restoring Losses • Growth	