

Inflammatory Bowel Disease and Malnutrition in Adult Patients

Individuals with IBD have a significant risk of malnutrition, which may present as weight loss, loss of muscle mass or function, or lower levels of vitamins and minerals (micronutrient deficiencies).

- Malnutrition affects 20-80% of individuals with IBD and is more common in those with Crohn's disease, hospitalized patients, and those with active disease. It can result from decreased oral intake, food avoidance, medication effects, malabsorption, altered anatomy from prior surgery, and increased nutritional needs from inflammation.^{1,2}
- Malnutrition leads to poor outcomes, including higher infection rates, longer hospital stays, prolonged recovery time after surgery, reduced quality of life, and increased healthcare costs.
- Assessing risk, diagnosing, and treating malnutrition are essential parts of care.

Screening for Risk of Malnutrition

Malnutrition risk can be identified through nutrition screening by a physician, nurse, dietitian, or trained healthcare professional. Validated tools such as the Malnutrition Universal Screening Tool (MUST) and the Saskatchewan IBD Nutrition Risk Tool (SaskIBD-NR) effectively detect risk. These tools assess body mass index, weight changes, GI symptoms, food restriction, and disease severity. If a patient is identified at risk,

a full nutrition assessment should be conducted by a registered dietitian or nutrition provider.^{1,2}

Diagnosis and Treatment

A **nutrition assessment** using tools such as the Subjective Global Assessment (SGA) or Global Leadership Initiative in Malnutrition (GLIM) evaluates the causes and severity of malnutrition.³ An evaluation of levels of key vitamins and minerals, including iron, zinc, magnesium, selenium, and calcium, which may be low, is also important. Once diagnosed, dietary counseling is critical to prevent further decline and restore an optimal nutrition status.

Nutrition interventions may include targeted vitamin and mineral supplementation, dietary modifications to avoid food triggers while increasing calories and protein, and oral nutrition supplements (ONS). Use of ONS is based on meeting nutritional needs by supplying macro- and micronutrients. Some of these nutrients and regimens may impact inflammation while preventing or treating malnutrition. They can be used at various stages of disease, including active disease, early or late remission, maintenance, or preoperatively.³ If malnutrition is severe or IBD limits adequate intake, tube feeding (enteral nutrition) or IV nutrition (parenteral nutrition) may be necessary. Ongoing follow-up is needed to ensure that the therapies are working.

Encourage Your Patients to Ask About Their Nutrition

Patients with IBD should ask their healthcare provider about their nutrition if they experience symptoms using the poster at right.

With IBD, note any change in eating patterns or intentional restriction of certain foods.

ASK ABOUT YOUR NUTRITION

Good Nutrition Can Help You Prevent Infections,
Heal Faster, Feel Stronger



ARE YOU OR YOUR LOVED ONE EXPERIENCING ANY OF THESE?



TALK TO YOUR HEALTHCARE PROVIDER

Specific nutrition support treatments that have shown efficacy in nutrition repletion and disease management:

- **ONS** containing high-calorie, high-protein, vitamins, minerals, and medium or long-chain fatty acids.³ Some have easier to digest protein, lipids, and carbohydrates.
- **Exclusive Enteral Nutrition (EEN)** consists of the exclusive intake of a nutritionally complete liquid formula as the sole source of nutrition, typically for a duration of 6–8 weeks, with the exclusion of all other foods and beverages except water.⁴ In adults, this is usually recommended when steroids are not tolerated or are contraindicated.⁴ It is an effective therapy for the induction of clinical remission with stronger evidence in pediatrics than in adults with Crohn's disease.⁵ These therapies do not necessarily require an enteral access device for delivery but can be consumed by mouth.
- **Partial Enteral Nutrition (PEN)** has gained attention as an alternative to EEN, particularly for maintenance therapy and in adult patients for whom full adherence to EEN is often difficult.⁶ PEN typically provides 35–50% of daily caloric needs through a liquid formula, combined with a conventional or modified diet.⁷
- **Crohn's Disease Exclusion Diet (CDED)** aims to exclude dietary factors that are related to IBD onset or exacerbation. It can be used alone or in combination with PEN.⁴ CDED, a type of partial enteral nutrition therapy, may be an effective therapy for the induction of clinical remission and endoscopic response in mild to moderate Crohn's disease of relatively short duration.⁵

A recent comprehensive literature review and a recent clinical practice update provide more detailed nutrition recommendations.^{5,7}

Key Takeaways

- Risk of malnutrition is common in IBD.
- Early screening, assessment, and treatment can help prevent complications, and improve recovery and quality of life.
- ONS has been shown to help provide adequate nutrition when patients are unable to meet nutritional requirements by diet alone.

Additional Resources

American Society for Parenteral and Enteral Nutrition (ASPEN):
nutritioncare.org/En-Indications-GI-Diseases

American Gastroenterological Association:
bit.ly/4gJsbBi

Crohn's and Colitis Foundation: Diet and Nutrition Online Education:
bit.ly/3RebC66

GI Nutrition Foundation
ginutritionfoundation.org

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