



MEETING OF THE MINDS

RITZ-CARLTON HOTEL, TORONTO

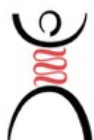


FRIDAY, November 15, 2019

 **MENTORING in IBD**
THE MASTER CLASS **XX**

#IBDMinds2019

Co-Chairs: **Alain Bitton**, MD FRCPC and **John K. Marshall**, MD MSc FRCPC AGAF



Crohn's and
Colitis Canada
Crohn et
Colite Canada





Nutrition Therapy for IBD: A Primer for Adult GI

Interactive Case Presentation with
Audience Response System (ARS)



Initial Presentation

- Emma—an 18-year-old female you meet as she transitions from pediatric to adult gastroenterology care
- She attends with both parents
- You review her history
- She was diagnosed at a pediatric hospital at age 17 with ileocecal disease after presenting with pain, anorexia, weight loss and iron deficiency.



Initial Presentation

- Magnetic resonance enterography (MRE) at diagnosis showed 35 cm of disease with early stricture but no features of obstruction
- She was managed with exclusive enteral nutrition (EEN) for 12 weeks
- She has continued to use EEN by nasogastric tube (with self-intubation) on and off when she starts to feel unwell
- She is taking no other therapy
- Emma and her parents have read about medications for IBD, but prefer to continue using EEN as needed.



ARS Decision Node 1

- How would you respond?
 - a) Agree she can use EEN and offer to supervise this therapy
 - b) Suggest she instead use partial enteral nutrition (PEN) and make other changes to her general diet
 - c) Suggest she instead use PEN but also start a medical maintenance therapy
 - d) Tell her there is no role for nutrition as therapy for Crohn's disease in adults



Case Evolution

- You present some potential options for Emma to consider, including PEN and medical maintenance therapy
- Emma agrees to consider PEN and to do some more reading about medications before her next visit
- You propose some additional investigation, to which she agrees
- She asks if she needs to take any vitamins.



ARS Decision Node 2

- What supplements would you advise?
 - a) Multivitamin
 - b) Vitamin D and calcium
 - c) Iron
 - d) Fish oil
 - e) (b) and (c)
 - f) (a) and (b) and (c)
 - g) All of the above
 - h) None of the above



Case Evolution

- Emma is keen to take everything you suggest as supplements
- She completes her investigation and returns for her 3-month follow-up:
 - Fecal calprotectin: 276 mcg/g
 - C-reactive protein (CRP): 3.5 mg/L
 - Hemoglobin (Hb) 115 g/L with mean corpuscular volume (MCV) 81 fL
 - Colonoscopy: Aphthous ulceration in cecum and ileum. Distorted valve
 - MRE: No change from diagnosis except subtle dilation of the lumen above the stricture.



Case Evolution

- You suggest that Emma start a biologic therapy
- Emma has read about available therapies and is worried about side effects
- She wants to restart tube feeds and will not start other therapies.



ARS Decision Node 3

- What would you do?
 - a) Restart and supervise tube feeds
 - b) Ask your dietician for help
 - c) Refer her to a colleague
 - d) Refuse to support her decision



Case Evolution

- Emma met a friend on a chat forum who has Crohn's disease and does nutrition therapy without the tube
- She now wants to resume exclusive enteral nutrition, but drinking the formula rather than using a tube.



ARS Decision Node 4

- Which of the following would you suggest?
 - a) Ensure™
 - b) Jevity™
 - c) Modulen™
 - d) Resource™
 - e) Vivonex™



MEETING OF THE MINDS

RITZ-CARLTON HOTEL, TORONTO

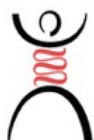


FRIDAY, November 15, 2019

 **MENTORING** in IBD **XX**
THE MASTER CLASS

#IBDMinds2019

Co-Chairs: **Alain Bitton**, MD FRCPC and **John K. Marshall**, MD MSc FRCPC AGAF



Crohn's and
Colitis Canada
Crohn et
Colite Canada

