SESSION 1
DIET AND NUTRITION IN IBD: FOOD FOR THOUGHT

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Objectives

- Define the four key nutrition phenotypes relevant to the management of patients with inflammatory bowel disease (IBD)
- Explore dietary interventions aimed at preventing IBD in individuals at high risk
- Examine evidence-based dietary strategies that support and enhance medical therapy in IBD

Abstract

Four key nutrition phenotypes are relevant to patients with inflammatory bowel disease (IBD): (1) dietary factors in IBD prevention, (2) diet in induction and maintenance of remission, (3) identification and management of malnutrition, and (4) identification and management of obesity. The global incidence of IBD has risen, particularly in regions where it was previously under-reported. This increase parallels environmental shifts—most notably, a transition from traditional diets to a Westernized pattern characterized by high intake of ultra-processed foods, added sugars, artificial additives, and reduced consumption of microbially-accessible carbohydrates, such as fruits, vegetables, resistant starches, and fermentable dairy.

Dietary interventions targeting at-risk individuals may help prevent IBD onset. Large prospective cohort studies support associations between Western dietary patterns and increased IBD risk in healthy populations. Among individuals with established IBD, particularly those with mild to moderate Crohn's disease, dietary therapy shows promise in inducing and maintaining remission. Several clinical guidelines now emphasize the role of diet alongside medical management.

Malnutrition affects 30–80% of IBD patients and is linked to poor outcomes, including increased hospitalizations, postoperative complications, and infections. Conversely, obesity is associated with reduced response to advanced therapies and elevated surgical risks.

This session will explore the four nutrition phenotypes in IBD, highlighting their clinical relevance and practical strategies to implement personalized nutrition therapy. Optimizing nutritional care offers the potential to improve outcomes across the disease continuum—from prevention to active disease management.

References

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