

## World Digestive Health Day in Montenegro: Your Diet in IBD and Liver Diseases



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Lecture by Dr. Velimir Milosevic



Attendees at the WDHD event

The Gastroenterohepatology Association of Montenegro celebrated World Digestive Health Day 2016, on 25 November. The theme was “Your diet in IBD and liver diseases”.

The symposium was held in Podgorica. The event was attended by doctors and pharmacists. They actively participated in the discussion. The conference was attended by representatives of the medical journal *MEDICAL*. A report from the meeting with pictures was published in the December issue of the journal.

There were two lectures: Dr. Velimir Milosević, PhD (Faculty of Medicine in Podgorica) on “Nutrition in IBD - from the cause to the treatment” and Assoc. Prof. Brigita Smolović

### Inflammatory bowel diseases (IBD) seem to result from the complex interaction of our genetic makeup, the increasingly clean environment in which we live, the food we eat and the bacterial flora in our gut.

(Faculty of Medicine in Podgorica) on “Healthy food for a healthy liver.”

#### Diet and IBD

Inflammatory bowel diseases (IBD) seem to result from the complex interaction of our genetic makeup, the increasingly clean environment in which we live, the food we eat and the bacterial flora in our gut. The causes of IBD in foods could include some of the following: different culprits such as too many carbohydrates (especially refined); saturated fatty acids; excessive intake of iron and also the lack of glutamine and arginine; lack of fiber in the diet (“low fiber diet”); the absence of production of SCFA; and vitamin D and calcium.

Thus dietary therapy may be one of the fundamental components of successful therapy. Nutrition during an acute disease flare differs from that allowed during a symptom-free

interval. During the remission phase, however, patients with IBD do not experience lactose intolerance at a rate that is higher than that observed in the general population. If a breath test confirms the diagnosis of lactose intolerance, patients should avoid lactose-containing foods for at least the next three to four weeks. Because most patients tolerate small amounts of lactose, individual testing of tolerance is recommended. During mild inflammatory flares or during



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Healthy food and refreshments at break time

remission, it may be sufficient to eat according to the guidelines of a light full diet. But the primary goal is to prevent malnutrition before it starts. Patients with severe diarrhea must assure adequate fluid intake. In very severe inflammatory flares, patients may need to be maintained on parenteral nutrition for several weeks. If possible, nutritional intake through the bowel, either as oral liquid diet or tube feeding, should be preferred to nutrition provided by intravenous infusion.

A frequent complication in patients with Crohn's disease is the development of narrowing of the bowel (stenosis). Patients with stenosis should avoid high-fiber foods. Patients with very significant narrowing may require strained foods or formula diets that do not contain dietary fiber. Patients with fatty stools should replace some of their dietary fat intake with easily digested mid-chain triglycerides (MCT fats). So, it is important to emphasize that there is no one single diet for all patients with IBD and there is no specific "Crohn's or colitis diet!" It is because each patient reacts differently.

### Diet and Liver Disease

The liver is the main metabolic organ in the body. The liver has many different functions: production of proteins, cholesterol and bile acids; regulation of the blood sugar level; the neutralization and elimination of products of the body's own metabolism and substances such as drugs, intestinal and environmental toxins as well as gut-derived bacterial products and storage of nutrients, minerals or vitamins. So it is very important to protect the health of the liver.

There are some foods that can be included in the diet that some believe can promote a healthy liver. Some consider those are "liver cleansing" foods. These are two categories of food: one encourages the process of detoxification, while others are rich in antioxidants (to protect the liver during detoxification). These include artichokes, carrots, garlic, legumes (peas, soybeans and beans), leafy green vegetables (like spinach), lemons, limes, apples and avocados.

While there may be no absolute restrictions in diet for patients with liver disease, in general they should follow the principles of a balanced, healthy diet. Moreover, those patients absolutely avoid alcohol in any form.

For all liver diseases the recommendations are:

- most calories should be provided from carbohydrates, such as grains, fruits, vegetables and honey.
- a good source of protein are lean meat, low-fat cheese, skimmed milk, eggs and fish.

### A "liver-adapted" diet is just as important as medications.

- the amount of fat should be limited to 40-60 g per day, and are the best vegetable fats, such as olive oil and nuts.
- coffee consumption should be encouraged, as coffee has been related to a healthier liver in several studies.

Up to now there is no proof that cirrhosis of the liver can be improved or cured. The positive effect of dietetic treatment, on the other hand, is well-established. A "liver-adapted" diet is just as important as medications. In compensated type of cirrhosis of the liver, no dietetic treatment is required. In decompensated liver cirrhosis, it is important to assure that the patient is getting the required amounts of nutrition. These patients, who are often affected by a significant protein and energy deficit, should actually be taking 1.5 g of protein per kg each day, or about 100-120 g of protein per day in most cases regardless of the presence of hepatic encephalopathy in order to prevent malnutrition and sarcopenia. Salt restriction is just recommended in cases of ascites.

