

USANA Technical Bulletin

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Colitis

Description

- Ulcerative colitis is an inflammatory, often chronic disease that affects the mucosa of the colon. It usually begins in the rectum and sigmoid colon and may extend upward into the entire colon, though it rarely affects the small intestine.¹

Causes

- The causes of colitis are not known. Dietary and genetic factors are suspected of playing a role.²

Types

- Patients experience periods of remission and exacerbation of symptoms. During an exacerbation, the patient generally reports mild cramping, lower abdominal pain, and recurrent bloody diarrhea. During these periods, they may complain of fatigue, weakness, anorexia, weight loss, nausea, and vomiting.¹
- Complications include malnutrition and increased incidence of cancer.¹

At Risk

- There is some indication that colitis may be genetically linked; however, since only 20% of patients have a family history of colitis, the relationship does not seem to be uniquely genetic.
- One study indicated an increased occurrence of colitis in people who eat margarine.³

Prevention and Management

- Stress reduction may decrease the severity of this disease.¹
- Gastrointestinal diseases commonly result in malnutrition because absorption is impaired. The malnourished body's ability to function optimally is impaired and it is less able to repair itself.⁴ This cycle may be broken with a combination of diet, supplements, and therapy.⁵
- Formulas that contain oligosaccharides, fish oil, gum arabic and antioxidants may be beneficial for patients with ulcerative colitis.⁶
- Colitis patients may need to avoid certain foods. Trying different foods and eliminating the ones that are irritants is the best approach.

Sources of Additional Information

- Crohn's and Colitis Foundation of America: 800-618-5583
- <http://www.fred.net/jdblake>

Abstracts

Meier R. [Chronic inflammatory bowel diseases and nutrition]. *Schweiz Med Wochenschr Suppl* 1996;79:14S-24S. The etiology of inflammatory bowel disease is still unknown. Several potential mechanisms are discussed. The etiological and therapeutic importance of nutrition is controversial. Though changes in dietary habits and incidence of inflammatory bowel disease during the last century were in parallel, no specific nutritional factor has been isolated. No dietary prophylaxis of inflammatory bowel disease is yet known; all dietary therapies in inflammatory bowel disease aim to improve nutritional support and to diminish inflammation by bowel rest. Children and adolescents gain in weight and height. Total parenteral nutrition will not substantially reduce disease activity and operation rates. Total parenteral nutrition can only be recommended in ulcerative colitis patients with severe disease in the initial phase and in Crohn's patients with severe malnutrition and intestinal complications. Enteral nutrition support is less effective in ulcerative colitis than in Crohn's disease. Reported remission rates on enteral nutrition are 25% for ulcerative colitis and up to 80% for Crohn's. However, in active Crohn's disease enteral nutrition is less effective than standard therapy with methylprednisolone and sulfasalazine. It is generally believed that nutrition therapy in combination with drugs is the best treatment modality. There is no evidence to support the importance of any combination of the formula diets such as elemental, oligopeptide, or polymeric formulations. Administration of formula diets by nasogastric tubes all show similar remission rates. Whether newer diets supplemented with arginine, glutamine, omega-3-fatty acids or short chain fatty acids increase remission rates is not known. Further studies in this field are warranted.

References

- ¹ Diseases. 2nd ed. Springhouse (PA):Springhouse Corporation; 1993. p 881-3.
- ² Meier R. [Chronic inflammatory bowel diseases and nutrition]. *Schweiz Med Wochenschr Suppl* 1996;79:14S-24S.
- ³ The Epidemiology Group of the Research Committee of Inflammatory Bowel Disease in Japan. A case-control study of ulcerative colitis in relation to dietary and other factors in Japan. *J Gastroenterol* 1995 Nov;30 Suppl 8:9-12.
- ⁴ Kelly DG, Fleming CR. Nutritional considerations in inflammatory bowel diseases. *Gastroenterol Clin North Am* 1995 Sep;24(3):597-611.
- ⁵ O'Keefe SJ, Nutrition and gastrointestinal disease. *Scand J Gastroenterol Suppl* 1996;220:52-9.
- ⁶ Campbell JM, Fahey GC Jr, Lichtensteiger CA, Demichele SJ, Garleb KA. An enteral formula containing fish oil, indigestible oligosaccharides, gum arabic and antioxidants affects plasma and colonic phospholipid fatty acid and prostaglandin profiles in pigs. *J Nutr* 1997 Jan;127(1):137-45.