

Nutritional support

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It is essential that nutritional status is evaluated in all patients with IBD. Nutritional support is frequently required. Patients - with moderate nutritional impairment will require nutritional supplementation and severely malnourished patients may - require enteral tube or even intravenous feeding. Anaemia, hypoproteinaemia and electrolyte, vitamin and metabolic bone problems must all be addressed. Nutritional optimisation has been shown to improve surgical outcomes but it is important to recognise that a significant improvement in nutritional status - is very unlikely in the setting of active infection; in patients with abscesses, e ff ective drainage remains the overwhelming priority . Nutritional support

Nutritional support is frequently required in CD. Patients with moderate nutritional impairment will require nutritional supplementation and severely malnourished patients may require enteral tube or even parenteral nutrition. Anaemia, hypoproteinaemia and electrolyte, vitamin and metabolic bone problems must all be addressed. Elemental diet or parenteral nutrition can induce remission in up to 80% of patients, an e ff ect comparable to steroids, but almost all patients relapse rapidly after cessation of therapy . Nutritional optimisation has been shown to improve surgical outcomes, but it is important to recognise that a significant improvement in nutritional status is unlikely in the setting of active infection and, in patients with abscesses, e ff ective drainage remains the overwhelming priority .

Revision #1

Created 2025-12-31 15:27:39 UTC by Omar Ayman

Updated 2025-12-31 15:27:39 UTC by Omar Ayman