

Important: The minute secretary who has no medical training took these notes at the meeting. You should not change your treatment in response to these notes. You must always consult with your Medical Advisor before changing your medical treatment. We cannot be held responsible for any changes in your health due to action you may take in response to these notes.

Crohn's and Colitis UK Norfolk and East Suffolk Group

Notes from Medical Education Meeting held at 1.00 pm Saturday 16.10 2010 at the Great Yarmouth Library, Great Yarmouth.

Terry Wogan, Chair opened the meeting with a brief introduction, saying the group reformed in March 2009, and followed with an outline of how this meeting would proceed, namely a talk by Dr Anups de Silva on the Digestive Tract, then the Summer Raffle would be drawn by Mr Tony Smith the Deputy Mayor of Great Yarmouth, followed by a talk by Mr Nick Probyn on Diets with Colitis and Crohn's.

The Digestive System

Dr Anups de Silva introduced himself by saying he has been at James Paget for 7 years. Dr de Silva was happy to be here as NACC have helped fund his research into IBD, and he was grateful for this opportunity to help NACC. This was his third talk to the group.

Dr de Silva then went to talk about the digestive tract, saying it was approx. 9 metres long, and that the average transit time for food to digest is between 24-72 hours. During this time nutrients are extracted, i.e. carbohydrates, fats, minerals, protein, vitamins and water. People who have IBD may not necessarily get all these nutrients.

Food passes through the oesophagus to the stomach, which sits just below the left of the ribcage. The stomach contains hydrochloric acid, which breaks down food. Once this has finished the resultant mixture called "chyme" exits the stomach into the small bowel.

Dr de Silva mentioned the liver and how this was a very complicated organ, with approximately 500 functions. For example, detoxification of the blood, production of bile, enables glucose to be stored.

The gallbladder is on the side of the bile duct, and the bile enables fats to be digested. Stones can form in the gallbladder. The bile emulsifies fats and enables digestion.

The small bowel absorbs nutrients, and the large bowel is the colon, whose main function is water absorption, so people who have IBD may have loose stools.

There is some evidence that if the appendix is removed people are less likely to develop Ulcerative Colitis, but Dr de Silva was not suggesting that everyone demands an appendicectomy!

500 species of bacteria live inside the bowel and 60% of dry mass stool was bacteria. The bacteria have a symbiotic relationship with the bowel, i.e. we help them and they help us, but the bacteria can be the cause of IBD. Bacteria can be a barrier against disease and James Paget hospital is looking at the way they use antibiotics as this can have an effect on IBD patients.

Ulcerative Colitis (UC) is mainly limited to the colon, whereas Crohn's can be from the mouth to the anal canal, and therefore more difficult to diagnose. Crohn's can go through into muscle and cause abscesses and fistulas.

Dr de Silva then said that studies had been carried out in Japan, where they are seeing more cases of IBD as they change to a western diet.

Infections can start a flare up in IBD and smoking is particularly bad for Crohn's but may protect in UC cases.

Drugs and medication including antibiotics can cause IBD, as can diet and hygiene. We may be too good at being clean!

Potential complications of UC.

Dehydration, caused by diarrhoea

Salt and mineral depletion

Blood loss, leading to iron deficiency

Severe inflammation leading to thinning of the bowel

Bowel cancer more likely in patients with IBD, but if inflammation can be reduced you are less likely to get bowel cancer.

In severe cases of IBD, constipating agents should be avoided i.e. anti-diarrhoeal medication.

People with IBD should never forget to take their medication, even if they are well, as a break in medication may bring on a flare up.

Potential complications of Crohn's.

Inflammation of the bowel

Narrowing of the bowel

Penetration through the bowel

Tiredness, weight loss, pain and vomiting.

Dehydration and vomiting

Malnutrition caused by diarrhoea

Lose absorptive surface - not working properly

Fistula, which can cause digested foods leaking into skin surface or going through bowel wall.

Strictures - narrowing of the bowel, food can build up behind

Adhesions - scar tissue can trap bowel

Because of these complications IBD patients can become anaemic due to vitamin B12, iron and folic acid deficiencies and also suffer from osteoporosis. Patients are often prescribed steroids, and this can cause osteoporosis. IBD can also cause liver complications

Prognosis

All is not doom and gloom, people with IBD mortality rate is comparable to the general population who do not have IBD. There is ongoing research into causes and medication for IBD as well as evolving therapies.

Terry Wogan then thanked Dr de Silva for his talk and that there would be a break, after which the raffle would be drawn.

The Deputy Mayor of Great Yarmouth, Mr Tony Smith thanked everyone for buying the raffle tickets and proceeded to draw the tickets. The winning numbers are available from the Treasurer, Crohn's and Colitis UK Norfolk and East Suffolk Group. All winners have been notified directly.

Diet and IBD

Mr Nick Probyn, Dietician from James Paget began his talk on diets and IBD. He said this was just a general talk as diet and condition between patients differed so much and there was also the different conditions of being well and being in flare up.

Mr Probyn said that his talk would cover three areas

- Management of a non active disease
- Management of an active disease
- Weight management

Aims of dietary changes would be to minimise symptoms and induce remission, maintain remission, and maintain or improve nutritional status.

Diet in Non Active state

Eat regularly, so not to put the bowel under strain

High fibre intake if symptom free, but may be difficult

Regular protein intake, i.e. nuts pulses, meat

Moderate fat intake as high fatty foods can trigger problems.

Fibre-advice is to eat 5 portions a day; this can include wholemeal bread, cereals, brown rice and pasta.

Protein-advice is to eat 2 portions a day, this can include, cheese, eggs, offal, pulses, dairy -calcium for bones.

Fat- excess fat intake can cause symptoms especially in Crohn's. Reduce saturated fat by eating lean cuts of meat and lower fat dairy products. Use polyunsaturated foods, i.e. sunflower, olive spreads. Avoid margarine.

Diet in Active state

Reduce fibre intake and avoid fruit and vegetables

Avoid skins, seeds and nuts

Have diluted fruit juice or tinned fruit

Have white bread, pasta, rice cereals

Other foods that can irritate the gut are spicy foods including pickles and sauces; caffeinated drinks, including tea and coffee, fizzy drinks, alcohol.

Maintain a good fluid intake, if your appetite is poor drink milk based drinks i.e. milkshakes and if possible use full fat milk for protein.

Maintenance

Eat small frequent meals and snacks 5-6 a day.

If meals are not tolerated, use milk based drinks or use specialist products i.e. Build up, Complan. Use enriched powdered milk mixed with skimmed milk, as this will be smaller in volume.

Further support

Contact GP

Intake any supplements prescribed by your doctor

Dietary support advice is available from your hospital.

TW then thanked Nick Probyn for his talk.

Questions

The Medical Advisors then took questions from the audience. Many of these were from personal experience as to what they have found that they can eat with no problems.

One member from the audience said that they found that they could not tolerate milk, but found that goat's milk was a good alternative. Soya milk can also be beneficial.

There was a discussion about diabetes and Colitis and TW said that there was an article in a recent NACC magazine that he would send to Mr Probyn.

Mushrooms and onions are not tolerated by a lot of people; this could be because they soak up lot of fat.

The Medical Advisors were asked for their view on probiotics. The opinion was that these could be beneficial, but again not for everyone. Probiotics that may help are commercially available, namely VSL3, but this mainly applies to people who have a pouch.

A question was asked about flatulence and how best to control it. Flatulence can be caused by an inflamed bowel as well as eating carbohydrates.

A person was advised to take Fibrogel, how is this beneficial with IBD? Fibrogel will also bulk the stool, and can be beneficial for Ulcerative Colitis, where it may clear up constipation and so increase the flow of stools.

TW read out a question that he had been emailed where the person was eating late at night and a lump was forming under the belly button. Dr de Silva said it was important to find out the cause of the lump as it may be a stricture, and the digestive transit slows down at night. The patient is advised to discuss this with a health care professional.

It is known that aspirin can cause symptoms, but what about statins? Again Dr de Silva answered the question stating research had shown there was no link between a flare up and statins.

A member asked what were the new developments in looking at the bowel internally as Oscopies were very invasive? The answer was, X-rays (but limited); CT scans; MRI scans and Barium follow through (but this was not so good as only an outline of the gut would show). But Endoscopy was the gold standard for investigation and practitioners were very expert at this now. Also Capsule treatment, where the patient swallows a small camera capsule, is increasingly available.

The Chair then thanked both Dr De Silva and Mr Nick Probyn for their excellent talks and said that the next AGM for the group would be on 12.3.11 at NNUH and all were welcome.

Deputy Mayor, Tony Smith closed the meeting with a few words. He said that he had learned a lot and that was the importance of meetings like this and it was good that people could talk to others who have the same condition, and that it was good to talk openly about IBD, so that more people are aware of it.