

Doctors discover many inflammatory bowel disease patients screen positive for malnutrition

December 9 2023



Anne Peery, MD, MSCR, associate professor of medicine, UNC School of Medicine. Credit: UNC School of Medicine

Eating food and absorbing its nutrients is an everyday occurrence, but

this normal activity can look different for someone who suffers from inflammatory bowel disease. IBD, which includes Crohn's disease and ulcerative colitis, can cause chronic inflammation of the digestive tract—which for many reasons can lead to malnutrition. This malnourished state is associated with an increased risk of morbidity and mortality, and new findings show that many patients in IBD clinic screen positive for malnutrition, leading to the critical need for same-day dietitian support in the IBD clinic.

The study, published in [Gastro Hep Advances](#), led by first and second authors Aaron C. Viser and Adelaide R. Cooke, used a validated and reliable malnutrition [screening](#) tool to screen patients in-person during their visit to UNC's Multidisciplinary Inflammatory Bowel Disease Clinic in Chapel Hill, NC. Between June 7, 2022 and July 19, 2022, 237 IBD patients were screened. Results showed 14% of those patients were at high risk for malnutrition. The prevalence of a positive screen was 15% among patients with Crohn's disease and 12% among patients with [ulcerative colitis](#).

"It was important to do this study because we have limited time with our patients and often many problems to address," said Anne F. Peery, MD, corresponding author and associate professor of medicine at the UNC School of Medicine. "It's easy to miss malnutrition in the clinic setting."

The malnutrition screening tool asked three questions to determine whether or not a patient met the criteria. The quick three-minute survey included questions such as, have you recently lost weight without trying? If yes, how much weight have you lost? Have you been eating poorly because of a decreased appetite? One key factor to highlight was that most patients in the cohort had a normal or overweight body mass index, showing that malnutrition risk can develop at any body weight.

Symptoms such as diarrhea, [abdominal pain](#), fever, nausea, low energy

and loss of appetite are all signs of active disease. The study showed 28% of the patients in an IBD flare met the criteria for malnutrition. Among those with a positive screen, 28% of patients had active [disease](#) and 8% were in remission. With these results, researchers say an evaluation from a registered dietitian plays a key role in caring for IBD patients in clinic.

"A positive screen for malnutrition should be immediately followed up with a formal nutrition assessment," said Peery, who is also director of the Adult Inpatient Nutrition Support Team in the Division of Gastroenterology and Hepatology at the Department of Medicine. "A registered dietitian in clinic can fill this gap in care and can help the team develop a plan to meet the patient's nutrition needs. We are fortunate to now have a [full-time](#) registered dietitian with us in the GI clinic. She has significantly improved the care we provide."

"Moving forward, it would be useful to have our care partners in clinic who room the patient and also screen the patients for [malnutrition](#)," said Peery.

This study is another example of how [patients](#) with IBD do best when they receive multidisciplinary care. A registered dietitian can help the team identify any deficiencies, estimate the patient's energy and protein needs, and help develop a plan to meet these needs.

More information: Doctors Discover Many Patients at UNC's Inflammatory Bowel Disease Clinic Screen Positive for Malnutrition, *Gastro Hep Advances* (2023).

Provided by University of North Carolina Health Care

Citation: Doctors discover many inflammatory bowel disease patients screen positive for malnutrition (2023, December 9) retrieved 10 May 2024 from <https://medicalxpress.com/news/2023-12-doctors-inflammatory-bowel-disease-patients.html>

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