Abstract citation ID: jjad212.0709

P579

Dietary beliefs, barriers, and acceptability of diet in IBD patients – a multi-centre survey from the Asia-Pacific region


1Singapore General Hospital, Department of Gastroenterology and Hepatology, Singapore, Singapore 2National Taiwan University Hospital, Department of Internal Medicine, Taipei, Taiwan 3University of Malaya, Division of Gastroenterology and Hepatology- Department of Medicine, Kuala Lumpur, Malaysia 4Mount Elizabeth Medical Centre, nil, Singapore, Singapore 5Sengkang General Hospital, Department of Gastroenterology and Hepatology, Singapore, Singapore 6Changi General Hospital, Department of Gastroenterology and Hepatology, Singapore, Singapore 7Concord Repatriation General Hospital, Gastroenterology and Liver Services, Sydney- New South Wales, Australia 8Tan Tock Seng Hospital, Department of Gastroenterology and Hepatology, Singapore, Singapore 9National University Hospital, Department of Gastroenterology and Hepatology, Singapore, Singapore 10Gleneagles Medical Centre, nil, Singapore, Singapore

Background: Dietary beliefs and behaviors in IBD patients may affect both clinical outcome and psychosocial aspect of patients’ lives. New emerging studies have shown varying efficacy of different diets in inducing and maintaining remission in IBD patients. This study aims to investigate the dietary beliefs, barriers, and acceptability of diet among IBD patients in the Asia-Pacific region.

Methods: A multi-centre survey was conducted across 4 countries in Asia-Pacific. An anonymized online electronic survey was disseminated at 10 participating IBD centres. Patients were asked to rank acceptability of IBD-related diets on a Likert scale of 1 to 5, with 1 being strongly unacceptable and 5 being strongly acceptable. The survey is currently still ongoing and preliminary results from the initial 3 months are reported below.

Results: A total of 402 responses were recorded. Patient demographics and disease characteristics are shown in Table1. Most patients received dietary advice from their doctor (n=279, 69.4%) and social media (n=150, 37.3%). 168 (41.7%) patients believe that diet plays a role in the development of IBD. Conversely, 107 (26.6%) did not believe so, and 128 (31.8%) were unsure. Most patients (n=336, 83.6%) patients would avoid certain foods during a flare. Diet modifications were attempted by 188 (46.8%) patients and the most common dietary modifications were the low fibre diet (n=106, 56.4%), followed by the Exclusion diet (n=69, 36.7%), and gluten free diet (n=54, 28.7%). 100 (24.9%) patients are currently on an IBD-related diet.

The barriers to the acceptance of IBD-related diet were identified and the two most common reasons cited were difficulty in meal preparation (n=196, 48.8%) and interference of social life (n=176, 43.8%). Acceptance of IBD-related diets would increase if the diet is effective in inducing remission or reducing symptoms (n=315, 78.4%) and easy to prepare (n=284, 70.6%). Patients were most accepting of the low fibre diet (n=106, 56.4%), followed by the Exclusion diet (n=69, 36.7%), and gluten free diet (n=54, 28.7%). 100 (24.9%) patients are currently on an IBD-related diet.

Type of IBD, duration of disease, current use of steroids and small molecules were not associated with previous dietary modification. Use of biologics, current use of more than one medication, the belief that diet can induce remission and reduce flare were independently associated with previous attempted dietary modification (p< 0.05).

Conclusion: Exclusive enteral nutrition has the lowest acceptance despite its role in inducing remission. Future IBD-related diet studies should consider the aforementioned barriers to make it more widely acceptable among IBD patients.