

dietary intake occurs with anorexia and episodes of increased disease activity. Excessive loss of nutrients (protein, blood, electrolytes, and minerals) occurs secondary to intestinal inflammation and diarrhea. Carbohydrate, lactose, fat, vitamin, and mineral malabsorption, as well as vitamin B₁₂ and folic acid deficiencies, occur with disease episodes and with drug administration and when the terminal ileum is resected. Finally, nutritional requirements are increased with inflammation, fever, fistulas, and periods of rapid growth (e.g., adolescence).

The goals of nutritional support include correction of nutrient deficits and replacement of ongoing losses, provision of adequate energy and protein for healing, and provision of adequate nutrients to promote normal growth. Nutritional support includes both enteral and parenteral nutrition. A well-balanced, high-protein, high-calorie diet is recommended for children whose symptoms do not prohibit an adequate oral intake. There is little evidence that avoiding specific foods influences the severity of the disease. Supplementation with multivitamins, iron, and folic acid is recommended.

Special enteral formulas, given either by mouth or continuous NG infusion (often at night), may be required. Elemental formulas are completely absorbed in the small intestine with almost no residue. A diet consisting only of elemental formula not only improves nutritional status but also induces disease remission, either without steroids or with a diminished dosage of steroids required. An elemental diet is a safe and potentially effective primary therapy for patients with Crohn disease. Unfortunately, remission is not sustained when NG feedings are discontinued unless maintenance medications are added to the treatment regimen.

Total parenteral nutrition (TPN) has also improved nutritional status in patients with IBD. Short-term remissions have been achieved after TPN, although complete bowel rest has not reduced inflammation or added to the benefits of improved nutrition by TPN. Nutritional support is less likely to induce a remission in ulcerative colitis than in Crohn disease. Improvement of nutritional status is important, however, in preventing deterioration of the patient's health status and in preparing the patient for surgery.