



Winter Meeting, 2–4 December 2019, Diet and Digestive Disease

## Dietary practices and beliefs of British South Asians with inflammatory bowel disease: A prospective study from the United Kingdom

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The increasing incidence of inflammatory bowel disease (IBD) in newly industrialised countries and immigrant populations appears to outpace that which genetic influences alone could instigate. Environmental factors associated with “westernisation”, in particular the western diet, are therefore implicated in the aetiopathogenesis of IBD<sup>(1)</sup>. Limited data exist on the dietary practices of the migrant South Asian population with IBD<sup>(2,3)</sup>. We aim to describe the dietary practices of British South Asian patients with IBD and the information resources utilised to guide these beliefs.

A prospective, cross-sectional, questionnaire-based study is being conducted across NHS trusts within the UK. Two-hundred South Asian patients with IBD are being recruited to complete a questionnaire regarding demographics and dietary practices. Here we provide an interim analysis of the data collected from the first 48 patients.

Mean patient age was 38 years and 44% were female. 56% had ulcerative colitis (UC) and 44% Crohn’s disease (CD). 58% identified themselves as Pakistani, 21% as Indian and 19% as Bangladeshi. 56% of patients were born in the UK to parents who were born outside of the UK and 42% of patients were born outside of the UK. Mean disease duration was 9.3 years.

52% considered diet to be an initiating factor in their IBD, based on their own experience (84%) as well as information from internet resources (36%) and other patients with IBD (28%). 65% of patients felt that diet had triggered a relapse of their disease, the most commonly reported foods being spicy (68%), fatty foods (58%), milk products (45%) and red meat (39%). 83% of patients avoided certain foods in an attempt to prevent an IBD “flare”. Most frequently avoided foods were spicy foods (93%), fatty foods (85%), coffee (63%), carbonated drinks (60%) and red meat (55%).

Just over a half of patients reported being able to find specific dietary advice for IBD, most commonly via the internet. Over half of patients avoided eating the same meal as their family or eating out to prevent relapse of their IBD. 15% of patients had tried using a gluten free diet, in the absence of coeliac disease, to manage their symptoms.

Dietary restriction may be highly prevalent amongst the British South Asian community with IBD with a high proportion reporting diet as an initiating factor and trigger for disease flares. Studies on immigrant populations may hold valuable clues regarding the influence of migration, environmental influences and drift from traditional cultural practices on IBD aetiopathogenesis and related symptoms. A larger data set will be presented at conference proceedings.

Support provided by Takeda

1. Kamm MA (2018) *Lancet* **390**, 2741–2742.
2. Limdi JK, Aggarwal D, McLaughlin JT (2016) *Inflamm Bowel Dis* **22**, 164–170.
3. Probert CS *et al.* (1996) *Arq Gastroenterol* **33**, 132–135.