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Editorial

Cooperative Role of Parent and Doctor in Success of Nutritional Management of Pediatric Ulcerative Colitis

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Ulcerative colitis (UC) is one of the two entities of inflammatory bowel diseases (IBD). It is an idiopathic chronic inflammatory disorder that involves mainly the colon. UC is characterized by periods of remission and relapses [2]. The etiology of IBD is multifactorial including genetic, environmental, microbial, and immunological factors [1]. The incidence of ulcerative colitis has obviously increased. Both the evidence and also researches showed the marvelous role of control of the disease by restricted and in the same time balanced nutritional management. The aim is to decrease the disease active status and relapses. This helps to preserve the colon, decrease the risk of dysplasia and the important point in pediatric UC is to decrease risk of growth failure.

The parents have a great role in all management steps of their child starting from diagnosis up to giving all drugs in the correct way, psychological support for their child and in nutritional management to help their child outstand this chronic disease. As the patient grow up, he or she will be able to self-manage him or herself and be aware of what to eat and what not to take. This is really difficult in some patients who have uncooperative or less educated parents. Nutrition control means control of one of the environmental factors that is involved in UC maintenance, remission and relapses. As the case in allergy, in which the patient should eliminate the food or ingested material that causes sensitivity for the baby or child, also in UC the caregiver should observe his or her child for gastrointestinal sensitivity to ingested food, drinks or even drugs. Good and comprehensive nutritional regimes and meals improve psychological status and quality of life of the child and also of the parents.

Regarding food and drinks that are highly supposed to cause activation of disease and aggravation of gastrointestinal symptoms are fatty foods, desserts, high sugar recipes, most grains, red meat, dairy foods, caffeinated drinks, spicy foods, lemon, orange, and other types of citrus fruits and juice except Citrus reticulate which seems more well tolerated as it is less acidic with less irritating effect on the GI tract.

Regarding drugs that are considered to predispose to exacerbation are oral anti-inflammatory drugs, oral iron and multivitamins containing iron salts.

The tolerated food types and drinks may be different from one patient to another [3]. Some children may ingest nearly all types of meals. On the other hand, some children can't take many types especially in periods of flare up or relapses.

The way to know exactly what are the allowed foods and what are the forbidden and not tolerated food types for the child is not simple and requires patience of the child and family. This can be done in simple suggested way with three steps. The first step is that in case of relapse, the patient should first complete all the medical management guidelines with drugs and steroids. The second step,

is that when patient reaches the remission status without steroid, start testing the allowed and well tolerated and feeds for the child. As in allergy, the orally ingested feeds causing sensitization is different from person to another, also feeds causing activation of the disease is not the same for all patients. For example, fish can cause relapse of the disease in some patients and not affecting others. Nutrition follow up and notice of all small points in dietary intake is important to the extent that some patients also may tolerate the ingestion of some types of fish and not tolerate others. Again, here is the role of the parents. The child also can help in managing his or her disease if he or she is mature enough to understand the disease and its management. The family in this case can support their child nutritionally and psychologically. A notebook for the effect of feeds, drinks, medications, multivitamins and herbs may be needed to know the exact symptoms resulting from each ingested food. Some feeds may cause for example abdominal cramping, others may cause mucous and others may cause relapse with diarrhea and even bloody diarrhea in some patients. The third step, in case of any alarming signs or symptoms of relapse, the patient should stop the tried food and return to his acute status nutrition with rice, potato, white meat like chicken or rabbit. After being stabilized, then another try is done. The ingested food causing any abnormal symptoms for the child should be excluded from child's diet as possible. It can be tried in other ways of cooking or in times of very stable status and in smaller amounts.

In conclusion nutrition is important in remission, maintenance and relapses of UC. Modifying child's dietary habits to achieve maintenance and decrease risk of relapses is done mainly through exclusion of the specific feeds causing any noted annoying gastrointestinal symptoms for the child. Although restriction diets are important in controlling the disease activity, Continuous trials of types of feeds are important to decrease the risk of nutritional deficits. Because of its importance, dietary management of IBD including UC has recently rapid evolution. More trials are still needed in this field.

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