**The Crohn’s Disease Exclusion Diet**

Natasha Salziger
UMMC Dietetic Internship

**Background:** Crohn’s disease is a chronic inflammatory condition that can affect any area of the digestive tract but most commonly effects the ileum and the beginning of the colon. There is no cure for Crohn’s but pharmacological, immunosuppressant, and biologic treatments can help reduce symptoms and initiate remission. The Crohn’s disease exclusion diet (CDED) was created with the purpose of inducing remission. The CDED has been primarily used for children on exclusive enteral nutrition; however, there is a growing interest in the possible impacts of this approach in adults. The purpose of this case study was to review literature on the CDED diet in adults, apply it to patient care, and consider applications for future clinical utilization.

**Case Presentation:** A 51-year-old female initially presented with a cracked gastrojejunostomy (GJ) tube in need of replacement. Past medical history was significant for Crohn’s disease resulting in a total proctocolectomy with an end ileostomy and GJ tube-feeding dependence due to esophageal fistulas. The patient had been NPO with tube feeds for the past two and a half years.

**Discussion:** A literature search identified three primary research articles investigating the CDED in diet in adult patients. One article examined the effectiveness of the diet in biologic naïve patients and the other two looked at the diet in patients who were currently on and failing biological, pharmacological, or immunosuppressant therapy. All three articles found the CDED was effective in reducing disease severity. The studies also found some participants were able to enter and maintain remission while on the CDED. These results included patients with a wide range in disease severity, from mild to severe. However, the research was limited in its lack of case-controls and brief study periods. Future research efforts should include adequately powered, blinded, case-control studies lasting greater than 12 weeks to determine the effectiveness over time. In regards to this therapy in the case presentation, the patient had severe complications related to Crohn’s disease and many of the studies included patients with severe Crohn’s, however the patient may not have been a candidate for oral diet therapy related to her esophageal fistulas.

**Conclusion:** The CDED may present a viable treatment option, either as sole therapy or in conjunction with other treatments and nutrition therapies, to induce remission and thereby reduce severe disease-related complications in adults. Additional high-quality research is needed to clarify potential treatment benefits and optimal patients before practice guidelines can be developed