Diet and the Dietitians Role in the Management of Inflammatory Bowel Disease: An exploration of Patients’ and Healthcare Professionals’ Perspectives

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Abstract

Background: Crohn’s disease and ulcerative colitis are chronic relapsing-remitting diseases collectively known as inflammatory bowel disease (IBD). Symptoms include abdominal pain, diarrhoea, blood in stools, fatigue and weight loss. Problems with nutrition are common and impact on patients’ quality of life, nutritional status and general health, Lomer [1]. Nutrition plays an important role in the management of patients with IBD. Dietitians work within a multi-disciplinary team of healthcare professionals to manage these problems. However poor dietetic service provision to IBD patients has been observed, IBD Standards Group [2]. The nutritional problems experienced and how these are managed, have not been adequately studied. This study aims at exploring IBD patients’ and healthcare professionals’ experiences of diet and the dietitian’s role in the management of IBD.

Methods: A qualitative interpretive phenomenological approach was adopted using focus groups. Ethical approval was granted by the Research Ethics Committee, the Research & Development Department for the research site and the academic institution. Five participants who have seen a dietitian for their IBD were purposively sampled from the

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dietitians’ records of a hospital in the East of England and two focus groups were conducted. Twelve healthcare professionals who manage diet and work with dietitians in IBD were purposively sampled from the same hospital. These were split into 3 focus groups: gastroenterologists (n=4), nurses (n=3) and dietitians (n=5). Focus group discussions were piloted, conducted in the researcher’s workplace, tape recorded and moderated by the researcher using a topic guide. Discussions were transcribed verbatim and data analysis performed using interpretive phenomenological analysis, Smith and Osborn [3].

**Results:** The focus groups highlighted that dietary issues and management of IBD were varied, complex and had a significant impact on patients’ quality of life. There was disparity between healthcare professionals in addressing the need for holistic management of diet, with only some participants recognising the importance of managing the physical, psychological and emotional dimensions of IBD. Despite this, both patients and healthcare professionals positively regarded dietetic support in helping patients gain control of their lives, for detailed advice and symptom control. Participants highlighted the need for increased dietetic awareness and healthcare team collaboration, with more time and earlier intervention to support IBD patients.

**Discussion:** Healthcare professionals need to recognise the impact of dietary interventions on patient’s lives and work together to support IBD patients. They need to adopt a holistic philosophy to ensure the physical, psychological and emotional impact of diet on patients’ lives is adequately addressed. This is consistent with results from Barr and Schumacher [4] highlighting the need for a nutrition-related quality-of-life measure to understand the effect of nutritional interventions on patients’ lives. With appropriate dietetic support and treatment, many concerns might be resolved, which is consistent with findings from Heitkemper et al. [5]. The differences in healthcare professionals’ perceptions on holistic management in IBD need further research.

**Conclusion:** Service providers must recognise the need for increased dietetic service provision for IBD in line with recommendations for a minimum of 0.5 whole time equivalent dietitian dedicated to gastroenterology. This would help improve team communication and availability of dietitians to ensure earlier and more efficient interventions as required by IBD patients with improved patients’ outcomes and quality of life.

**Keywords:** Inflammatory Bowel Disease; Crohn’s Disease; Ulcerative Colitis; Diet; Nutrition; Dietitian; Experience; Phenomenology.

**REFERENCES**


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