

The Dish on Diet and Nutrition in Rheumatic Diseases

Transcript

Elena Nikiphorou, MBBS/BSc, MD: I think it's important to address diet and nutrition with our patients in routine clinics, as part of a more holistic patient approach to care.

Meghna Rao (Host): Welcome to Rheum Advisor on Air, the official podcast of *Rheumatology Advisor*, one of Haymarket Media's leading publications that focuses on the latest news and research in rheumatology to inform clinical practices. I'm your host Meghna Rao, the editor of *Rheumatology Advisor*.

In this series of episodes we're talking all about the exciting research and compelling data presented at the [European Alliance of Associations for Rheumatology] (EULAR) 2021 Virtual Congress.

So let's dive in!

Meghna: Research has shown the importance of diet and nutrition in reducing disease burden in rheumatic diseases, such as osteoarthritis, rheumatoid arthritis, and gout. But how can clinicians effectively communicate with their patients about diet in [rheumatic and musculoskeletal diseases] (RMDs)?

To answer these questions, we're speaking with Dr. Elena Nikiphorou, a consultant rheumatologist and honorary senior lecturer at King's College London. Hello, and welcome!

Dr Nikiphorou: Hello, Meghna. Thank you very much for this kind invitation.

Meghna: Of course. You know, can we start today's episode by first discussing the role of diet and nutrition during the management of patients with rheumatic disease and how important is it, really, to emphasize to patients in the grand scheme of providing care?

Dr Nikiphorou: Well, thank you. That's a very nice question. To answer the first part of it, nutrition can play an important role in inflammation, hence the attention it receives in the context of autoimmune rheumatic disease. Through nutrition, we can reduce inflammation, for example, by increasing intake of anti-inflammatory foods and reducing intake of proinflammatory food components. A proper nutrition can help control and optimize body weight via balance intake with needs, hence improving overall well-being and quality of life.

Additionally, nutrition can have a more direct effect on some conditions we deal with, for example, gout, a form of crystal arthritis, whereby diets rich in

purines, like organ meats and oily fish, can contribute to uric acid production in the body, leading to gout. Nutrition has also been linked to disease burden, for example, disease flares in rheumatoid arthritis. And finally, I can tell you that nutrition has a role in comorbidities. It can reduce the risk, for example, [for] cardiovascular disease, hypercholesterolemia, diabetes, [and] osteoporosis, so it plays a crucial role, also, in that regard.

For the second part of your question, I think it's important to address diet and nutrition with our patients in routine clinics as part of a more holistic patient approach to care, where emphasis is placed not just on diet and nutrition, but also on other lifestyle factors, too, for example, physical activity and smoking.

But I think, at the same time, it's also important to appreciate that, at least currently, optimal diet and nutrition should not be considered as a replacement [for] medical treatment. This is not what I would advocate. Instead, it's an additional intervention, with potential benefits to the patient, and what should therefore be considered alongside medical treatment.

Meghna: Dr Nikiphorou, one of the topics you presented at [the] EULAR 2021 [Virtual Congress] was – what should I tell my patients with RMDs about diet, right? [I]n light of the multitude of online channels through which patients can acquire information, or dare I say, sometimes misinformation, or maybe conflicting data, how can clinicians appropriately address questions or concerns about diet from patients with RMDs while also still providing robust and accurate guidance based on existing research?

Dr Nikiphorou: I would say by simply asking – raising this issue during the consultation, addressing nutrition and dietary habits, and giving people relevant advice. Of course, this should be done where the knowledge exists, but at the same time, I'd like to emphasize that it is perhaps more important to recognize that diet or weight, for example, might be an issue and signposting patients to, for example, dietitians.

One should also not forget that there are viable online [r]esources that talk about diet and lifestyle more generally and also more specifically in rheumatic disease. These resources can be found on patient organization websites or dedicated nutrition websites, for example. But you mentioned this, Meghna, and I think it's worth emphasizing, we should keep in mind that social media will often provide big headlines that may not necessarily be backed up by robust scientific evidence, so caution should be taken when referring to this.

Meghna: Yes, you know, I think there's a great amount of responsibility here for the rheumatology provider to help bust some of these food myths among patients, and I also think it speaks volumes about the importance of provider education, right?

Dr Nikiphorou: Agree; totally agree.

Meghna: For example, say patients with gout who may have certain notions about dietary involvement in their disease, and that probably affects them from a quality-of-life standpoint. We had actually spoken about this very subject on one of our previous episodes.

But Dr. Nikiphorou, have you, in practice, personally, come across any interesting diet-related queries or beliefs from patients with RMDs? And tell us, what you did to address them, if you did.

Dr Nikiphorou: Sure. Yes, I come across this a lot. Actually, this is what really prompted my interest initially into this topic. It's a topic that increasingly comes up during my consultations.

So, often, the queries relate to information [that] patients have heard in the news and through various social media channels. One example is whether veganism, [a] plant-only based diet, can prevent rheumatic disease, or whether eating raw foods can also have this effect. We do not have enough evidence to make such conclusions, otherwise we would have the answer, really, to stopping disease. But what we can say, and what I do tell my patients, is that there is evidence that there are benefits associated with some of these dietary interventions and inflammatory reactions in vitro or in vivo, as for example, with the use of probiotics or fiber-rich diets and so on, and potentially, such interventions, [a]longside pharmacologic treatment, could improve patient outcomes.

I have had people with rheumatic diseases telling me that they would like to stop their disease-modifying treatment and try dietary-based interventions in place of their drug therapies, which are clearly keeping the disease under control, and, of course, I strongly discouraged and advised against this.

Meghna: I'm glad we're talking about this today; it's so important yet not discussed enough.

The recent release of the 2021 EULAR recommendations that you were the lead author of [r]egarding the implementation of self-management strategies in inflammatory arthritis. Would you be able to summarize some of these guidelines for us, Dr Nikiphorou, specifically in terms of lifestyle, including diet, and what constitutes as promoting healthy behavior among patients.

Dr Nikiphorou: Sure, and thank you for giving me the opportunity to refer to them.

So, the self-management recommendations in inflammatory arthritis are indeed out [now], and I should be clear on one thing – these do not have a focus on diet, but instead, they [t]ake a more holistic, if I could say, overview, through 3 overarching principles and 9 recommendations. We hope they will encourage the implementation of supported self-management strategies in people living with inflammatory arthritis.

The recommendations cover areas like the importance of patient education as

the start point and something that should underpin all self-management interventions. They cover the value of problem solving and goal setting; the use of cognitive behavioral therapy, where relevant to the individual, of course, and where available; the importance of better emotional well-being and assessing mental health needs periodically; [and] the role of physical activity and lifestyle advice. We do advocate that lifestyle advice, based on evidence, should be given to better manage common [comorbidities], and patients should be guided and encouraged by their health care team to adopt healthy behaviors.

But what I should tell you, in line with this, is that there is a EULAR taskforce dedicated to providing recommendations on specific lifestyle interventions for the management of rheumatic diseases. It's currently ongoing, and hopefully, we will see these recommendations out soon. And I believe, together, these 2 sets of recommendations will hopefully provide good guidance to health care professionals to be used alongside medical treatment guidelines.

So, to come back to your question, I think that as health care professionals, we should make ourselves aware of available resources to signpost patients too, as part of optimizing and supporting self-management. This is a strong message we try to give through these recommendations.

Meghna: You know, I think that's very exciting, and it has a pretty solid place in clinical practice and provision of care. One of the intriguing things that I noticed was about providers collaborating with dietitians, nutritionists, and health professionals to provide guidance to these patients.

Dr Nikiphorou: Absolutely. I think that sort of multidisciplinary team element is necessary.

Meghna: Yes, absolutely. Dr Nikiphorou, kind of closing our conversation today, I wanted to ask you, do you believe that dietary interventions and educating and creating awareness among patients in this regard, the nonpharmacologic treatment, so to speak, can be put on the same level or given the same amount of emphasis as pharmacologic management?

Dr Nikiphorou: The simple answer is no. There is good and emerging evidence on the role of nutrition, the gut microbiome, circadian rhythms, and inflammation, and some evidence also in rheumatic diseases specifically, and I know there are ongoing studies that have taken a focus on this, so definitely, we should watch this space.

But as I also said earlier, by no means would I put this on the same level as pharmacologic treatment, and again, as I mentioned before, there is no evidence to suggest that dietary interventions should replace pharmacologic treatment in the management of rheumatic diseases, but instead, they should be used alongside.

Meghna: [T]hat is some great advice. I thank you for taking the time to join

me today. This was incredibly insightful for us.

Dr Nikiphorou: Thank you very much for having me.

Meghna: Please stay tuned for more episodes in this series. For more information on *Rheumatology Advisor* and this podcast, you can reach out to us at editor@RheumatologyAdvisor.com. We, at *Rheumatology Advisor*, look forward to delivering timely, evidence-based news to you. You can also sign up for our free newsletters on the site.