Diet: 1,6, or more?

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UEG Week Berlin 2025 | Presentation

Mechanisms & Personalised Medicine | Small Intestine & Nutrition | Oesophagus | Paediatrics

October 7, 2025

The speaker recommends a step-up empirical elimination diet strategy for eosinophilic esophagitis, starting with single-food (milk) elimination in children or two-food elimination in adolescents and adults, rather than the traditional six-food elimination diet.

KEY POINTS

- The speaker stated that a single food elimination diet avoiding milk is the most suitable first-line approach in pediatric patients, while adolescents and adults could benefit more from a two-food elimination diet avoiding milk and wheat or gluten
- In the speaker's reported 246 elimination diet study, two-food elimination achieved 43% remission, four-food elimination achieved around 60% efficacy, and six-food elimination achieved 79% histological remission
- The speaker stated that most patients responding to simpler diets have only one or two food triggers, making long-term adherence feasible, whereas patients requiring six-food elimination have three to five triggers and cannot maintain adherence
- The speaker does not recommend six-food elimination diet either as first-line therapy or as a final rescue approach, advocating instead for step-up to a maximum of four-food elimination in non-responders
- Meta-analysis data presented by the speaker showed elemental diet efficacy over 90% but is unfeasible long-term, while empirical elimination diets overall achieve 60% remission with variable efficacy by restriction level
- The speaker stated that milk is the number one trigger followed by wheat or gluten and eggs, with fish, seafood, and nuts playing negligible roles, consistent across geographic locations and age groups

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