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Summary

DIETARY EMULSIFIERS AND ULTRA-PROCESSED FOODS IN INFLAMMATORY BOWEL DISEASE: INTAKE AND ASSOCIATIONS WITH PATIENT OUTCOMES IN A CONTROLLED CROSS-SECTIONAL AND LONGITUDINAL STUDY

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UEG Week Berlin 2025 | Poster

Small Intestine & Nutrition

October 5, 2025

A prospective study of 186 participants found that patients with inflammatory bowel disease consumed significantly higher amounts of dietary emulsifiers than healthy controls despite similar ultra-processed food intake, with trends suggesting associations between higher emulsifier and ultra-processed food consumption and worse clinical outcomes.

KEY POINTS

- Patients with Crohn's disease and ulcerative colitis had significantly higher total emulsifier intake compared to healthy controls (9.02±5.28 and 8.50±6.13 vs 5.64±4.94 daily servings, p=0.0004 and p=0.03 respectively), while ultra-processed food intake was similar across all groups.
- Specific emulsifiers including carrageenan, mono- and di-glycerides of fatty acids, potassium alginate, and xanthan gum were consumed at significantly higher levels in both Crohn's disease and ulcerative colitis patients compared to healthy controls.
- Longitudinal analysis over one year showed trends toward associations between higher ultra-processed food intake and increased emergency department visits (p=0.059) and surgery (p=0.064), and between higher emulsifier intake and increased IBD-related hospitalization (p=0.056).
- No correlation was observed between serum C-reactive protein levels and intake of ultra-processed foods, emulsifiers, macronutrients, or total energy.

– This material would be most relevant to gastroenterologists and dietitians managing inflammatory bowel disease patients and researchers investigating dietary factors in IBD pathogenesis.

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