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Summary

FUNCTIONAL NAUSEA AND DISORDERED EATING IMPACT NUTRIENT INTAKE IN PATIENTS WITH HYPERMOBILE EHLERS DANLOS SYNDROME (HEDS) - A LARGE CROSS SECTIONAL STUDY

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A cross-sectional survey of 425 adults with hypermobile Ehlers-Danlos syndrome found that most consumed high-protein, high-fat, low-fibre diets with inadequate energy and carbohydrate intake, and functional nausea was the most important disorder of gut-brain interaction affecting nutrient adequacy.

KEY POINTS

- Only one third of participants met their estimated average energy requirements, 21.2% met carbohydrate requirements, and 24.7% met fibre requirements (mean 23.7g/day), while most met protein (87.3%) and fat (72.5%) requirements.
- Participants with functional nausea (n=157) were significantly less likely to meet protein requirements and had lower intakes of sodium, magnesium, calcium, zinc, selenium, folic acid, and vitamin C compared to those without functional nausea.
- Participants with avoidant restrictive food intake disorder (n=110) were less likely to meet requirements for all nutrients except fat, calcium, vitamin D, and vitamin B12.
- Only 48.5% had normal BMI, with 5.2% underweight and 46.4% overweight or obese; more than 95% met requirements for vitamins and more than 58% for micronutrients including zinc, magnesium, copper, manganese, and selenium.
- The findings may inform nutritional assessment in gastroenterology clinics caring for patients with hypermobile Ehlers-Danlos syndrome, particularly when functional nausea or disordered eating is present.

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