Diet Quality Assessment in Adults with Cystic Fibrosis

Comparison to Population Dietary Guidelines - A Cross-Sectional Study.

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Project Funding

Health Research Charities Ireland / Health Research Board Joint Funding Scheme 2020 [HRCI-HRB-2020-025]. Cystic Fibrosis

Research Board



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Project Design

- Application placed a large emphasis on PPI.
- Case study of excellence.



PPI in the HRCI/HRB Joint Funding Scheme: Case study of excellence

Cystic Fibrosis Ireland/University of Limerick: Exploring diet quality in Cystic Fibrosis

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Background

Advancements in Treatments & Clinical Practice

Improved Lung & pancreatic function [1]; Intestinal pH [2]. Resulting in:

- Reduced resting energy expenditure.
- Improved food & nutrient absorption.
- Improved nutritional status (BMI).
- Increased life expectancy:
 - F508del-CFTR genotype & Kaftrio: 71.6 years old predicted survival age [3].

Emerging Metabolic Clinical Comorbidities

Prevalence of overweight / obesity: 40% [4]

- ➤ 2001-2018: +1.1%/year.
- > 2018-2021: **+3.5%/year.**

Prevalence of **cardiovascular disease** (CVD) risk factors:

- Dyslipidaemia: 62% (n = 108; pancreatic insufficiency (PI): 81%) [5].
- > History of Ischaemic heart disease: **22.5%** (n = 422) [6].

Systematic Review (SR) on Diet in CF

SR Title

 What do people with cystic fibrosis eat? Diet quality, macronutrient and micronutrient intakes (compared to recommended guidelines) in adults with cystic fibrosis – a systematic review (Submitted for publication in JCF) [7].

<u>SR Aim</u>

 To synthesise and assess existing literature on dietary intakes of adult PWCF, focusing on macro- and micro-nutrient intakes and diet quality in relation to nutrition guidelines.

Inclusion Criteria

Studies examining clinically stable (no previous lung transplant or recent pulmonary exacerbations) adults with CF which
included assessment of nutritional intake, habitual diets, diet patterns or diet quality using dietary assessment methods.

Key Findings

- **1. 19** cohorts: **724** adults with CF.
- 2. Overall, poor diet quality was reported for adults with CF.
- 3. Lack of data available on diet quality in CF.
- 4. Most adult CF cohorts achieved adequate energy intakes (Europe / Australasia: 110-200%; USA: 125%).
- 5. Studies reporting total energy intake (TEI) from fat (30.0-39.4%) were above CF guidelines (clinically stable: 20-30%).
- 6. Micronutrient & oral nutritional supplements helpful in achieving most micronutrient recommendations.
- In the current era of variant-specific therapies, intakes reported may pose a risk for developing diet related chronic diseases (i.e., obesity, CVD, type-II diabetes).

SR on Diet in CF

Table 1. Diet quality assessment using validated tool (HEIFA-2013 / HEI-2015) and food serves/day.

Dietary Measure	Bass <i>et al.</i> *	Bellissimo <i>et</i>	USA Guidelines ^a	Armaghanian <i>et</i>	Alfred Group*	Australian
	(USA)	<i>al.</i> ~ (USA)		al.* (Australia)	(Australia)	Guidelines ^b
DQS (0-100)	46.0 (13.2)	48.3 (9.9)	59 ^c	-	63.5 (8.2) ^d	-
Wholegrains (%)	-	18 (6)	-	-	-	-
Refined grains (%)	-	82 (16)	-	-	-	-
Grains (serves)	-	-	6	8.2 (2.6)	-	4-6
Fruit (serves)	-	-	2	1.9 (1.4)	-	2
_ % met guidelines	-	-	-	-	8.3	-
Vegetables (serves)	-	-	2.5	5.2 (2.8)	1.4	5-6
_ % met guidelines	-	-	-	-	0	-
Protein foods (serves)	-	-	5.5	3.7 (1.6)	-	2-3
Dairy (serves)	-	-	3	2.5 (1.5)	2.6	2.5
_ % met guidelines	-	-	-	-	45.8	-
Discretionary foods (%E)	-	-	-	-	29	-

*uses mean (SD). ~ uses median (IQR). a Dietary Guidelines for Americans - RDA per 2000kcals (8). b Australian Dietary Guidelines (47). c USA population HEI-2015 score (8). d Obtain through assessment against HEIFA-2013. DQS are obtained through assessment against HEI-2015 unless stated otherwise. Abbreviations: DQS Diet Quality Score, SD Standard Deviation, IQR Interquartile Range, RDA Recommended Daily Allowance HEI Healthy Eating Index, HEIFA Healthy Eating Index for Australian Adults.

Study Aim

To analyse habitual **dietary intakes** of clinically stable Irish adults with CF, comparing to **CF dietary guidelines** and assess **diet quality** with **population** specific **healthy eating guidelines**.



Methods



- 2. Following a prescription diet for another medical condition (e.g., coeliac disease, are pregnant).
- 3. Post-transplant.

Methods: Participant Recruitment



10:00 AM - Sep 4, 2022

Methods: Data Collection



Castor Electronic Data Capture System

<u>3-Day Food Diary</u>



Libro from Nutritics Ltd.



Exp	Exploring diet quality in Cystic Fibrosis (CF) - enablers and barriers to eating a healthy diet in CF · Live (v41.51)										
Su	rveys							Last updated on 15 i	May 2023, 12:57 PM (local time) Reloa	d Ac
	Participant ID $\ \psi$	Site 14	Package name 🛝	Status 🛝	Assigne	Progress 14	Created on $~\uparrow\downarrow~$	Planned on 11	Sent on 11	Completed on $\uparrow\downarrow$	Sent via
	110074	University of Limeria	Exploring diet quality in Cystic F	In Progress			21 Nov 2022	21 Nov 2022	21 Nov 2022		Email invite
	110075	University of Limeri	Exploring diet quality in Cystic F	Sent			22 Nov 2022	22 Nov 2022	22 Nov 2022		Email invite
	110076	University of Limeria	Exploring diet quality in Cystic F	Locked			23 Nov 2022	23 Nov 2022	23 Nov 2022	23 Nov 2022	Email invite
	110077	University of Limeri	Exploring diet quality in Cystic F	Sent			23 Nov 2022	23 Nov 2022	23 Nov 2022		Email invite
	110078	University of Limeria	Exploring diet quality in Cystic F	Locked			23 Nov 2022	23 Nov 2022	23 Nov 2022	15 Dec 2022	Email invite
	110079	University of Limeri	Exploring diet quality in Cystic F	Locked			24 Nov 2022	24 Nov 2022	24 Nov 2022	09 Dec 2022	Email invite
	110080	University of Limeria	Exploring diet quality in Cystic F	Locked			28 Nov 2022	28 Nov 2022	08 Dec 2022	08 Dec 2022	Email invite
	110081	University of Limeria	Exploring diet quality in Cystic F	In Progress			06 Dec 2022	06 Dec 2022	06 Dec 2022		Email invite
	110082	University of Limeri	Exploring diet quality in Cystic F	Completed			28 Dec 2022	28 Dec 2022	28 Dec 2022	09 Jan 2023	Email invite
	110083	University of Limeri	Exploring diet quality in Cystic F	In Progress			05 Jan 2023	05 Jan 2023	05 Jan 2023		Email invite

LOG	x				\$ (?) 🛄	NUTRITICS
New	Libro Log	- 3 + x days				EXPORT TO	
	FOOD ACTIVITY	unsorted -	Day 1	Day 2	Day 3		
E	Breakfast						
×	Coffee, instant, made up with wa				260g		
×	Coffee, instant, made up with wa			260g			
×	Coffee, instant, made up with wa		260g				
×	Porridge, made with low fat milk				365g		
×	Porridge, made with low fat milk			365g			
×	Porridge, made with low fat milk		365g				
L	unch						
X	Milk, semi-skimmed, pasteurise				250g		

Methods: Data Assessment



Irish Food Serve Guidelines



Results: Demographics & Self-Reported Health





BMI (kg/m2)

Mean ± SD: 23.8 ± 3.4 Underweight (<20): 9.5% Normal (20-24.9): 57.1% Overweight/obese (>25): **33.4%**





Macronutrient & Micronutrient Intakes

Table 2. Energy, macronutrient and micronutrient intakes in Irish adults with CF compared to CF nutrition guidelines.

Nutrient Measure	Dietary Intake (mean ± SD)			CF Nutrition Guidelines (1, 8, 9)		
	Male	Female	<i>p</i> -value	Male	Female	
Energy (% gen. pop. guideline)	119.9	± 45.3	0.168	110-200		
Fat (% TEI)	37.6	± 5.3	0.546	20-30 (clinically stable)		
Carbohydrate (% TEI)	42.8	± 6.2	0.890	45-60		
Protein (% TEI)	18.5	± 4.1	0.444	15-20		
Saturated Fat (% TEI)	14.0	± 2.9	0.101	<10		
Total Sugar (% TEI)	16.9	16.9 ± 5.6		<10		
Free Sugar (% TEI)	7.1 ± 4.0 5.0 ± 3.3		0.015	<5		
Fibre (g)	23.4 ± 9.6		0.072	25-35		
Vitamin A (μg) ret. eq.	968.5 ± 641.1	1060.6 ± 732.7	0.506	750	650	
Vitamin D (µg)	6.9 :	± 9.0	0.646	20-100		
Vitamin E (mg)	9.9 ± 3.7	9.9 ± 6.5	0.581	13	11	
Vitamin K (µg)	59.4 :	± 65.1	0.537	1000-10000		
Calcium (mg)	1049.6	± 538.9	0.989	≥950		
Iron (mg) 12.6 ± 4.3		10.7 ± 5.4	0.101	8	18	

Micronutrient intakes provided exclude supplementary contribution. Values are represented as male/female in cases where gender-specific nutrition guidelines exist, or significant differences were found. Abbreviations: SD standard deviation, gen. pop. general population, % TEI percentage of total energy intake, ret. Eq. retinol equivalent. European Food Safety Authority

Nutrition Guidelines

ESPEN *F*ESPGHAN

Highlighted sections indicate where a **nutrient** is **above** or **below** the recommended **dietary intake** relative to nutrition **guidelines**. Sections in green indicate a **significant difference** (*p* <0.05) between **males & females**.



Implications of Findings

<u>Diet Quality</u>



Based on comparisons to serving guidelines in Ireland, **diet quality** would seem **suboptimal** in adults with CF, with **high fat** & **EDNP foods** being **overconsumed** to achieve energy targets. Risk of Diet-Related Chronic Disease



Saturated fat & sugar intakes are above heart health guidelines, indicating a potential risk for adults with CF to develop metabolic type diseases with sustained intakes & at risk phenotypes. Importance of Micronutrient Supp.

Intakes of **fat-soluble vitamins D**, **E** & **K** are all **suboptimal**, highlighting the **importance** fatsoluble vitamin **supplementation** in CF. This study indicates that **females** with CF in Ireland are **far below iron intake recommendations**.

Future Directions & Take-Home Message

Future Directions





To assess interrelationship between diet quality & patient reported outcome measures

Collect **experiences** & **views** on **nutrition** in adults with CF to assess **drivers** of food & dietary **choices**, & **enablers** & **barriers** to dietary **change**.

Take Home Message



- Long-term **consequences** of **EDNP diets** in people with CF are **unknown**.
- Adverse effects associated with long-term suboptimal dietary intakes could pose equal risk to people with CF in diet-related chronic disease development as for the general population.
- Revision of dietary guidelines & practice change in the medical nutritional therapy of CF for optimal nutritional & health outcomes is necessary.

Acknowledgement & References

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