Corn, Nuts Deemed OK in Diverticular Disease

BY JOHN R. BELL
Associate Editor

WASHINGTON — Patients with diverticular disease can most likely eat high-fiber foods like corn, nuts, and popcorn without fear of symptom aggravation, a large prospective study suggests. In fact, some of these foods may be associated with a protective effect against such symptoms.

The findings contradict the widely held assumption that foods like these, “being somewhat rougher or less well digested than other foods, would be more likely to traumatize the colon wall,” study investigator Dr. Lisa L. Strate of the division of gastroenterology at the University of Washington, Seattle, said at a press conference at the annual Digestive Disease Week.

Dr. Strate and colleagues reported findings that might be of interest to health professionals following polypectomy, or removal of polyps during colonoscopy. The study was funded by AstraZeneca and was presented at the annual Digestive Disease Week in Seattle.

Over 18 years, no association existed between consumption and bleeding.

Up Study, which began in 1986. The men were aged 40-75 at baseline. The investigators analyzed data for participants who had reported newly diagnosed diverticular disease or diverticular complications at any of the intervening biennial follow-up points, through 2004.

They also examined data from a diet questionnaire sent to all participants and from a supplemental questionnaire to assess diagnosis and treatment sent to those with diverticular disease.

Statistically significant associations existed between consumption of nuts, corn, popcorn, or all three and diverticular bleeding (383 incident cases) and diverticulitis (801 cases) over 18 years of follow-up after the team used a Cox proportional hazards model and controlled for dietary fiber, Dr. Strate reported at the press conference.

In addition, popcorn consumption appeared to confer a protective effect against these conditions. After adjustment for known or potential risk factors for diverticular complications, men with the highest levels of popcorn consumption (at least twice a week), compared with men who ate the least popcorn (less than once per month), had a hazard ratio of 0.72 for diverticulitis, after adjustment for other potential risk factors for diverticular complications.

Similarly, for men who ate nuts at least twice per week, the diverticulitis hazard ratio was 0.8.

Physicians have historically advised patients with diverticular disease to avoid eating foods that often are incompletely digested, Dr. Strate noted at the press conference. “The recommendation stems from a theory that trauma to or obstruction of a single diverticulum results in these complications,” she said. “But, in reality, we don’t understand much about the pathogenesis of these complications. At the same time, nuts and seeds were particularly thought to result in these complications, because [it was thought] they might be more likely to lodge in or to irritate the mucosa.”

Colonoscopy Complications Rise With Warfarin Use, Comorbidities

The 18,271 patients came from 19 sites and received colonoscopies from 89 endoscopists. Related complication rates were 1.1/1,000 for bleeding requiring transfusion, 0.8/1,000 for GI bleeding requiring hospitalization, 0.9/1,000 for diverticulitis, 0.3/1,000 for diverticulitis requiring hospitalization, 0.1/1,000 for postpolypectomy syndrome, and 0.2/1,000 for perforation.

The authors also calculated an overall complication rate of 2.2/1,000, which included GI bleeding with transfusion, diverticulitis with hospitalization, perforation, or postpolypectomy syndrome.

The serious complication rate was 1.4/1,000; serious complications included GI bleeding with hospitalization, diverticulitis with hospitalization, perforation, or postpolypectomy syndrome.

Potentially related events included angina or myocardial infarction (0.6/1,000), stroke or transient ischemic attack (0.4/1,000), and other events, including hospitalization for intravenous catheter site infections, abdominal pain, arrhythmia, gallstones, kidney stones, and drug reactions (0.7/1,000).

Complications were higher for patients undergoing a surveillance or follow-up exam, and for those who were older. There were no complications among the 40- to 49-year-olds, compared with 4.4/1,000 among patients aged 80 and older.

There was a threefold increase in complications in patients who were American Society of Anesthesiologists class III, compared with class I or II patients; a fivefold increase in patients who took warfarin, compared with those who used aspirin or NSAIDs; and a fivefold increase for a polyp removed with cautery. If more than one polyp was removed, there was a 13-fold increase in complications, Dr. Ko said.

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