Bridging Research and Clinical Practice: Implementation of Integrated Nutritional Care in IBD

From structured Nutritional Assessment to Dietary treatment and Patient-Centred Outcomes

Project team: Andersson S, Vulcan A, Whelan K, Soop M, Hedin CRH
Contact: Sara Andersson, Department of Medicine Solna, Karolinska Institutet, Stockholm Sweden, phone; +46734042128, email: sara.andersson@ki.se

SWESPEN

1. Selin et al. Eur. J. Gastroenterol. Hepatol. 2025 2. Svolos et al. J Crohns Colitis. 2025.3. Hughes et al. J Crohns Colitis. 2016

Description of the initiative

Background: Inflammatory bowel disease (IBD) is associated with a risk of malnutrition, impaired quality of life, and sometimes suboptimal treatment outcomes. Although nutrition is a key component of IBD care, structured nutritional assessment and dietary therapies are inconsistently used in clinical practice (1). Validated tools such as the GLIM criteria exist, but implementation in clinical practice is suboptimal. The Crohn's Disease Exclusion Diet (CDED) has demonstrated efficacy as dietary treatment (2), yet implementation in Sweden is restricted by limited support, training and lack of adaptation of the diet for the Swedish context. Patient-reported outcomes, including food-related quality of life (FR-QoL), are also underused despite importance for patient-centred care.

Rationale: There is a need for clinically feasible, scalable, and implementable nutritional care pathways in IBD that: 1. Implement and enable early identification of malnutrition using established criteria (GLIM). 2. Support delivery of evidence-based dietary therapies, including CDED. 3. Integrate patient-reported outcomes into routine care. This initiative will bridge the gap between evidence and implementation with a focus on real-world scalability.

Objectives and scope: To implement and scale an integrated nutritional care pathway in IBD clinical practice, including:
1. Standardised nutritional assessment using GLIM, with mid-upper arm circumference (MUAC) evaluated as a feasible tool.
2. Development and dissemination of a Sweden-adapted version of CDED as a dietary treatment option in routine care.
3. Integration of patient-reported outcomes (FR-QoL) into clinical follow-up. This will be achieved through the development of a regional clinical network to support delivery of the CDED in clinical practice, with national support for dietitians working with CDED.

Planned activities & deliverables

Key activities: All patients at Karolinska University Hospital and affiliated centres will be systematically assessed using GLIM and MUAC over 12 months. Participants will complete the FR-QoL questionnaire (3). Data will be collected to identify missed assessments, barriers and implementation challenges. Sweden-adapted CDED materials, including patient guides and recipes, will be developed and disseminated across the network. The KOST-IBD (**K**unskap **O**ch **S**töd för nutritions**T**erapi vid **IBD**) – a national network for dietitians and healthcare professionals will be established. Karolinska University hospital will provide expertise and national support for centres and dietitians working with nutritional assessment, FRQoL, CDED and other dietary therapies for IBD. Implementation will be further facilitated through webinars, case-based discussions, and short observational training opportunities at Karolinska, enabling knowledge exchange, thereby strengthening clinical competence across centres.

Deliverables (within 12–24 months): By 12 months: 1. Establishment of the KOST-IBD national network. 2. Development of Sweden-adapted, standardised CDED materials, including patient information booklets, Sweden-appropriate recipes, clinician support and guidance documents. 3. Development of standardised workflows for nutritional assessment using GLIM criteria, MUAC and FR-QoL. 4. National introductory webinars on implementation of CDED, nutritional assessment in IBD, integration of patient-reported outcomes. 5. Implementation of pilot CDED and nutritional care pathways at Karolinska and selected centres. 6. Collection of process data on feasibility, uptake, barriers and facilitators to implementation. By 24 months: 7. Refinement and finalisation of all educational, patient-facing and clinician materials based on pilot experience. 8. Expansion of the KOST-IBD network to additional centres nationally. 9. Delivery of advanced training activities, including in-depth case-based discussions, 10. Establishment of observership training opportunities at Karolinska.

Resources & Use of Grant (€40,000): Personnel time; coordination, dietitian support, network coordination (€10 000), development of educational materials (€1,000), organisation of webinars and training activities (€1,000), support for implementation across centres, and data collection on implementation and outcomes (€22,000).

Total budget for this project: is estimated at €80,000–90,000 over 24 months. The remaining costs will be covered through in-kind contributions from Karolinska University Hospital, including existing clinical infrastructure and personnel time, and additional funding will be sought through other grant applications.

Success Factors: Strong clinical integration at Karolinska, existing expertise in IBD nutrition, specifically CDED, high clinical relevance and patient demand, scalable and low-cost tools (e.g. MUAC), and regional collaboration with national support function.

Results/Expected Outcomes & Impact

Expected Outcomes: Improved identification of malnutrition, increased implementation of dietary therapies, improved patient-reported outcomes (FR-QoL), increased clnical competence among healthcare professionals and generation of real-world data.

Impact on Clinical Practice: This initiative will: 1. Demonstrate effective implementation of nutritional care pathways. 2. Improve access to dietary treatment, including CDED. 3. Support integration of diet-specific PROMs into clinical decision-making. 4. Enable more patient-centred and personalised care. 5. Support patient adherence to dietary therapies via structured guidance and follow-up

Transferability: The initiative is designed to be scalable using practical tools and structured implementation strategies, allowing transfer to other centres regionally, nationally and internationally (e.g. across the Nordics), as well as other dietary therapies.

Implementation of Findings: Integration into clinical care pathways, dissemination via regional network with national support from Karolinska, training of healthcare professionals, and scaling to additional centres.

X **Please tick to confirm the PEN letter of endorsement is attached. Incomplete submissions will not be considered.**

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