

Transcript Details

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Managing Multiple Sclerosis: The Impact of Dietary Modifications

Announcer :

You're listening to *On the Frontlines of Multiple Sclerosis* on ReachMD. And now, here's your host, Dr. Charles Turck.

Dr. Turck:

This is *On The Frontlines of Multiple Sclerosis* on ReachMD, and I'm Dr. Charles Turck. Joining me to discuss dietary considerations for patients with multiple sclerosis, or MS for short, is Dr. Anna Shah, who's the Associate Clinic Director for the Department of Neurology at the University of Colorado.

Dr. Shah, welcome to the program.

Dr. Shah:

Thank you so much for having me.

Dr. Turck:

To start us off, how can the Mediterranean Diet specifically benefit MS patients, and are there any key nutrients we should emphasize when we educate our patients?

Dr. Shah:

That's a great question. One of the biggest challenges—and I don't think this is unique to MS—in general, is the lack of data of good, robust, large randomized clinical trials looking at dietary impacts on chronic illnesses. And so a lot of the data that we derive for the Mediterranean Diet being beneficial in MS is based on the fact that we have some data about the Mediterranean Diet being a good diet for most patients from a cardiovascular and overall brain health standpoint. When we're thinking about what the benefits of the Mediterranean Diet are for MS patients, we know that there is some association with the gut microbiome as well as the inflammatory and progressive pieces that come with MS, and the Mediterranean Diet on its own helps promote a diverse gut microbiome, so that might be one of the aspects of the diet that benefit MS patients. The other thing too is we think about the variety that we see in the Mediterranean Diet—meaning the variety of nuts, seeds, healthy oils, fibers, and fish—and that avoidance of what we consider common sense things that are bad for us, like processed, ultra-processed, and deep fried foods, and perhaps that benefit is some of what we're leaving in but also some of what we're excluding.

Dr. Turck:

Now, some patients with MS report symptom relief when eliminating gluten or dairy, so is there scientific support for these dietary modifications, or is the reporting more so anecdotal?

Dr. Shah:

Great question. I think there is an anecdotal piece of it, and I see that primarily—again, the lack of good robust data behind that makes it a little bit hard to say—but there's strong scientific support. I have several patients that say, "Well, I've noticed that when I have this association with gluten or when I intake some sort of dairy product, I feel more fatigued," which I don't know if that is necessarily specific of MS rather than just a food intolerance. And we know that just because an individual has MS, it is, unfortunately, not a get-out-of-jail-free card so to speak to prevent them from being sensitive to other things like gluten and dairy. So what I will often tell these patients is they should try it if they feel like that's something that's within their means, but I would give it a period of time to say, "Does it make you feel symptomatically better?"

Dr. Turck:

And if we focus on one more dietary approach, have you seen any evidence supporting the use of intermittent fasting or calorie restriction in MS management?

Dr. Shah:

I think the evidence that we have here is a little bit more indirect than direct. So what we have seen is that there's been several studies that have showed that saturated trans-fatty acids tend to upregulate the activity of proinflammatory compounds, which promotes inflammation, and in a chronic inflammatory state like MS, you want to minimize that as much as possible. We also know that excessive simple carbohydrate intake is related to obesity, and in general that an increase in adiposity or fatty tissues, particularly in the abdomen, tends to increase pro-inflammatory cytokines which promotes inflammation. So by applying that concept almost in reverse, it makes sense that the use of intermittent fasting or calorie restriction would help individuals get closer to ideal body weight, which would then help promote less pro-inflammatory compounds. And so that's something that's being studied right now in the field. I think it'll be interesting to see what we can glean from more formalized randomized controlled trials that look at this, but in theory you could see some benefits there if we think about the role of fats in terms of inflammation.

Dr. Turck:

For those just tuning in, you're listening to *On the Frontlines of Multiple Sclerosis* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Dr. Anna Shah about diet and multiple sclerosis, or MS.

So, Dr. Shah, it's clear from our discussion that there are a number of dietary considerations and options out there, so how do we counsel our patients and help them select the right approach for them?

Dr. Shah:

I think that is probably one of the more challenging questions we often get asked and one of the more challenging questions to answer because I don't think there is one-size-fits-all in terms of thinking about diet in MS. One of the biggest challenges is that we have only hit the tip of the iceberg. There are so many different types of dietary modifications that can be made, and even within one particular diet, there are lots of variants and variety, and so I think the best way to approach our patients—as silly as it sounds—is to say, “Eat with common sense,” meaning we're avoiding those things that are ultra-processed; we're avoiding those things that are high in sugars, saturated fat, and salt, and thinking about how we make sure—thinking about the whole human—that we're creating an overall well-balanced diet.

I will say there's a lot of fear mongering on some of these websites if you turn to Dr. Google. Patients might say, “I have to follow this very strict diet where I have significant restriction,” and what I will often say is “If that makes you feel better, then yes, go for it, but if you're not symptomatically feeling like your fatigue or cognitive foginess is better, then I don't know that we have anything substantial out there to say you have to follow this very strict and clear diet.”

Overall, one of the things we do know is that patients that have other comorbidities, particularly vascular comorbidities like high blood pressure, high cholesterol, and diabetes, tend to do worse in general from an MS perspective, particularly when you think about MS progression. So when we are talking about things like dietary changes, it's also focusing in on if there are other comorbidities that we think this patient's at risk of or already has and if we also tailor some of our dietary modifications to help optimize those comorbidities.

Dr. Turck:

Now, we're almost out of time for today, but if we look ahead for just a moment before we close, are there any advances or emerging research involving diet in MS that you're excited about?

Dr. Shah:

Great question. I think there are a lot of things that are really exciting. It'll be more exciting when we see, hopefully, that they are effective. But I think where some of the studies are being done now—which is a considerable gap in our MS literature and in the field of MS—is saying, “Well, can I show a tangible benefit?” And that may be on brain volume that we see on MRI scans or blood biomarkers that indicate how the MS is doing on a more physiologic level. Can we see an impact on any of those with particular dietary interventions? And that's still something that is to be determined, but I am optimistic that some of those research advances will help us counsel patients a little bit more than saying to use their common sense.

Dr. Turck:

Some compelling thoughts for us to consider as we come to the end of today's program, and I want to thank my guest, Dr. Anna Shah, for joining me to share these key dietary considerations for patients with multiple sclerosis. Dr. Shah, it was great having you on the program.

Dr. Shah:

Thank you for having me.

Announcer:

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