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DOES DIETARY FIBRE PREVENT REOCCURRENCE OF ACUTE UNCOMPLICATED DIVERTICULITIS?*

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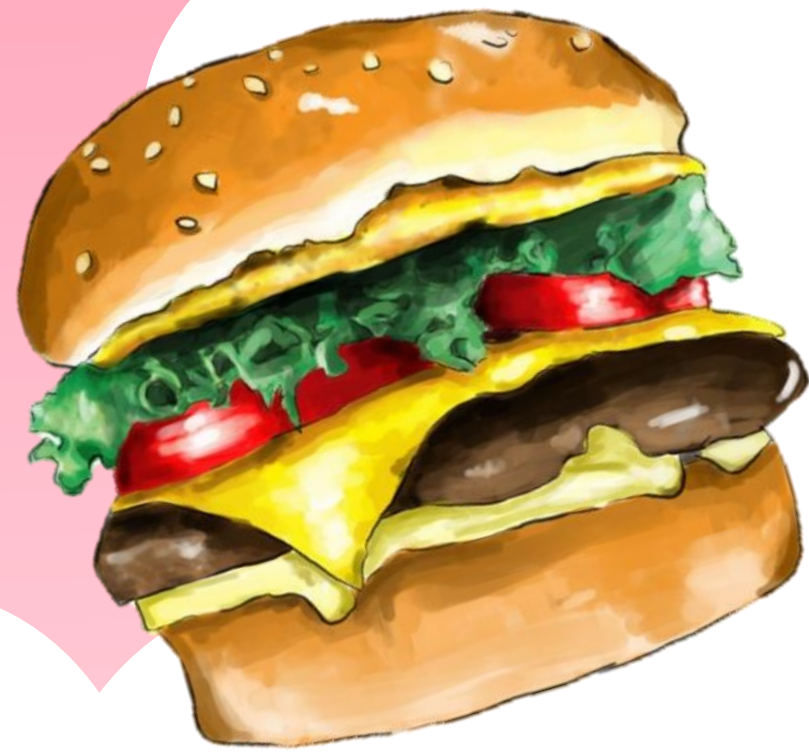
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*Abstract submission titled 'Evidence for dietary fibre modification in the prevention of acute, uncomplicated diverticulitis: A systematic literature review'



INTRODUCTION

Due to a lack of evidence regarding the dietary management of acute uncomplicated diverticulitis, practice varies for discharge nutrition recommendations, and may include modified dietary fibre diets, fibre supplementation, and/or probiotic supplementation.

Therefore, this systematic review aims to review the evidence and develop recommendations for dietary fibre modifications, either alone or alongside probiotics, versus any comparator on reoccurrence, gastrointestinal symptoms and health care use for adults following an episode of acute, uncomplicated diverticulitis.



METHODS

Intervention and observational studies in any language were located using five electronic databases up until March 31st, 2017.

GRADE was used to evaluate the overall quality of the evidence and to develop recommendations.



RESULTS

3 studies (5 intervention groups) were included which used dietary fibre modifications and none used probiotic supplementation.

Due to lack of consistent reporting, data could not be pooled.

High dietary fibre diet and/or supplements were reported to improve gastrointestinal symptoms after the acute episode as resolved.

Compared with low dietary fibre, a high dietary fibre diet appears to decrease diverticulitis reoccurrence.

There was "very low" confidence in the body of evidence that the reported improvements in reoccurrence and gastrointestinal symptoms are reflective of the true effect.

GRADE RECOMMENDATION

Health care providers should recommend a long-term high dietary fibre intake (meeting or exceeding the nationally recommended intake for gender and age) after the acute episode of uncomplicated diverticulitis has resolved (*strong recommendation based on very low-quality evidence**). *Recommendations may change with new high quality evidence.

