# Nuts, Popcorn Found OK For Diverticulosis Patients

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**Patients with diverticulosis no longer have to avoid corn, nuts, and popcorn.**

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 were 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 briefing at the annual Digestive Disease Week.

Dr. Strate and her colleagues reported findings from more than 47,000 male participants in the Health Professionals Follow-Up Study, which began in 1986. The men were aged 40-75 years at baseline. The investigators analyzed data for participants who had reported newly diagnosed diverticulosis or diverticular complications at any of the intervening biennial follow-up points, through 2004.

They also examined data from questionnaires about diet, diagnosis, and treatment.

No multivariate 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, Dr. Strate reported at the briefing.

In addition, popcorn consumption appeared to confer a protective effect against these conditions. After adjustment for risk factors for diverticular complications, men with the highest level 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.

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. "But, in reality, we don't understand much about the pathogenesis of these complications. … 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 injure the mucosa." ■

# Antioxidants Ease Pain in Chronic Pancreatitis Patients

WASHINGTON — Antioxidant supplementation was effective in curbing pain in patients with chronic pancreatitis in a double-blinded, randomized, controlled trial.

Measures of pain and oxidative stress were significantly lower in patients who took a daily antioxidant supplement for 6 months, compared with those who took a placebo pill, investigators reported at the annual Digestive Disease Week.

"It's very difficult to treat pain, so antioxidants are a simple treatment and a dietary constituent, and if it can reduce the pain, this is of immense benefit to these patients," study investigator Dr. Payal Bhardwaj of the All India Institute of Medical Sciences, New Delhi, said at a press briefing during the meeting.

Roughly 90% of patients with chronic pancreatitis have abdominal pain, conventionally treated by surgery, nerve blocks, or endoscopic treatment. "These three procedures are very invasive," she said. "What we have seen is a totally noninvasive dietary modulation."

The study included 127 consecutive patients (mean age 31 years) with chronic pancreatitis and abdominal pain who were randomly assigned to receive a daily antioxidant supplement (71 patients) or placebo (56 patients) for 6 months. The supplement contained 600 mcg of selenium, 0.54 g of vitamin C, 9,000 IU of beta-carotene, 270 IU of vitamin E, and 2 g of methionine.

Pain relief was the primary outcome. Regression analysis at 6 months showed significantly decreased measures of pain in the supplement vs. the placebo group: mean number of painful days monthly (1.7 vs. 3.4), mean number of oral analgesics taken monthly (4.4 vs. 10.5), and patients who reported that they were pain free (33% vs. 13%).

Secondary outcomes included levels of two markers of oxidative stress, both of which were significantly lower in the supplement group vs. placebo after 6 months: thiobarbituric acid reactive substances (3.6 vs. 5.4 nmol/mL) and serum superoxide dismutase (1.9 vs. 3.5 U/mL).

Dr. Bhardwaj reported no potential conflicts of interest.

**—John R. Bell**

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