Gastrointestinal Manifestations of CF Reflection

The module on gastrointestinal manifestations of cystic fibrosis, consisting of five sub-modules, greatly enhanced my overall understanding of the disease, and I believe it will significantly help me with the case study I have been working on during the first few weeks of the semester. I had some prior understanding of many of the concepts discussed in the modules because of my experiences with GERD in the military, which I was able to reverse through proper diet and exercise. Initially, I thought that patients with cystic fibrosis (CF) had these symptoms solely because of their diagnosis, but I now understand that this is a very complex system involving nutritional challenges, dysmotility, and, surprisingly, even certain types of cancer.1 Working through these modules provided me with more insight into these conditions and will ultimately benefit me throughout my future career, further strengthening my patient-first approach. I believe the most critical aspect of these modules was the emphasis on the complexity of this condition, along with the significant nutritional demands that are often overlooked.1 From my previous modules, I have emphasized my patient-first approach, and I think that, by using this approach, along with collaboration with a complex care team, I could provide the best care possible to CF patients.

The highlighting of a dietitian-led approach in Module 3 particularly stood out to me, as did the unfortunate reality that nutrition is overlooked because of the lack of nutrition education in the medical field. This reinforced the idea that dietitians are a crucial part of the medical field, playing a vital role in the diagnosis and treatment of patients with CF.1 This module provided me with significant technical knowledge about CF, as well as symptoms that could affect the general population, equipping me with a broad knowledge base for my career. The fact that patients with CF need approximately 110–200% more calories due to inflammation and malabsorption raised

questions about how inflammation, in general, could impact patients' nutritional needs.1 Although I know the field I want to work in after completing my schooling, I recognize that we must be well-versed in all that we learn here, and this module offered valuable insight into the challenges faced by patients with CF and the broader population with gastrointestinal issues. The information that was new to me was the impact of a high-fat diet on GERD and distal intestinal obstruction syndrome (DIOS); while it is crucial for weight gain, it could create a paradox. Additionally, while colorectal cancer is a significant concern in modern times, despite many preventive measures, I learned that the lack of testing is a primary cause beyond the age of 40.1 However, I discovered that patients with CF are at greater risk 20 years earlier than the general population.1 While this may seem unique to CF patients, this statistic provided me with insight into how certain lifestyle and dietary changes could modify risk and how to mitigate it. In previous discussion posts on enteral feeding, feedback from my classmates and Dr. DellaValle gave me better insight into which supplements are more appropriate at certain times and why, and the modules offered a valuable reflection on these topics.

A key challenge was deciphering the overlapping symptoms, such as constipation versus DIOS, and I addressed this complexity by considering chronic versus acute conditions and the specific risk factors associated with each.1 I also identified another challenge, not for me but for the field of science: the variability in studies and the factors they assess. When these studies were completed, there was significant variability in the data, leaving us at a standstill in some aspects of CF research.1 While working through these modules, I expected more definitive treatment and testing protocols, but to date, the science and data remain inconclusive in some areas, such as the role of ursodeoxycholic acid in cystic fibrosis liver disease (CFLD) or the efficacy of IBS medications in patients with CF.1 I understand that physical activity may play a role in managing

constipation, and I was hoping the modules would explore the mechanisms further and examine whether certain types of activities have a greater impact. This gap highlights opportunities for future research to develop solutions for both patients with CF and the general population. Overall, these modules were a valuable addition to this course, and their emphasis on the role of nutrition in CF and how it is often overlooked was one of the most significant takeaways. To continue this module, even though it was one of many options offered to us, I believe the others would be equally beneficial if they are similar to this one. I want to add that, while these modules focused on CF, many students can apply this information, originally intended for CF patients, to the general population and remember that dietitians are a crucial part of the care team, bridging the gap in nutrition education in the healthcare field.

References

1.Https://iu.instructure.com/courses/1887730/pages/e... IUSM CME Course 1-5 Gastrointestinal manifestations of cystic fibrosis . (n.d.).https://iu.instructure.com/courses/1887730/pages/examity-an-introduction-|