

## About IBD Podcast Episode 102

### Dannielle Jascot, MS, CNS, CDN - Finding Success with Nutrition Therapy

IBD is not a condition that is easy to diagnose or treat. People who live with Crohn's disease or ulcerative colitis have needs that include guidance on nutrition. Diet is notoriously difficult to study but some research is starting to be done. Dannielle Jascot, MS, CNS, CDN, certified nutritionist and IBD patient talks over the recent results of the DINE-CD study, which compared the Specific Carbohydrate Diet and the Mediterranean Diet.

Concepts discussed on this episode include:

- [The Dine-CD Study](#) and [discussion of the results](#)
- [Local Crohn's and Colitis Foundation Chapters](#)
- [Buy Tickets to the Bottoms Up Event](#)

Find [Dannielle Jascot](#) on [Facebook](#), [Twitter](#), [Instagram](#), and [LinkedIn](#).

Find Amber J Tresca at [AboutIBD.com](#), [Verywell](#), [Facebook](#), [Twitter](#), [Pinterest](#), and [Instagram](#).

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### [MUSIC: About IBD Theme]

#### **Amber Tresca 0:04**

I'm Amber Tresca and this is About IBD. It's my mission to educate people living with Crohn's disease or ulcerative colitis about their disease and to bring awareness to the patient journey.

Welcome to Episode 102!

People with IBD have are looking for guidance on diet but so far there hasn't been much research that can offer any answers. One recent study, however, compared two popular diet plans for IBD: the Specific Carbohydrate Diet and the Mediterranean Diet. Patients have tried both of these diets for years, but they've never been compared in a research study before.

My guest is Dannielle Jascot, certified nutritionist and IBD patient. She goes over some of the results from the Trial of Specific Carbohydrate and Mediterranean Diets to Induce Remission of Crohn's Disease, also known as DINE-CD. Dannielle is also a volunteer with the Connecticut/Westchester chapter of the Crohn's and Colitis Foundation. She gives an overview

of why volunteering in the IBD community can be helpful for patients and professionals and gives an overview on some upcoming events.

**Amber Tresca 1:21**

Dannielle, thank you so much for coming on About IBD.

**Dannielle Jascot 1:25**

Thank you so much for having me.

**Amber Tresca 1:27**

So you live with Crohn's disease, I wonder if you would take a couple of minutes and tell me about when you were diagnosed and what that process was like for you.

**Dannielle Jascot 1:36**

Sure. So I was diagnosed with Crohn's in 2011. And I think that while the process for me was of course, different from others, as we all have our own story, it was similar in many respects, as it was not a quick and easy diagnosis. I had started having symptoms in early 2010. GI symptoms, but also a lot of extra intestinal symptoms. So I was sent to a specialist after specialist and had what I felt was every test under the sun done in a span of about nine months, I was diagnosed with uveitis and sclerosis, which are inflammations of the eye, arthritis, eczema, gastritis anemia.

**Dannielle Jascot 2:17**

So even though these things were being treated, I kept getting sicker, losing more weight, I was exhausted trying to run a business and chase around a five year old, I knew these were all symptoms of something deeper and more systemic. And so ultimately, I did, they did look into things a little more on my own and actually came up with the possibility of IBD.

**Dannielle Jascot 2:40**

So I went back to my GI and I said, Hey, you know, we did an endoscopy? What about doing a colonoscopy, and of course, he was like, well, no one's ever asked me to do a colonoscopy, but sure. And that was how I was initially diagnosed with indeterminate colitis. And so at that time, you know, for several reasons, I just didn't have a lot of faith in that particular doctor. So I ended up going to a different practice to get a second opinion. And I was very quickly diagnosed with Crohn's.

**Dannielle Jascot 3:09**

So it was a bittersweet diagnosis, because on the one hand, I had the name and now the knowledge of what was going on. But then there was the reality of, you know, now I'm going to be, you know, living the rest of my life with this fun disease. So, so that was my process, which, like I said, I think a lot of people unfortunately, have a similar experience with diagnosis. It's not always a quick process. And it can certainly be, you know, physically and emotionally exhausting.

**Amber Tresca 3:36**

Yeah, totally. I'm always surprised when people go through for instance, like you did like the the endoscopy, but then they don't have a colonoscopy. It just seems like, you know, why aren't you looking in both places? Like, I don't understand, especially if -- did your did your endoscopy show anything?

**Dannielle Jascot 3:54**

So it was it was kind of, I was gonna say funny, but I guess there's really nothing funny about it. It was kind of odd, because I had been having lower GI symptoms, and they really kind of didn't do much. And then I had, I actually had an episode of like, epigastric pain. So then they were like, Oh, we have to go in and look and do the endoscopy. And so they did find some gastritis. And they actually did diagnose me with GERD at that point. And they gave me medication for it.

**Dannielle Jascot 4:20**

And I took it and it I actually kind of...it didn't really help much. And obviously the lower GI pain was getting worse. So yeah, I found it odd too. Which was one of the big reasons that I did go and get a second opinion because I kind of thought, hey, shouldn't we have done that first or at least sooner? So So yeah, it was a little strange, the timing of all that.

**Amber Tresca 4:41**

Yeah, it always surprises me. And I do wonder if it has something to do with being a young woman or you know what is the thought processes there, but also to you had uveitis and that's something that as a patient, you're not going to connect the dots on now, but you would hope that a GI or other health care professional would connect those dots because that's not a common thing like, so you were under the care of an ophthalmologist, I'm assuming, and they didn't come up with any reason why you would be having this?

**Dannielle Jascot 5:11**

Not for, No, actually they didn't. And and that was one of the first so I, you know, I started with funding that you had said, you know, because you're a young woman. So interestingly, they thought maybe it was, you know, like a reproductive system issues. So I had test, I had tests.

**Amber Tresca 5:27**

Of course they did! [LAUGHTER]

**Dannielle Jascot 5:30**

Yes, have to believe in on that you're a woman. That's the problem.

**Dannielle Jascot 5:33**

So I had to get like an ultrasound done. I had, you know, the check, because I actually did have a history of having a cyst and ovarian cyst. So I think they went to that first. And, yeah, but one of the first symptoms that I had was my vision started getting very blurry and almost hazy. And I went to a couple doctors before I ended up at a retina specialist who ended up looking very deep back into the uvea I suppose it is really, and said, You know, this is uveitis, sent me to

another doctor. And that was sort of the course of it, it was like this happened, go to that specialist. This happened, go.

**Danielle Jascot 6:07**

And so finally, like I said, I hate I always tell people, please don't go to Dr. Google and try to figure out what's wrong with you. But at the same time, we do have to educate, educate ourselves to the best that we can on certain things. And so I just kind of started putting all the pieces together. And I don't want to say I diagnosed myself because we don't do that. But I took that information to a new doctor. And I was like, Hey, listen, I have all this stuff going on. And my now colonoscopy says I have, you know, possibility of Crohn's like, Can we just give this a name, please. So I can treat it as such. So that was, that was the but yeah, uveitis dermatitis, and arthritis. Those are the three big things with IBD. And it was not that connection wasn't made right away. So but eventually it was.

**Amber Tresca 6:14**

You were being an empowered patient. And you sort of learned that really quickly, even before you were formally diagnosed. And I'm sure that's helped you so much in your journey. Today, you're a certified nutrition specialist and a certified nutritionist. So how did that all work out for you after your Crohn's diagnosis, and then decided to go and be a nutrition professional.

**Danielle Jascot 7:18**

So I had a background in science and nutrition. So that, of course, was the first area that I began to research once I was diagnosed, so that I could understand how nutrition impacted my disease and vice versa. And I was just so intrigued by the connection between diet and stress and the immune system, as well as the biochemistry of autoimmunity and the microbiome and epigenetics.

**Danielle Jascot 7:44**

And so I ended up enrolling in graduate school at the University of Bridgeport and earned my Master's in human nutrition. And then I knew that I wanted to go into the field of nutrition therapy. So I decided to obtain my CNS credential, a certified nutrition specialist. And that credential does require a master's level degree or higher, as well as 1000 clinical supervised hours and the passing of a very fun hours-long exam. So once I earned that credential, then I became state certified.

**Danielle Jascot 8:14**

And honestly, when I opened my private practice, I was really looking, I was working in general nutrition therapy. And it wasn't until sometime after that, that I decided focusing on those with IBD was really what I was most passionate about. And so yeah, absolutely, having Crohn's inspired me to make very big changes in my career. And, you know, I always tell people that we don't always have a choice when it comes to certain burdens that were given to carry, but we can choose what we decide to do with them. And we can use them to help ourselves and others and to make a difference to a lot of people.

**Dannielle Jascot 8:50**

So that's what I, I feel that I'm doing at this point. And I'm actually, I do feel a bit blessed. I mean, it sounds kind of crazy to say like, Oh, I'm so glad I have this because now I'm doing this, but I mean, I certainly have, it certainly has been life changing in many ways.

**[MUSIC: About IBD Piano]****Amber Tresca 9:19**

Dannielle, how do you work with IBD patients when they come to you and they are looking for some support in understanding how diet may impact their symptoms?

**Dannielle Jascot 9:28**

So I always start with a basic in depth assessment. So of course, I'm always looking at medical history and current symptoms, signs or symptoms of any nutrient deficiencies. We always look at lab work together, we look at stress and sleep, because we know that those things have a big impact on IBD and our health in general. And I also have my clients provide me with a three day food logs so that I can get a better idea of what their average daily diet looks like.

**Dannielle Jascot 9:57**

But the one thing that I'm really assessing thing, which is so important to my clients being able to have success with nutrition therapy is really where they're at, I guess emotionally and mentally with their disease. So how ready they are to make lifestyle changes and diet changes, how much do they understand about how nutrition impacts their disease, and then how their disease impacts their nutrient status.

**Dannielle Jascot 10:22**

And so my goal is always to meet them where they are in the process, and to work forward at whatever pace is comfortable to them. So that, you know, ultimately, we can achieve the goals of nutrition therapy. So we want to be eating in a way to minimize stress on the GI system, we want to be preventing or repeating any nutrient deficiencies caused by poor absorption or intake of food. And we want to be providing fuel for the good bacteria in the gut, also known as the microbiome, which we are now learning plays a very important role in our overall health, but especially in IBD. So for many people, this is about taking very small steps and making small changes.

**Dannielle Jascot 11:01**

So I tend to work with most of my clients for a minimum of six sessions, I see that that's where people get the most benefit from to help them achieve the goals that we set together.

**Amber Tresca 11:12**

Do people come back sometimes for maybe a touch point and couple of sessions to get them back on track?

**Dannielle Jascot 11:18**

Yeah, definitely. I mean, there are people that come and kind of just we do like an intake session and one follow up. And I always provide my clients with their own personalized sort of recommendations pamphlet. So I mean, I used to do that more of here handed to you. It's a printed version, which I really loved. But now with doing mostly telehealth, it's usually a PDF that I email and, you know, it can be somewhat lengthy. So usually, it's about kind of looking through it together and being like, okay, these are our goals, we're working through this, and this is, you know, our next step, but sometimes people kind of just want that information, and then kind of want to do things on their own.

**Dannielle Jascot 11:54**

But I do have a lot of people that will then come back or even just say, Hey, can we touch base with them once a month? And, and yeah, and that seems to be for some people that that works well to just have someone to check in with and to kind of be accountable to, and even sometimes just to have someone to talk to and just be like, Hey, this is what's going on. And because I have Crohn's, I kind of have that much more of an understanding of like, Yeah, I know what it's like what you're going through. And, you know, so so that's, that's one one thing as well.

**Dannielle Jascot 12:24**

And I have clients that it's kind of funny, because sometimes I feel like it's it is nutrition therapy, but there's also so much that we talk about too, I mean, I have clients that I'll work with for an extended period of time, and you almost get to the point where you're like, you know, you're doing pretty good in terms of all of this nutrition, you've got this down, but they just kind of want to, you know, touch base every even two weeks or so just just to kind of have someone like I said that to check in with.

**Amber Tresca 12:51**

That makes a lot of sense, especially considering the emotional component and how food has an impact in so many parts of our life, not only just on symptoms, but culturally and socially and even professionally. I've been out to professional dinners and had people question what I was eating or not eating. So getting through these things, it's nice to have someone to work, work through them with you. And also, I expect that people might come back to you when there's new research or new findings or something else happening, because it's become a really hot topic.

**Amber Tresca 13:26**

Years ago, I was diagnosed, I'll just tell you dating myself here are terribly, but I was diagnosed in 1989. I was 16. And they told you soft low residue diet. So basically, you were eating a bunch of like rice and white bread and stuff like that. Today, we're understanding a lot more about how the diet impacts these diseases. And I want to ask you about this recent study that came out that's called Dine-CD. It's getting a lot of attention. It was funded by the Crohn's and Colitis Foundation and the Patient Centered Outcomes Research Institute.

**Amber Tresca 14:01**

And what this study did was it compared the Mediterranean style diet and the specific carbohydrate diet. So what can you tell me about this study set up? And what do you think that they were hoping to learn by sort of doing a head to head study on these two diets?

**Dannielle Jascot 14:18**

Yes, so this is a very exciting study that was really the first larger scale national randomized trial to look at the impact of specific diets on IBD. And to show that diet can benefit adult patients with IBD. So it was a randomized clinical trial, which is really the gold standard for research and looked at 194 patients who had mild to moderate Crohn's disease. So this was more specific to Crohn's in this study than IBD in general, with the goal of understanding if the specific carbohydrate diet would be superior to the Mediterranean diet in terms of a reduction of symptoms. As well as improvement in certain inflammatory markers show both diets do have some similarities, most importantly, avoiding processed foods.

**Dannielle Jascot 15:09**

And the Mediterranean diet really consists of higher intakes of fruits and vegetables, as well as nuts and whole grains, and a moderate intake of poultry and seafood with olive oil being the preferred fat source. And a specific carbohydrate diet mainly consists of a high intake of most but not all fruits, vegetables, nuts, and legumes as well as unprocessed meats, poultry, and fish. With the avoidance of grains, most dairy and all sweeteners aside from honey.

**Dannielle Jascot 15:41**

So the study duration was 12 weeks and subjects were randomly assigned to one of the two diets. They were provided all of their meals for the first six weeks, and then provided instructions on preparing meals, as well as the option to purchase meals for weeks six through 12. And assessments were done at both six and 12 weeks, and it was found that there was no statistically significant difference between the effects of the two diets. But what was very exciting was that nearly half of patients in both diet groups achieved symptomatic remission by week six, so that was 46.5% on the specific carbohydrate diet and 43.5 on the Mediterranean diet.

**Dannielle Jascot 16:24**

And the symptoms that were shown to improve included fatigue, pain, sleep disturbance and social isolation. fecal calprotectin, which is a gut specific inflammatory marker that we can obtain through stool testing that was also assessed and levels were reduced. Some in both groups. They also tested a CRP prior to the study, and at six and 12 weeks, and CRP is a systemic inflammation marker that is obtained through a blood test, they did not find any significant effect on CRP levels in subjects.

**Dannielle Jascot 16:58**

So what does this mean? One of the first and most common questions that IBD patients have you and I both had this, I'm sure, after being diagnosed, especially as what should I eat? What is the best diet for my disease? And so this study really gives validity to the recommendations

that a Mediterranean diet or a specific carbohydrate diet can be beneficial for symptom reduction.

**Dannielle Jascot 17:21**

So, you know, we know we've done a lot of research on the Mediterranean diet itself for other health conditions. And we know it helps reduce the risk of heart disease and stroke and high cholesterol and type two diabetes. So it continues to fall in line with the recommendations of that Mediterranean diet being helpful, helpful overall. So and many Crohn's patients have other health conditions as well.

**Dannielle Jascot 17:41**

So that's important, so and this specific carbohydrate diet has not been studied for those other health benefits. So it's not really known if it would be helpful as well. So you know, both both diets seem to be beneficial to IBD patients in terms of symptoms. I think one thing that's important to note is that overall, inflammation did not appear to be significantly reduced in this 12 week period. So this means that patients do need to understand that even if they are feeling better, and their symptoms have decreased, that they still need to be monitored through labs and or imaging studies to ensure that inflammation is also under control.

**Amber Tresca 18:21**

Yeah, I think that's a big thing that's maybe not always understood is that it's really important to feel better, and everyone wants to feel better, and our physicians want us to feel better. But that doesn't always mean that we are having control over that inflammation, which can lead to the extra intestinal manifestations. And then also ongoing inflammation is just bad. It's just bad. We don't want that.

**Dannielle Jascot 18:45**

No.

**Amber Tresca 18:46**

So we have some rigor now around these diets and how they affected the people in this study. But does this give you any assistance in how you're working with patients as far as guiding them on their diet? And I ask this because when I attend talks by nutritionists, or dietitians that are working in the field working in GI, they usually do say the Mediterranean diet is what they tell their patients to do. Does this sort of give you a way to work with your clients in a in a different way or help them in a different way?

**Dannielle Jascot 19:21**

Yeah, I mean, this you know, this is a huge finding. Like I said, it really gives validity to certain recommendations. So I have also recommended it especially for patients that are really starting at the beginning of everything when it comes to diet and then you know, to transition them to a very restrictive diet such as the SCD, which is a really good diet. I will say that and there are several other diets that tend to be you know, help very helpful for for patients.

**Danielle Jascot 19:49**

But, you know, transitioning someone to such a restrictive diet can be very challenging and oftentimes just doesn't work. So having the research behind this study. To support that a Mediterranean diet is actually beneficial, it really gives validity to then recommending it to patients. So the Mediterranean diet is it's very balanced. So we really can kind of hit all of those goals that I mentioned earlier of nutrition therapy for IBD. So minimizing symptoms, which we saw in the study, and therefore possibly reducing nutrient deficiencies.

**Danielle Jascot 20:24**

So if if, like, we did see that the fecal calprotectin levels did improve in some so that is promising to that, you know, we may have a little more ability to absorb nutrients that we're consuming. So that is something that is obviously going to be helpful if we're eating in a way that can help to, you know, heal up our intestines to a certain degree.

**Danielle Jascot 20:46**

Also, one thing that I really like about this study is that, like you said earlier, you know, low fiber, low residue has been the recommendation in the past. And, and to be honest, it's still the recommendation for a lot of patients, low residue and low fiber, we're realizing, especially with this study, that it's, it's great temporarily, very temporarily, but in terms of long term, it's not something that we're really going to be benefiting from. So you know, the other side of that, too, is that with more plant fiber in the diet, which we're seeing in these, both of these diets, actually, we're more likely to see an increase in gut microbial diversity.

**Danielle Jascot 21:25**

So that's another great thing too, Mediterranean diet is less restrictive, easier to follow, you'll have better adherence, you know, patients will adhere to it better than they would to a very restrictive diet. So I will say that, from my perspective, as a practitioner, I often recommend the Mediterranean diet, and I often recommend a modified Mediterranean diet. So a lot of clients have specific food sensitivities. This study focused on a standard Mediterranean diet and a standard specific carbohydrate diet, or approach.

**Danielle Jascot 21:57**

So incorporating personalization, which occurs more in that one to one therapy setting, I think that can help further these benefits even more, because we're able to say, okay, you know, these are the foods that are typically included in a Mediterranean diet. But on top of it, we find that when you have dairy products, you know, you have a lot of issues, you're they're very sensitive to dairy, so we're able to say, okay, we're going to modify this diet.

**Danielle Jascot 22:22**

A lot of times when people are in a very bad flare, you know, I often recommend a lot of blending and making sure things are cooked. So we kind of cut back on the raw foods a little bit. That's not necessarily in a standard Mediterranean diet. But it's something that I think that's where patients really need that guidance. Because it's easy to just look at the study and be like, okay, I can just eat, you know, a salad every day for lunch. But if you're in a really bad flare,

you're that's not going to help your symptoms, that's sandpaper on an open wound going through.

**Dannielle Jascot 22:51**

So, so. So yeah, it's definitely a really big step. And I think that it also opens the door for other studies going forward. This study was actually done because patients wanted it done. Patients are wanting to see, hey, we need guidance, we need help figuring out what to eat. And we need some type of research to support that. And so going forward, there are other studies being done right now. So I'm very excited to see results of those and, and also to see doctor starting to recommend to their patients, like hey, there's this study that came out. And you know, it looks like maybe having some plant fiber in your diet is a good thing, after all. So I think that's going to help people in the end, end up feeling better.

**[MUSIC: About IBD Transition]**

**Amber Tresca 23:47**

Dannielle, you're also a volunteer with the Crohn's and Colitis Foundation, you are a very busy woman. And I think sometimes that for people who haven't done volunteer work in the past, it can seem overwhelming. But I also think that it is a wonderful way to cope with your IBD and then also to get more involved with the larger IBD community. Do you want to tell me more about your volunteering journey, how that has taken shape? And then what does your chapter have coming up for the rest of the year?

**Dannielle Jascot 24:17**

Sure. So the Crohn's and Colitis Foundation, first of all, is an incredible nonprofit organization. They are dedicated to finding the cures for Crohn's and colitis, as well as improving the lives of patients that are affected by these diseases. And they're able to do this through obviously monetary donations, of course in fundraising, but also through donations of time given by volunteers.

**Dannielle Jascot 24:40**

So my volunteering journey has really just started to take shape. I joined the foundation, actually as a professional member a little over a year ago. And honestly, when I joined, then I kind of felt that I didn't really have time to volunteer. And then maybe about five months ago, I had met with a client whose son had been diagnosed with ulcerative colitis. And of course, he was devastated as a parent and telling me all about the ways he and his family were getting involved with the foundation. And I thought, you know, I really don't need to have a ton of extra time to be involved as a volunteer every little bit can help. So the first way that I became involved was to become part of a committee.

**Dannielle Jascot 25:20**

And this committee is planning our annual fundraiser called Bottoms Up. And this fundraiser was held every year here in Connecticut. And I'm very excited because this is going to be my first year attending the event. So it is a night of amazing food and cocktails, we're going to be

having an auction and a wine poll, we're going to be recognizing several honorees that have made some great strides in advancing the mission of the foundation. So this year, we will be honoring Jonathan Rowe, PhD, as well as Dr. Jeffrey Hyams, who is our humanitarian of the year.

**Dannielle Jascot 25:56**

So the event is going to be held on October 22, at the Tunxis Country Club in Farmington, all proceeds will go towards funding the Foundation's mission, which is great. And you know, I'm excited, this is a great way to meet other people that have IBD, or loved ones of those with IBD. And you know, even if you can't attend the event, you can certainly reach out and donate to the cause where I know you have obviously, this is in Connecticut, not all of your listeners are in Connecticut. So you know reaching out to local chapters and just finding out what other events are going on in your area is another great idea.

**Dannielle Jascot 26:32**

So you know, here in Connecticut, we have a few other events coming up this year, we were actually teamed up with Westchester. So it's the Connecticut / Westchester chapter because as you know, Connecticut is kind of a tiny state. So we needed to join forces. And then we also have our Focus on a Cure Gala, which is taking place November 13. And that is going to be in Rye, New York at the Westchester Country Club. And that's an annual gala that, you know, brings together about 250 guests from that area.

**Dannielle Jascot 27:02**

And they will be honoring a local family as well as a rising star, which for those that don't know, if the Foundation we have what we call rising stars, which are teen IBD patients. So we will be honoring one of them as well as a doctor of the year this year is Marvin Chinitz. And so that's what's going on in Connecticut.

**Dannielle Jascot 27:22**

But overall, the Foundation has so many different ways to become involved. So in addition to becoming a member, which there are several levels of membership, people can also take place in different community fundraising events. So we have our Take Steps event, which is a peer to peer fundraising walk event. And we also have Team Challenge, which is composed of a few different athletic events, marathons, Iron Man, not something that's something that I plan not to be doing. But for those people that are out there running marathons. And you know, that's a great event. for them. It's called Team Challenge.

**Dannielle Jascot 28:00**

And then we also have Spin for Crohn's and Colitis Cures, which is an indoor cycling event. We also have Camp Oasis, which is a summer camp exclusively for children with IBD, which is very, very cool. And we're always looking for volunteers to help in running the camp. There are advocacy opportunities, and we have some excellent resources on the website to help guide people in volunteering to be an advocate. There are leadership volunteer opportunities, as well as skill-based volunteer opportunities. So if you have a professional skills such as graphic design,

accounting or marketing, those are always skills that that the foundation can use. And I think people would actually be surprised what they have to offer that the Foundation could benefit from.

**Amber Tresca 28:01**

I think Danielle, like I was saying it could be overwhelming.

**Dannielle Jascot 28:50**

Yeah.

**Amber Tresca 28:50**

For people that are thinking about contacting their local chapter or the national chapter. And starting on their volunteering journey. What would you say to them to sort of get over that little hump of maybe feeling nervous or disconcerted about starting to volunteer?

**Dannielle Jascot 29:06**

Yeah, it definitely is over it does seem overwhelming, especially with everything that I just mentioned. It's kind of like oh my gosh, that's so much. I was thinking that as I was talking, I'm like this is going to overwhelm people even more!

**Dannielle Jascot 29:20**

I would really recommend starting by reaching out to your local chapter. So that's that's exactly what I did. If you go on to so so people can go on to the [CrohnsandColitis.org](http://CrohnsandColitis.org) that's the website click on the link in the top menu that says get involved and you will see a link for local chapters in the drop down there if you just click on that you can search for your local chapter by zip code by city and it will bring up a phone number and an email. What I did I looked up my you know my my local chapter, I clicked email chapter I sent an email just said hey, you know my name is Dannielle and I'm interested in volunteering, have had Crohn's and gave him my whole little backstory and somebody reached out to me, I think the next day and they were so nice and so excited to have somebody, you know, that was that wanted to volunteer, they listened to what I could offer wanted to offer, the time that I had available and helped me figure out some of the best ways that I could get involved.

**Dannielle Jascot 30:19**

It's it's a great way to give back to to the IBD community and the community as a whole. And it also really does, I think help people cope with many of the emotions that surround diagnosis and living with a chronic illness. It is a great way to meet other people who are living with these diseases and and it really does help us feel less isolated and more connected. So just reaching out to to your local chapter and and just saying, hey, just, you know, kind of say hi, just introducing myself and just kind of want to ease into getting involved, you know, volunteering a little bit and getting involved. I think that's the best way to start.

**Amber Tresca 30:58**

Dannielle, thank you so much for all of the work that you do. I am very, very sorry that you were diagnosed with Crohn's disease, but I am also very, very happy that you are in our community and helping patients with their needs.

**Dannielle Jascot 31:11**

Thank you so much Amber for having me. It's been great.

**[MUSIC: About IBD Dance Party]**

**Amber Tresca 31:17**

Hey super listener! Thanks to Dannielle Jascot for going over the results of DINE-CD with me and for all her work in volunteering to help other patients who live with an IBD. You can find Dannielle at her web site, [theibdnutritionist.com](http://theibdnutritionist.com), as well as on Facebook, Instagram, and Twitters as @ibdnutritionist. She also runs a private Facebook group that's called Life with an IBD Belly.

I will put links to more information as well as all of Dannielle's social media in the show notes and on my Episode 102 page on [AboutIBD.com](http://AboutIBD.com).

Don't forget you can also follow me across all social media as About IBD.

Thanks for listening, and remember, until next time, I want you to know more about IBD.

About IBD is a production of Mal and Tal Enterprises.

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