

About IBD Podcast Episode 101

Barbara Olendzki, RD, MPH, LDN - Every Mom Matters: The MELODY Trial

What should people who live with inflammatory bowel disease (IBD) eat? What diet plans are available? Barbara Olendzki, the Director of the Center for Applied Nutrition and an Associate Professor at the University of Massachusetts Chan Medical School, helped developed the inflammatory bowel disease anti-inflammatory diet (IBD-AID). The IBD-AID is currently being studied in pregnant people in the MELODY Trial. Barbara gives the lowdown on the IBD-AID, the MELODY Trial, and how and why she got started in the nutrition field.

Concepts discussed on this episode include:

- [The MECONIUM Study \(Exploring MEchanisms Of disease traNsmission In Utero through the Microbiome\)](#)
- [The MELODY Trial](#)
- [Anti-Inflammatory Diet for IBD \(IBD-AID\)](#)

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[MUSIC: About IBD Theme]

Amber Tresca 0:05

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 101!

Diet is a major issue for people with IBD. One of the biggest questions that we have is: what do I eat? IBD is so individual that there's no one diet that can work for everyone. People with IBD often go through trial and error to figure out what works best for them while they're in a flare-up. In recent years, however, we are learning more about how diet affects the gut microbiome and IBD.

My guest is Barbara Olendzki, who is the Director of the Center for Applied Nutrition and an Associate Professor at UMass Chan Medical School. Barbara and her team developed the inflammatory bowel disease anti-inflammatory diet, which is a modified form of the Specific Carbohydrate Diet.

The Center for Applied Nutrition is currently studying this diet in pregnant people with the MELODY Trial. Barbara tells me why the MELODY trial is important, what it hopes to achieve, and who can enroll.

From the University of Massachusetts, let's welcome Barbara Olendzki.

Barbara Olendzki, RD, MPH, LDN 1:27

Hi, Amber, thank you so much for having me.

Amber Tresca 1:30

So I'd like to get into a bit of your background and what brought you to the University of Massachusetts and maybe what your educational background is,

Barbara Olendzki, RD, MPH, LDN 1:39

Oh, my goodness, that is a long time ago, Amber. I actually have my undergrad in Fine Arts. And so I thought I was going to be a potter, and that that was the way that it was going to be. Then I fell into poor health and got married, had a couple of kids had some health troubles with my youngest, and had to go on a special diet in order to help myself and my son.

Barbara Olendzki, RD, MPH, LDN 2:13

And the diet worked beautifully. It piqued my interest. I wanted to know why. And so I went back to school. I have my Master's in Public Health. I was doing my internship, my dietetic internship at UMass, and the fellow there doing research, asked me if I'd like to join the team. And so that was 20 something years ago, and I do clinical outpatient counseling. Patients with all types of diseases, including inflammatory bowel disease. Got my roots sort of in cardiovascular, which informed the development of the inflammatory bowel disease, anti-inflammatory diet or IBD-AID, if you will, because I was doing research at the time, clinical outpatient, and I've since added education to that in teaching in the medical school.

Barbara Olendzki, RD, MPH, LDN 3:09

And so I developed the IBD-AID as a diet to help patients with inflammatory bowel disease. And at the time, it was thought that diet doesn't matter. In fact, a lot of gastroenterologists are going to tell their patients that it doesn't matter what you eat, it matters how we manage this disease pharmaceutically or surgically. And that leaves patients at a deficit of nutrients that help their immune system to fight this disease, or fight the fight, if you will, because it's an autoimmune disease. Autoimmune is where the body, something goes awry in the signals that are transmitted, and the body sort of doesn't shut off certain inflammatory markers when it should, doesn't heal properly, that kind of thing.

Barbara Olendzki, RD, MPH, LDN 4:05

And so what we do is we address this problem, and it's so...IBD folks, GI folks in general, are so responsive to diet, because of course, that's where this lies. It's from the mouth, to the other end. And all along the way. We work with what is inside. So it's not only nourishing the body. But now I've come to understand, and in the last several years, the new research around the microbiome, and I can go into what is the microbiome and how does that affect my health, my life. And personally, I have four autoimmune diseases, and I am doing this diet. If I go off this diet, I pay the price. And sometimes you have to learn a lesson by doing it experience, but I've also counseled 1000s of patients at this point, and am gratified every single time with the rewarding outcomes that I'm able to experience observe in my patients, they are the true heroes, because it's not easy to change your life.

Barbara Olendzki, RD, MPH, LDN 5:17

It's not easy to change your diet, diet and food are so much a part of us. They're a part of our minds and our hearts, the way we celebrate the way we grieve, and it's definitely a part of our health. And so being able to make significant changes doesn't usually come easy for people. And you and I can go into the details a little bit more. Because your audience is probably curious as to well, how different is it? And what am I going to have to do? The nice thing is that the reward of health and reaching one's potential in life, where you are able to get out of the house, and do what you're good at doing. Take care of your kids, whatever it is, see, feel the sun on your face. Again, there isn't anything that replaces health. And I know it's an old adage, but it is absolutely true.

Amber Tresca 6:11

So I'd like to take you back 20 years when this journey first started for you. Because it sounds like you became an expert patient. Were you working with anyone that was helping you in this or were you sort of on your own doing your own research and your own trial and error to figure out how to help yourself and help your family?

Barbara Olendzki, RD, MPH, LDN 6:31

I would have to say I landed lucky at the time. I was working in a health food store. And there was a fellow who was a kinesiologist interestingly, frequenting the store. And I ended up seeing him. He did some magic on me that I have never been able to repeat with anybody else. But in any case, I went on a special diet at the time. And it worked. I was at a point that I really felt embarrassed to pace the school bus in the morning to put my kids on it...and all the physicians had to offer me was prednisone, and you can't live on prednisone. So that that was it.

Barbara Olendzki, RD, MPH, LDN 7:09

I felt like, okay, I need to know what's going on here. I need to also go back to school and see if I can make a career for myself. And so I decided to go back and learn nutrition. And it you know, at that point, single mom working full time going back to school, it took me a while to get there, but I never lost my interest nutrition is it just it's the field that keeps on giving. We are really advancing in nutrition science, and never more so than in the last 10 years. And I am so fortunate to be at UMass where I am collaborating with the Center for Microbiome Research,

and other really smart people who are part of the team and help us to move forward and keep advancing it asking the important questions. But the patients are at the center of this. They're the ones that present, ask for help, tell me their stories. And then we take the journey together.

[MUSIC: AIBD Piano]

Amber Tresca 8:22

So I wonder if you would take a minute or two and talk about the IBD anti-inflammatory diet and maybe sort of the premise behind it because you provide a lot of information about it, which is really wonderful. So people can do a lot of reading on their own too. But I'd like to know just sort of like in a nutshell, what's the theory behind it.

Barbara Olendzki, RD, MPH, LDN 8:41

The theory behind it is to increase the diversity of beneficial bacteria that produce substances that are anti-inflammatory, as well as enhance our immune system, the good parts of our immune system, and to decrease the adverse bacteria that produce substances that are incredibly toxic, and keep that inflammation ongoing.

Barbara Olendzki, RD, MPH, LDN 9:09

An example of this is I saw a fellow yesterday, it's always nice to have a little testimonies. I saw a fellow yesterday, and he has Crohn's disease, and he felt that he was just unable to move. So Crohn's is something that can affect the joints and the eyes and the skin and, and so that's sort of the nature of that disease, as well as creating lesions. So this was six to eight weeks ago. And at the time, we're doing a lot of telehealth. I saw him yesterday in person at the time, he said, I will do anything you ask me to do. Just tell me what to do. And I said, Oh don't, give me that power! Because I'm going to tell you what to do. And we always want to customize if we can to the patient's lifestyle support that they have for making that change.

Barbara Olendzki, RD, MPH, LDN 10:00

Anyway, he did it, he's moving just fine. He has no pain, he's still has some ways to go. He's not at the end game yet. But he presented as a healthy person when I saw him yesterday. And that is so rewarding to me, I have something in me that just admires people who are able to say, right, I'm going to do that I'm going to learn what it takes. And I'm going to do that.

Barbara Olendzki, RD, MPH, LDN 10:27

The diet is focused around from a nutritional standpoint, the beneficial fatty acids. And that means like the good fats, decreasing the bad fats. And we'll go into that in more detail. There is information on our website at the Center for Applied Nutrition, UMass, we also remove foods from the diet that increase adverse bacteria, it's three parts add, and one part subtract.

Barbara Olendzki, RD, MPH, LDN 10:57

When I first got into it, I was amazed that everybody can subtract, but people have to learn how to add, they're so suspicious. Oh, and so we make it really tasty. We have a teaching kitchen at UMass. And in the past, before the pandemic, we had groups of folks gathering around making

food together, there's something that magical that happens when we all make food together and then eat it together and discuss our health and our lives. And people are willing to try things in the kitchen, that they may not be willing to try because shopping for foods that you don't know how to prepare, and preparing foods that you haven't worked with before.

Barbara Olendzki, RD, MPH, LDN 11:40

These are new foods, developing a palette, it takes...and I can tell you from experience at this point, depending on the person, but an average it takes somebody like two to three weeks to kind of find their feet. It's like the transition period. And you know, people need to forgive themselves, people aren't going to be perfect starting off, and I don't expect anybody to be you know, 100%. That's not the nature of what we do with you. Because we're surrounded with people, restaurants, family all these occasions. And so we've developed meal plans that are oriented towards meeting most of these occasions.

Barbara Olendzki, RD, MPH, LDN 12:22

But right now we have a study going in pregnant women with inflammatory bowel disease. And what we were doing is targeting not only the women who have the disease and helping them with the disease, and a healthy pregnancy, but also changing the microbiome of the babies that they carry, so that when they are born, they are born with a microbiome that has greater diversity of beneficial bacteria to protect them against the genetics that they tend to carry. And so anybody who has autoimmune disease, recognizes that they may be vulnerable to other autoimmune diseases. And so we're targeting IBD.

Barbara Olendzki, RD, MPH, LDN 13:10

But in my head in my heart, all kinds of diseases. And the babies are born healthy. We did a previous study called the meconium trial, where we just observed IBD versus controls, and the babies are born healthy, but they have markers that indicate that they could be triggered to develop the disease. So our goal in this current trial, and yes, we are recruiting nationwide. As you can imagine, it's like trying to find a needle in the haystack to try and find a pregnant women with IBD. They might be going underground. I don't know where they are. But we really want to find them, get them into our trial.

Barbara Olendzki, RD, MPH, LDN 13:49

And they can choose to do the diet or not. We have three arms of the study. One is a control of healthy women without IBD who are pregnant. And then the other two arms are doing the diet or not doing the diet. And it takes place in the third trimester. Because we've discovered that the microbiome of the baby is more like the mom's gut. And it is influenced by breastfeeding, for sure. But it's it really retains the essence of mom going forward into life. The child has essence of Mom, I don't know how much dad also contributes to this. And I'm sure that there will be future studies that will look into that.

Amber Tresca 14:31

Am I getting this right that the initial trial that you did was called the meconium trial? So it was called the first poop trial is that right?

Barbara Olendzki, RD, MPH, LDN 14:41

You've got it. Yeah. The second trial has a friendlier name, I think.

Amber Tresca 14:49

I love that, though.

[MUSIC: AIBD Transition]

Amber Tresca 14:57

What do you hope to learn through the MELODY trial. And as you mentioned, there's three arms. So there are people doing the diet, who have IBD, there are people with IBD, who are not doing the diet. And then there are healthy pregnant women that are doing the diet.

Barbara Olendzki, RD, MPH, LDN 15:12

It's very complicated to study diet. Diet is 1000s of different components and ingredients that go into our daily lives. And so we are doing extensive assessment of the diet to break down those components. And then correlate those components with what we see in the DNA and RNA of the women's and the baby's stools.

Barbara Olendzki, RD, MPH, LDN 15:37

And so we were studying those correlations and looking to try to understand the drivers of inflammation, and the drivers of controlling that inflammation, which foods are the most important to have in your diet? And what is it about these foods that makes a difference? And which foods are most important to avoid? Because maybe we will find out if the women were eating a particular pattern, it certainly changed the microbiome in a way that wasn't good for them or their babies.

Amber Tresca 16:11

How long is the trial going to go on? Obviously, in pregnant women, there's already a predefined, you know, third trimester, that's a certain amount of time that they're going to be doing the diet. Are you going to follow moms and babies after?

Barbara Olendzki, RD, MPH, LDN 16:23

Yes, we follow the moms and babies after we've tried to enroll the women, as soon as three months pregnancy, that kind of thing. And then follow them out. In the MECONIUM trial, they I think they're following up four or five years. Dr. Inga Peter is the principal investigator at Mount Sinai of that trial. And so we are collaborating with Mount Sinai in the MELODY study, which is active recruitment with pregnant women. So it's not observational, we're actually doing the diet.

Amber Tresca 16:57

Why would you encourage pregnant people to get involved in this study?

Barbara Olendzki, RD, MPH, LDN 17:01

The nice thing about working with pregnant people or even people deciding to be pregnant, is the vision of future because children, babies offer hope and optimism that is can't be replicated anywhere. So first of all, these women are amazing, who joined our study, and they have the best of hopes for their babies, pregnant women have the possibility of saving the world in a sense.

Barbara Olendzki, RD, MPH, LDN 17:30

And so what we're looking at is primary prevention, and leaving it in the hands of these women to do the best they can to help to provide their babies a chance at living lives without this debilitating disease. I think one of the basic things that's important that I do with every person is help people to believe in themselves and their potential to be better. And by the time they get to me, often, they have been through a lot of other places. Without the information that you Amber, are getting out there to the people who need to hear it. We haven't established dietary guidelines for patients with inflammatory bowel disease, there has been a great deal of resistance, but we are overcoming that.

Barbara Olendzki, RD, MPH, LDN 18:21

And I want to give people hope for improvements, and that even people who have food insecurity, or from other cultures, we have a study that will be starting up in Puerto Rico, with the diet not pregnant women this time, but patients with Crohn's and ulcerative colitis, reaching people internationally, this disease is increased. And I think it's correlated with the changes in our food supply. And there are ways to make quick foods, there are ways to work this into a busy lifestyle, and to make it tasty, and it's not a sentence. The outcome is amazing, Amber. Personal experience and also observing what has happened to my patients along the way. So just believing that there is a better way, and then getting the right information to be able to do that. And then gathering support family, friends, so that the influences that we have are healthy influences.

Amber Tresca 19:25

Barbara, thank you so much for coming on About IBD. I really appreciate all of your work. I am looking forward to seeing the results from the MELODY trial and all of the other research that you're going to do in the future.

Barbara Olendzki, RD, MPH, LDN 19:37

Stay tuned Amber, and I really look forward to your future podcasts. Thank you for the good work that you're doing.

[MUSIC: IBD Dance Party]

Amber Tresca 19:50

Hey super listener! Thanks to Barbara Olendzki for all her work on behalf of people with IBD. The Center for Applied Nutrition has a web site that gives much more detail about the

inflammatory bowel disease anti-inflammatory diet that includes dozens of recipes. You can also follow them on Twitter, Instagram, and Facebook.

The MELODY trial is recruiting. If you are pregnant or thinking about becoming pregnant, you can get in touch with the MELODY trial team to get more information.

I will put the links plus all the social media information in the show notes and on my Episode 101 page on AboutIBD.com.

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

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