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Nutrition & IgG4-RD: Fireside Chat Summary

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Guest Speaker: Kevin Walton, R.D.

Host: Dr. John Stone, M.D., M.P.H.

Welcome to our patient-friendly summary of the Nutrition and IgG4-RD Fireside Chat, below, you will find key nutritional insights, practical tips and action steps.

For the full discussion, please watch the full Fireside Chat.

Contents:

- Pancreatic Involvement
- Kidney Involvement
- Salivary Gland Involvement
- Common Nutrition Myths
- Frequently Asked Questions (FAQ)



Pancreatic Involvement



One of the most significant organ manifestations of IgG4-related disease is pancreatic involvement. Pancreatic inflammation can lead to two main issues:

Autoimmune Pancreatitis (AIP)

- A type of chronic pancreatitis often treated with steroids (e.g., prednisone).
- Symptoms can mimic those of pancreatic cancer, leading to misdiagnosis and even unnecessary surgery in some cases.
- Monitoring for relapse is important, as AIP can recur even after initial treatment.

Exocrine Pancreatic Insufficiency (EPI)

- The pancreas fails to produce enough digestive enzymes to break down food. This means that the person is unable to take in sufficient calories and absorb nutrients. Substantial unwanted (and unhealthy) weight loss can result.
- **Key Signs & Symptoms:**
 - Unintentional Weight Loss: Despite eating normally, patients may lose weight due to poor nutrient absorption.
 - Steatorrhea: Oily, foul-smelling, or hard-to-flush stools, indicating fat malabsorption.
 - Micronutrient Deficiencies: Possible low levels of fat-soluble vitamins (A, D, E, K) and minerals (zinc, iron, etc.).



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Pancreatic Involvement



Exocrine Pancreatic Insufficiency (EPI)

- **Diagnosis:**
 - A stool test called *fecal pancreatic elastase* can help confirm EPI.
 - Sometimes a “trial” of *oral pancreatic enzymes (PERT)* is used to see if symptoms improve.
- **Management:**
 - Pancreatic Enzyme Replacement Therapy (PERT): Capsules taken with meals or snacks to aid digestion.
 - Balanced Diet: Not all patients need a strict low-fat diet; only limit excessive fat if it consistently triggers GI symptoms
 - Smaller, More Frequent Meals: Easier on digestion and helps maintain stable calorie intake.
 - Micronutrient Monitoring: Check vitamin A, D, E, K levels, plus iron, B12, and folate; supplement if needed.
- **Endocrine Dysfunction (Diabetes):**
 - Caused by pancreatic damage or long-term steroid use
 - Tips: Monitor blood sugar (HbA1c), coordinate with an endocrinologist

Remember: Each patient’s situation is unique. Work closely with your healthcare team (gastroenterologist, dietitian, endocrinologist) to tailor these recommendations to your specific needs. For more detailed information on pancreatic involvement and how it fits into IgG4-related disease, be sure to watch our Fireside Chat video.



Kidney Involvement



Key Points:

- Manage blood pressure and diabetes to protect kidneys.
- Protein Intake: Aim for 0.8–1.0 g/kg/day
- Sodium intake: best to limit to **less than** 2,000 mg of sodium (salt) a day when advanced kidney disease is present.
- Patients with advanced kidney disease may also need to limit phosphorus/potassium.
- Consult a nephrologist and registered dietitian for individualized guidance.

Salivary Gland Involvement



Dry Mouth Tips:

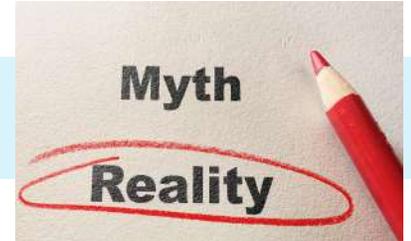
- Add sauces or gravies to moisten foods to facilitate chewing and swallowing
- Drink fluids while eating
- Use sugar-free candies or lozenges to stimulate saliva
- Smoothies and protein shakes can help maintain weight if solid foods are tough to chew
- Normal saliva production is essential for good oral health. Patients with inadequate saliva from major salivary glands may face higher chances of tooth decay. It's recommended to visit the dentist regularly, ideally every six months.



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Common Nutrition Myths



Myth:

A single supplement will cure IgG4-related disease.

Reality:

Supplements can address deficiencies but won't cure the disease.

Myth:

Alkaline foods - the opposite of acidic foods, are better for one's health.

Reality:

The body's pH (a measurement of the level of acidity present) is regulated very tightly and will not change substantially despite consuming "alkaline" foods.



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Frequently Asked Questions (FAQ)

- **Do I need a low-fat diet if I have pancreatic involvement?**
 - Not necessarily. While very high-fat meals can trigger steatorrhea or discomfort in some patients, many people with IgG4-related pancreatic disease manage normal fat intake successfully by using pancreatic enzyme replacement therapy (PERT). Talk to your doctor or dietitian about your specific needs.
- **What are the signs that I might have Exocrine Pancreatic Insufficiency (EPI)?**
 - Common signs include unexplained weight loss, greasy or oily stools (steatorrhea), and possible vitamin/mineral deficiencies (especially fat-soluble vitamins like A, D, E, and K). If you notice these symptoms, ask your doctor about testing or a trial of PERT.
- **How does steroid treatment affect my blood sugar?**
 - Steroids like prednisone can raise blood sugar levels and potentially lead to steroid-induced diabetes. If you're on long-term steroids, monitor your glucose (e.g., via HbA1c testing) and consider consulting an endocrinologist for optimal management.
- **I've lost a lot of weight—should I drink nutrition shakes?**
 - High-calorie, high-protein shakes (e.g., Ensure, Boost) can be helpful if you're struggling to maintain your weight. They should supplement—not replace—balanced meals. If you have EPI, be sure to take your enzymes with these shakes for better nutrient absorption.



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Frequently Asked Questions (FAQ)

- **Does IgG4-related disease always lead to kidney damage?**
 - Not always. Although IgG4-related disease can affect the kidneys, many patients never experience kidney involvement. If your kidneys are impacted, controlling blood pressure and diabetes (if present) is key. A moderate-protein, low-sodium diet may also help.
- **Are fermented foods and unpasteurized dairy safe if I'm immunosuppressed?**
 - Avoid unpasteurized dairy due to higher risk of bacterial infection. Fermented foods (e.g., kimchi, sauerkraut) can often be safe if you practice good food handling and aren't severely immunosuppressed. Always check with your healthcare team for personalized advice.
- **What if I have dry mouth or difficulty chewing foods?**
 - Dry mouth can occur if IgG4-RD affects the salivary glands. Tips include using sauces or gravies, sipping liquids during meals and using sugar-free lozenges. High-calorie smoothies are also a good option if solid foods are difficult to chew.
- **How do I know if I need dietary supplements?**
 - Many patients do well with a balanced diet but if you have ongoing malabsorption (e.g., EPI) or specific deficiencies (iron, B12, vitamins A/D/E/K), you may need supplements. Your doctor can run labs to check levels. Only take high-dose supplements if recommended after testing.



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Frequently Asked Questions (FAQ)

- **Can a certain “anti-inflammatory” food cure my IgG4-related disease?**
 - No single food or supplement can cure IgG4-related disease. Some foods have anti-inflammatory properties (e.g., colorful fruits/vegetables, omega-3 rich fish), but they complement—rather than replace—medical treatments like steroids or immunotherapy.
- **Are fermented foods and unpasteurized dairy safe if I’m immunosuppressed?**
 - Avoid unpasteurized dairy due to higher risk of bacterial infection. Fermented foods (e.g., kimchi, sauerkraut) can often be safe if you practice good food handling and aren’t severely immunosuppressed. Always check with your healthcare team for personalized advice.
- **Where can I learn more or get specialized help?**
 - Recommend consulting with your healthcare team and a nutritionist knowledgeable about IgG4-RD.
 - For more in-depth information, watch our full fireside chat video