

Multicenter open-label, endpoint-blinded, randomised controlled trial.

Patients with CD aged between 6-18 years old who had reached clinical remission after induction with 6-12 weeks of EEN were randomly assigned to receive either cyclic EEN (C-EEN; 100% of daily calorie requirements) for 2 weeks every 8 weeks for at least six cycles or daily partial enteral nutrition (PEN; 25% of daily caloric requirements) for 52 weeks. Oral modulators used for both.

All Crohn's disease-related drug therapy had to be stopped at least 4 weeks before inclusion

Primary endpoint: Relapse at 12 months

Results: N=100

- At 12 months 49% on C-EEN vs 76% PEN relapsed, $p=0.0051$
- No differences in the quality of life between groups during follow-up
- No differences in adverse events

Conclusion:

C-EEN was superior to PEN in maintaining clinical remission over 1 year in paediatric patients with Crohn's disease responding to EEN induction therapy. These findings suggest a new way to use nutritional therapy for maintaining drug-free long-term remission in patients with Crohn's disease who are responding to EEN induction therapy.

Cyclic exclusive enteral nutrition versus partial enteral nutrition to maintain long-term drug-free remission in paediatric Crohn's disease (CD-HOPE): an open-label, endpoint-blinded, randomised controlled trial

Relapse at 12 months

