

PREVENTING RECURRENT DIVERTICULITIS

Note: The following information is based on a 2014 systematic review focused on optimal ways to prevent and treat diverticulitis.[1]

PATHOPHYSIOLOGY

Increased colonic pressure causes mucosal out-pouching. It may be helpful to reduce this elevated pressure through:

- Regular evacuation
- Eating a plant-based diet
- Stress reduction
- Calcium channel blockers. This group of medications reduces smooth muscle contraction, lowering luminal pressure, and they have been associated with fewer recurrences.

FACTORS ASSOCIATED WITH INCREASED RISK

- Eating meat
- Smoking
- Obesity
- Chronic steroid use
- Taking opioids
- Taking NSAIDS

FACTORS ASSOCIATED WITH REDUCED RISK

- Vegetarian diets
- Eating nuts and corn
- Regular physical activity

Of note, fiber has not been found to reduce the risk. However, it is perhaps best not to have your patients avoid fiber, given it has benefits for so many other conditions. Furthermore, telling patients not to eat nuts and corn for fear of having those foods become entrapped in a “tic” is a myth. As noted above, eating these foods is actually associated with reduced risk.

REDUCING RISK OF RECURRENCE

- Don't give long-term antibiotics prophylactically. They have not been found to be beneficial.
- Hold off on jumping right to surgery for diverticular disease. Many people will not have a recurrence. In one study of 3,165 patients hospitalized for diverticulitis, only 13.3% had a recurrence after 9 years.

- Probiotics may help reduce symptoms, such as pain and bloating, but they have not been found to reduce recurrence rates.
- Consider mesalazine in those who have had a recurrence of diverticulitis. Reducing inflammation with this drug (but not NSAIDs, which can worsen risk) has been found to be beneficial when it used cyclically for 10 days per month over 12 months. The dose is 400-800 milligrams twice daily, with the higher dose (800 milligrams twice daily) being more effective in one study.[2]
- If a patient has diverticulitis and high blood pressure, consider a calcium channel blocker to reduce intraluminal pressure.
- Although fiber has not been found to reduce the recurrence of diverticulitis, it does help reduce constipation, which can aggravate this condition. Encourage 7-9 servings of vegetables and fruit daily and, if this is not possible, consider supplementing with a soluble fiber such as psyllium, 1 tablespoon in 12 ounces of water twice daily.

AUTHOR(S)

“Preventing Recurrent Diverticulitis” was written by [David Rakel](#), MD (2014).

This Whole Health tool was made possible through a collaborative effort between the University of Wisconsin Integrative Health Program, VA Office of Patient Centered Care and Cultural Transformation, and Pacific Institute for Research and Evaluation.

REFERENCES

1. Morris AM, Regenbogen SE, Hardiman KM, Hendren S. Sigmoid diverticulitis: a systematic review. *JAMA*. 2014;311(3):287-297.
2. Comparato G, Fanigliulo L, Cavallaro LG, et al. Prevention of complications and symptomatic recurrences in diverticular disease with mesalazine: a 12-month follow-up. *Dig Dis Sci*. 2007;52(11):2934-2941.