EDITORIAL

INTESTINAL RESEARCH

pISSN 1598-9100 • eISSN 2288-1956
https://doi.org/10.5217/ir.2026.00027
Intest Res 2026;24(2):195-196

Can lifestyle restrictions prevent relapse in ulcerative colitis? A focus on quality of life

Jihye Park

Department of Internal Medicine and Institute of Gastroenterology, Yonsei University College of Medicine, Seoul, Korea

Article: Lifestyle restrictions are associated with impaired quality of life but not reduction in relapse in ulcerative colitis **(Intest Res 2026;24:225-235)**

Ulcerative colitis (UC) is a chronic inflammatory bowel disease (IBD) that affects millions worldwide, characterized by long-term inflammation of the colon and rectum.[1] The treatment and management of UC traditionally focus on pharmacologic therapies, such as aminosalicylates, corticosteroids, immunosuppressants, and biological agents to control inflammation and induce remission.[2] While medications and clinical interventions are at the forefront of managing UC, lifestyle modifications have also become a key area of concern for patients. Lifestyle interventions such as dietary modifications, stress management, and avoidance of triggers have been commonly recommended to manage symptoms.[3,4] The belief is that certain behaviors, including specific dietary restrictions or stress reduction techniques, could help prevent relapses or flare-ups of the disease. However, a growing body of research challenges the effectiveness of these lifestyle changes in preventing relapse and highlights a significant, often overlooked aspect of the disease: the impact of these restrictions on the quality of life (QOL) of those living with UC.[5]

As highlighted in the STRIDE II study, both QOL and clinical remission are fundamental treatment goals in patients with UC.[6] The STRIDE II study emphasizes the importance of achieving both clinical remission and improving QOL, which includes addressing symptoms like abdominal pain and stool frequency. Effective management of inflammation and disease complications is necessary to enhance daily functioning and overall well-being. Furthermore, the psychological and social implications of living with UC underscore the need for comprehensive treatment plans. By prioritizing QOL alongside clinical outcomes, healthcare providers can foster better patient satisfaction and adherence to therapy.

Diet is a key modifiable environmental factor in the management of UC. Some studies suggest that foods such as red meat, dairy, and processed foods may worsen symptoms, while fruits, legumes, and poultry may have a protective effect. However, research findings remain inconsistent, and the 2020 European Society for Clinical Nutrition and Metabolism (ESPEN) guidelines emphasize that specific dietary restrictions are not necessary during remission due to limited evidence.[7] Nevertheless, patients with UC commonly report intolerance to certain foods, including high fiber foods, fatty foods, caffeine, alcohol, and processed foods. Regarding physical activity, regular exercise can help reduce inflammation and strengthen the immune system, and has been associated with reduced disease activity and improved QOL in patients with UC. However, some studies reported that there was no association between physical activity and clinical remission of UC, and excessive or high-intensity exercise may trigger symptoms in some individuals.[8] Also, the psychological stress in daily activities such as work, study, and housework could alter gut muco-

Received January 20, 2026. **Accepted** February 11, 2026.
Correspondence to Jihye Park, Department of Internal Medicine, Yonsei University College of Medicine, 50-1 Yonsei-ro, Seodaemun-gu, Seoul 03722, Korea. E-mail: wisdompark@yuhs.ac

sal integrity, promote microbial translocation, and trigger acute flares of UC.[9] However, enhancing individual stress-management capacity and improving living environments to modify environmental factors in patients with UC is a separate issue from maintaining daily life.

In the current issue, a multicenter, prospective cohort study was conducted to investigate the association between lifestyle restrictions and disease relapse, and their impact on QOL in 911 UC patients.[10] Lifestyle restrictions were evaluated through a questionnaire inquiring about restrictions on diet, physical exercise, and work/study/housework activities. The relapse of UC was defined as changes in stool frequency and rectal bleeding score using the 2-item patient-reported outcome (PRO2) scale, and the QOL was assessed every 3 months in the first year of observation using the QOL Disease Impact Scale-1. This study analyzed the effects of lifestyle restrictions on the relapse of UC and QOL based on a survey of a large number of actual patients, thereby providing insight into important issues that patients and clinicians are concerned about in actual clinical situations.

This article details the results of a multicenter study on the relationship between lifestyle restrictions and QOL in UC patients. This important research could help healthcare professionals care more empathetically for patients with UC and focus on improving their overall QOL, allowing them to maintain the improved lifestyle despite the limitations of this chronic condition.

ADDITIONAL INFORMATION

Funding Source
The author received no financial support for the research, authorship, and/or publication of this article.

Conflict of Interest
Park J is an editorial board member of the journal but was not involved in the peer reviewer selection, evaluation, or decision process of this article. No other potential conflicts of interest relevant to this article were reported.

Data Availability Statement
Not applicable.

Author Contributions
Writing and approval of the final manuscript: Park J.

ORCID
Park J https://orcid.org/0000-0002-5836-8735

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