

Crijevne bolesti u djece : pogled izvan probavnog sustava

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CID:	IP-2019-04-3028
Puni naziv projektnog prijedloga (HR):*	Crijevne bolesti u djece: pogled izvan probavnog sustava
Proposal's full title (EN): *	Chronic bowel diseases in children: looking beyond the gut
Voditelj projekta	Doc.dr.sc. Iva Hojsak, dr.med.
Organizacija / Institution: *	Klinika za dječje bolesti Zagreb / Children s Hospital Zagreb
Suradnici na projektu	Prof.dr.sc. Sanja Kolaček, dr.med (KDBZ) Dr.sc. Zrinjka Mišak, dr.med (KDBZ) Prof.dr.sc. Mario Habek, dr.med. (KBC Zagreb, Medicinski fakultet Zagreb) Doc.dr.sc. Magdalena Krbot Skorić, (KBC Zagreb) Dr.sc. Marko Jelić (Klinika za infektivne bolesti) Dr.sc. Tena Niseteo (KDBZ) Ana Močić Pavić, dr.med. (KDBZ) Antonella Geljić, dr.med. (KDBZ) Ivana Trivić, dr.med. (KDBZ) Sara Sila, mag. nutr (KDBZ)
Akronim projektnog prijedloga / Proposal acronym: *	AUTORUNGUT
Trajanje u mjesecima / Duration in months: *	48
Ukupno tražena sredstva od HRZZ-a / Total requested grant from HRZZ (HRK): *	996.600,00 Kn (HRK=0000,00)
Ključne riječi (najmanje 5):*	kronične upalne bolesti crijeva, iritabilni kolon, autonomni živčani sustav, tjelesna aktivnost, djeca
Keywords (at least 5): *	inflammatory bowel disease, irritable bowel syndrome, autonomic nervous system, physical activity, children
Znanstveno područje / Scientific area: *	Biomedicina i zdravstvo / Biomedicine and health sciences
Znanstveno polje / Scientific field: *	Kliničke medicinske znanosti / Clinical sciences
Znanstveno područje prema ERC klasifikaciji / Scientific area by ERC classification: *	256
Sažetak projektnog prijedloga (HR) (najmanje 100, a najviše 2000 znakova):*	Iako su kronične upalne bolesti crijeva (IBD) i sindrom iritabilnog kolona (IBS) vrlo različite bolesti, čija se etiopatogeneza, tijek, liječenje i komplikacije uvelike razlikuju, ove bolesti imaju i brojne sličnosti. Uzrokuju bolove u trbuhu, promjene u stolici, smanjuju kvalitetu života bolesnika, a sve ih također odlikuje kronična upala. Usto, u bolesnika s IBD-ijem koji nije aktivan, simptomi su često posljedica funkcijskog poremećaja za čiju patogenezu se odgovornom smatra disfunkcija osovine mikrobiota-crijevo-mozak. Ova osovina ima dvosmjerno djelovanje, crijevne promjene imaju utjecaj na neurološki sustav (osjet boli), ali i neurofiziološki čimbenici mogu djelovati na crijevo putem autonomnog živčanog sustava (ANS). Iako se navedeno čini zanimljivim u teoriji, malo je



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<p>Proposal summary (ENG) (min. 100, max. 2000 characters): *</p>	<p>istraživanja, posebice u pedijatrijskoj populaciji, koja su pokušala dokazati ulogu osovine mikrobiota-crijevo-mozak u pojavi simptoma. Osim toga, ostaje nepoznato mogu li vanjske promjene kao što je fizička aktivnost djelovati na ovu osovinu. Postoje ograničeni podaci u odraslih ispitanika koji potvrđuju da fizička aktivnost, ne samo da poboljšava tjelesnu spremnost već da pozitivno djeluje na mentalno zdravlje, sastav crijevne mikrobiote, tonus ANS-a, bolju kontrolu simptoma i poboljšanje kvalitete života. U djece nema nikakvih relevantnih znanstvenih istraživanja. Ova će studija pokušati procijeniti važnost pojave disfunkcije ANS-a te disbioze u djece s IBS-om u usporedbi s IBD-jem u remisiji i zdravim kontrolama. Osim toga nastojat će utvrditi može li strukturirana tjelesna aktivnost polučiti promjene u ANS-u i crijevnoj mikrobioti čineći ju sličnijima onoj zdrave populacije (zdrave kontrole). Osim toga utvrdit će se poboljšava li ona kvalitetu života i sastav tijela u djece s IBD-jem u remisiji i IBS-om.</p> <p>Although inflammatory bowel disease (IBD) and irritable bowel syndromes (IBS) are very different diseases, whose etiopathogenesis, course, treatment and complications significantly differ, these diseases also have similarities; cause abdominal pain with changes in frequency and consistency of the stool, significantly affect the patients quality of life (QoL), and in both diseases there are signs of mild active intestinal inflammation. In addition, in IBD patients, in the absence of disease activity, symptoms are largely attributable as functional for which pathogenesis the microbiota-gut-brain axis is recognized as crucial. This axis has a two-way effect, the changes in the intestine have neurological repercussions (sensory of pain) but also neuropsychological factors may have an effect on the digestive system through the autonomic nervous system (ANS). Although interesting in theory, minimal has been done in the terms of research in pediatric population to clarify this hypothesis of microbiota-gut-brain axis involvement in the symptoms. Strategy which remains unclear is whether outside stimuli like physical activity could induce change in the microbiota-gut-brain axis. There are some data in adults showing that physical activity is associated with improvements, not only in physical fitness, but also in mental health, microbiome composition, ANS tone, better symptoms control and QoL improvement. There are no data for pediatric population. This study will try to evaluate whether there is a significant pattern of intestinal microbiota and ANS dysfunction in children with IBS and IBD in remission and whether inclusion in structured physical activity can change their microbiota composition and ANS function more towards healthy controls. It would be of interest to see whether physical activity further improves QoL and body composition in both groups of patients.</p>
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