

## Diet and Inflammatory Bowel Disease Patient Information

Name: \_\_\_\_\_

Dietitian: \_\_\_\_\_

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This diet sheet provides written information for those with a formal diagnosis of inflammatory bowel disease, which includes Crohn's disease or ulcerative colitis. The contents are specific to the dietary management of inflammatory bowel disease and therefore only to be issued to persons with this diagnosis. The purpose of the diet sheet is to provide an overview for those who have been newly diagnosed with inflammatory bowel disease, or for those without specific complications seeking more generic dietary information.

### What is Inflammatory Bowel Disease?

Inflammatory bowel disease (IBD) includes both Crohn's disease and ulcerative colitis. Crohn's disease causes inflammation along any part of the digestive system (also known as the gastrointestinal tract or gut), whereas ulcerative colitis affects the inner lining of the colon and the rectum only (also known as the large bowel). Inflammation is the body's reaction to injury and irritation and can cause swelling and pain.

### Eating with Inflammatory Bowel Disease

Food is essential for everybody and is one of life's pleasures. If you have Crohn's disease or ulcerative colitis, you may find that certain foods affect your symptoms, or that digesting some foods may be difficult. IBD can cause symptoms such as diarrhoea, abdominal pain and bloating. If the small intestine is affected, the inflammation can also hinder the body's ability to digest food and absorb nutrients. However, the importance of good nutrition remains the same. Some people may find it helpful to alter their diet slightly, but do remember that everyone is different - IBD is a very individual condition and what works for others may not suit you.

### Can food cause Inflammatory Bowel Disease?

Researchers now believe that IBD is caused by a combination of factors: the genes a person has inherited, alongside an abnormal reaction of the immune system (the body's protection system against harmful substances) to certain bacteria in the intestines, probably triggered by something in the environment. Currently, there is no clear evidence that any particular food or food additive directly causes IBD.

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### Can food cure Inflammatory Bowel Disease?

Nutrition plays a vital role in inflammatory bowel disease to help you stay well and manage any symptoms. There is insufficient evidence that any diet can cure inflammatory bowel disease therefore it is important to ensure you are eating a balanced diet to help you stay well. As detailed in this diet sheet, there are various dietary changes that can help you manage your symptoms, whilst maintaining a balanced diet.

### Achieving a balanced diet

Food provides us with nutrients that give us the energy to go about our daily lives, and to help our bodies grow and repair themselves. It is important that we eat a healthy balanced diet in order to receive all the nutrients our bodies require.

### There are five main groups of nutrients:

**Carbohydrates** - a major source of energy. There are two main types of carbohydrates - simple and complex. Simple carbohydrates are sugars, and can be found in fruit, vegetables and milk, as well as in confectionery, cakes and biscuits. Complex carbohydrates include starch and fibre, and are found in foods such as pasta, potatoes and bread.

**Protein** - important for the growth and repair of body tissues, as well as being used to make enzymes, hormones and muscle. Protein can be found in meat, poultry, eggs, cheese, beans, nuts and pulses.

**Fat** - a concentrated energy source. It also helps protect our internal organs, and is required for our glandular and immune systems, and to help absorb certain vitamins. Fat can be found in foods such as meat and dairy products.

**Vitamins** - a group of nutrients found in very small amounts in food. They are important for cell function, growth and development. There are 13 essential vitamins, each vitamin has an important job in the body. An example is vitamin C, which is important for healthy teeth and gums. It also helps the body to absorb iron, and helps with wound healing.

**Minerals** - chemical elements found in food. They are needed in small amounts to help the body stay strong and function properly. Examples include calcium which is needed for strong bones, and iron which is needed for red blood cells.

You should talk to your IBD team if you are finding it difficult to manage foods from all five groups. It may be necessary for you to take a general multivitamin supplement. You can discuss this with your GP, Gastroenterologist, IBD Nurse, Dietitian or Pharmacist. People with IBD should be screened for iron, vitamin B12 or vitamin D deficiency. A bone density scan should also be completed to check your bone health. This will be arranged by your Gastroenterologist or GP.

### Managing symptoms

Some people find that making small changes to their diet can help to relieve symptoms. Possible 'trigger foods' vary from person to person and some people have no specific dietary triggers. It is important only to remove foods from your diet that are known to worsen your symptoms, to prevent your diet from becoming unbalanced and risking nutritional deficiencies.

### Bloating

Bloating and wind can sometimes be caused by eating too quickly or by swallowing too much air when eating. Make sure you make an effort to chew your food well and eat slowly.

Food and drinks such as fizzy drinks, spicy foods, legumes (peas, beans, lentils) and brassica vegetables (cabbages, cauliflower or broccoli) can also cause excess wind. Therefore limiting these foods may help your symptoms.

### Constipation

Drinking plenty of fluids and slowly increasing your fibre intake with fruits and vegetables can help alleviate symptoms of constipation but sometimes, you may need a laxative to help.

Please discuss this with your GP or Pharmacist.

### Diarrhoea

This is a common symptom during a flare-up of IBD. The following types of foods can be altered in your diet to help manage this.

- **High fibre foods**

Some people find that during a flare-up they are less able to tolerate high fibre foods e.g. fruit and vegetables, wholemeal/ wholegrain carbohydrates.

If this is the case for you, choose white versions of carbohydrates such as bread and pasta, and cut down on fruit and vegetables. Once your flare-up has resolved, you should reintroduce high fibre foods back into your diet, to tolerance (unless advised against this by your Dietitian or Gastroenterology), as many people can tolerate fibre well during periods of remission and they are important for your long-term gut health.

If you have a stricture or narrowing in your gut, please speak to your IBD Consultant, IBD nurse or Dietitian about appropriate management of this. The dietary advice regarding this is not included in this leaflet.

- **Dairy products**

If you find that milk based products make your symptoms worse, you may find it beneficial to trial a lower lactose diet. By removing the lactose, you are removing the sugar, known as lactose, found in milk that may be difficult to digest during a flare up. You can find lots of lactose free products in the supermarket. It is important to make sure the lactose free products you buy have calcium added to them. Patients with IBD have raised calcium requirements therefore it is important to still include dairy or dairy alternatives (such as lactose free products) with added calcium in your diet.

Once your flare up has resolved, it is important to reintroduce milk and milk based products back into your diet. They are a very good source of calories and protein, as well as calcium, and therefore are important foods to include in your diet. If you find your symptoms persist with milk products despite being in remission, you should speak to your Dietitian about how to manage this long term.

### Monitoring symptoms

You might find it useful to keep a 'food and symptom diary' to help you identify about specific 'trigger foods'. This will help you keep track of what you eat and when your symptoms occur.

You should try to keep a food diary for one to two weeks. If you find that a particular food leads to symptoms on several occasions, try removing it from your diet and monitor any changes in your diet. If removing the food makes no difference, you should add it back into your diet.

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**An example of a food and symptom diary is provided below:**

Date/time	Food eaten	Symptoms (eg: diarrhoea, bloating, wind, pain)
Monday breakfast (9:30am)	2x Weetabix with full fat milk	Bloating ~20 minutes after meal, pain
Monday morning snack (11am)	2 small sponge cakes, latte made with full fat milk	None

### Optimising your weight

Experiencing a flare-up of your IBD can make it difficult to eat well, and symptoms such as pain, diarrhoea, nausea and vomiting can reduce your appetite. Weight loss is usually an indicator that you are not getting enough nutrients.

If you are concerned about your weight, the following advice may help to minimise any further weight loss,

- Eat small, frequent meals and snacks- eating little and often can actually help stimulate your appetite. Aim to eat something every 2-3 hours
- Drink nourishing drinks between meals eg: glasses of milk, milkshakes, hot chocolate with full fat milk, juices, soups
- Include full fat and sugar products in your diet
- If you feel unable to manage a full meal try to have a snack or a pudding instead- the most important thing is to eat regularly
- Continue to eat foods you usually enjoy and eat when you feel most able to- this may not always be at usual mealtimes

If you are continuing to lose weight despite this advice, you should contact your GP, IBD nurse or Dietitian in the first instance for more advice. They may advise you to have oral nutritional supplement drinks that are available over the counter or on prescription. Your GP, IBD nurse or Dietitian will speak to you about the most suitable option for you.

### Other diets for IBD

- **The Low FODMAP diet**

The low FODMAP diet can be used for people with inactive IBD, who are still having symptoms despite being in remission. Inactive IBD, or IBD in remission means that

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time, there is no evidence of inflammation or ulceration within the gut. Some research suggests that for some patients with inactive IBD, the low FODMAP diet can help to manage symptoms such as wind, bloating and diarrhoea. There is currently no evidence that it is useful for people with active disease. The low FODMAP diet is complex to achieve and should only be carried out under the supervision of a Dietitian. If your IBD is in remission and your symptoms persist, speak to your IBD nurse, Gastroenterologist or Dietitian about whether the low FODMAP diet is suitable for you.

- **Exclusion and experimental diets**

There is a lot of information online and on social media about diet and IBD, including exclusion and experimental diets. There has been very little research undertaken on many of these diets, and there is no conclusive evidence that they are of any benefit for people with IBD. There is some evidence to support their use in certain circumstances, however all of them involve cutting out whole groups from your diet which without appropriate supervision and guidance, is likely to lead to nutritional deficiencies and poor outcomes. You should always speak to your IBD team or Dietitian before undertaking a substantial dietary change. If you would like to discuss this further, your dietitian can work with you to formulate a dietary plan that suits you and is nutritionally balanced.

### Probiotics

Probiotics (products containing live bacteria strains e.g. yogurt drinks) have been shown to be beneficial under certain circumstances for individuals with ulcerative colitis. There is no current evidence suggesting benefits for individuals with Crohn's disease. If you wish to trial a probiotic, discuss this with your Dietitian or IBD team.

### When to see a Dietitian

You should speak to your IBD nurse or Gastroenterologist about referring you to a specialist gastroenterology dietitian if,

- You are continuing to lose weight or unable to gain weight despite following the advice in this leaflet
- You are having difficulty achieving a balanced diet and feel you may be at risk of nutritional deficiencies
- You are having troublesome symptoms such as wind, bloating, diarrhoea, pain or discomfort associated with eating
- You wish to discuss any exclusion or experimental diets for the management your IBD.

### Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share

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information that identifies you with other organisations we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

### Additional Sources of Information:

Go online and view NHS Choices website for more information about a wide range of health topics <http://www.nhs.uk/Pages/HomePage.aspx>

### You may want to visit one of our Health Information Centres located in:

- Main Entrance at Birmingham Heartlands Hospital Tel: 0121 424 2280
  - Treatment Centre at Good Hope Hospital Tel: 0121 424 9946
  - Clinic Entrance Solihull Hospital Tel: 0121 424 5616
- or contact us by email: [healthinfo.centre@heartofengland.nhs.uk](mailto:healthinfo.centre@heartofengland.nhs.uk).

### Dear Patient

We welcome your views on what you thought of this patient information leaflet, also any suggestions on how you feel we can improve through our feedback link below:

- Patient Information Feedback email: [patientinformationleafletfeedback@heartofengland.nhs.uk](mailto:patientinformationleafletfeedback@heartofengland.nhs.uk)

If you wish to make any other comments this can be done through the links listed below:

- Patient Opinion: [www.patientopinion.org.uk](http://www.patientopinion.org.uk)
- I want great care: [www.iwantgreatcare.org](http://www.iwantgreatcare.org) (Here you can leave feedback about your doctor)

Be helpful and respectful: think about what people might want to know about our patient information and this hospital and how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the sites.

**If you have any questions you may want to ask about your condition or your treatment or if there is anything you do not understand and you wish to know more about please write them down and your doctor will be more than happy to try and answer them for you.**