

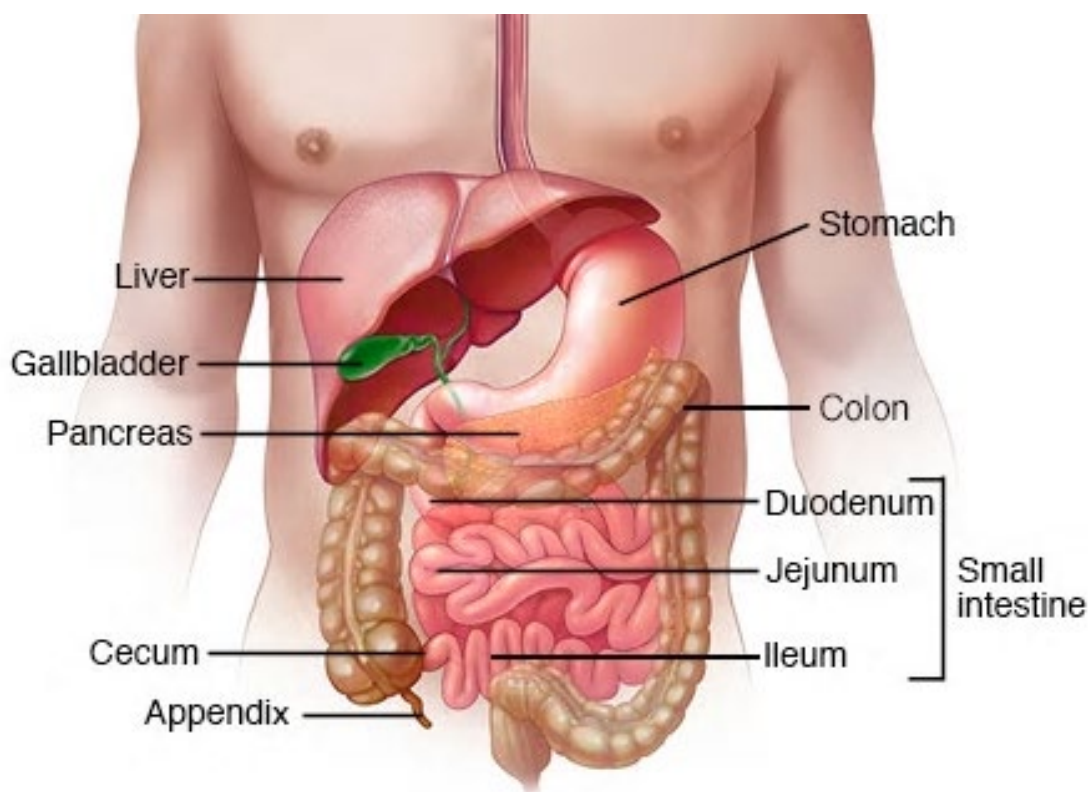
Nutrition in Inflammatory Bowel Disease (IBD)

What is IBD?

Inflammatory bowel disease (IBD) is a term used to describe Crohn's Disease (CD) and Ulcerative Colitis (UC). They are autoimmune diseases resulting in inflammation of the digestive (gastrointestinal) tract. UC effects the colon (large bowel), while CD may occur anywhere in the digestive tract.

There is no cure for IBD. People with IBD will experience periods when the disease is active (flare). There are times when it's not active (remission). Treatment aims to minimise flares and maintain remission.

Microscopic colitis is an inflammatory bowel disease that affects the large bowel. It differs from UC and CD as inflammation is seen through tissue samples rather than on colonoscopy. Symptoms may include weight loss, fatigue, and watery diarrhoea.



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How does the digestive system work?

Understanding the gastrointestinal system can help you in understanding IBD. It is important to know the location of your disease as it can help in understanding symptoms.

The gastrointestinal tract is like a long, muscular tube. It starts at the mouth and ends at the anus with digestive organs along the way. It breaks down our food to fuel our bodies and gets rid of the waste.

- Digestion starts in the mouth. After swallowing, the food goes down the oesophagus (food pipe) to the stomach where it is broken down.
- The partly broken-down food is released into the small intestine (small bowel, which is divided into the duodenum, jejunum and ileum). Digestive juices break down food further to assist in nutrient absorption.
- Once nutrients are absorbed your body can use them. The waste is then pushed into the large bowel (includes the colon, rectum and anus).
- Water is removed and the waste is stored as stool (faeces) until the bowels move.

What are the symptoms of IBD?

As IBD causes inflammation in the gastrointestinal tract, it can cause symptoms including:

- Abdominal (tummy) or anal pain
- Diarrhoea (loose stools, with or without blood and mucous)
- Weight loss
- Tiredness

Can diet cause or cure IBD?

- There are many factors that may contribute to developing IBD. Genetic, infectious and environmental reasons may play a role.
- Currently, there is no strong evidence that any food or food additive causes IBD or disease flares. Although many diets may claim to cure IBD there is limited evidence to support their use. Many of these diets involve restricting food items which may result in a lack of nutrients.

Why is diet important with IBD?

- Diet is important in ensuring our bodies are well nourished.
- A well-balanced diet ensures that your body receives the required nutrients.
- The type of diet you need may change at different stages of your disease.
- Some people may want to follow a special diet, but it is important to discuss this with your IBD team. Some diets may need dietitian supervision.

What should I eat during a flare?

During a flare up, you may lose weight without trying. This could be because you are not eating as much or that your body is not absorbing important nutrients. Nutrition needs can also increase when inflammation or infection are present. You may need to increase your intake of protein and calories (energy) to maintain your body weight.

High protein foods	High energy foods
<ul style="list-style-type: none">• Meat, chicken, fish• Eggs• Dairy products: milk (plain or flavoured), cheese (all types), yoghurt, custard• Meat alternatives e.g. tofu, vegetarian sausages	<ul style="list-style-type: none">• Full cream dairy products• Margarine, butter, salad dressing, oil• Juice, cordial, chocolates, lollies, ice cream• High fat and/or high sugar foods such as chips, biscuits and shortbread

What about a low fibre diet?

Your doctor or dietitian may suggest a low fibre diet for a **limited time** if you are flaring. If you have a stricture (narrowing of the bowel), a longer-term reduction may be required. This will help minimise symptoms (cramping, pain) and reduce the risk of bowel blockages. If you are experiencing ongoing constipation, seek medical advice. It is important to do this before changing your diet or taking any fibre supplements.

What about foods that make me feel worse?

During a flare up, you may avoid foods that make symptoms worse. **When symptom-free, it is important to re-introduce those foods back into your diet.** It might be helpful to keep a food and symptom diary to identify tolerated foods.

What about hydration?

Keep yourself well hydrated by drinking at least **8 cups of fluid per day**. This helps prevent dehydration and constipation.

What about lactose?

In remission, unless you have an intolerance to lactose, there is **no need to avoid dairy** products.

In a disease flare, your body's ability to digest lactose may be impaired, therefore you may wish to choose low lactose options such as lactose free milk. Most cheese are low lactose and can usually be included in a low lactose diet. Although most yoghurts are low lactose, if you are sensitive to lactose you may prefer to choose lactose free yoghurts or coconut yoghurt.

If you have ongoing symptoms not relating to your IBD please contact your dietitian. You may be experiencing food intolerance(s).

Specialised diet prescription

Your IBD team may prescribe a specialised diet to bring your CD into remission

- Exclusive enteral nutrition (liquid nutrition)
- Crohn's Disease Exclusion Diet

Please talk to your IBD team to determine if this is right for you.

What should I eat when the disease is not active?

Follow a healthy balanced diet:

- Eat from the five food groups (breads & cereals, meat & alternatives, dairy, fruit & vegetables).
- Consume at least **25g of fibre per day** to keep your bowel healthy and regular.
- Aim for **8 cups of fluid per day**.
- If still experiencing symptoms in remission, you may have food intolerances. Talk to your IBD team.



Australian Guide to Healthy Eating

Enjoy a wide variety of nutritious foods from these five food groups every day.
Drink plenty of water.



Source: National Health and Medical Research Council

What about surgery?

- Some people with IBD may need surgery.
- Most people follow a healthy balanced diet with no restriction after surgery.
- Some people with strictures awaiting surgery may need to modify fibre intake in their diet, change the texture of their food or even have a liquid diet. Your dietitian will be able to help make sure you get enough nutrition during this time.
- Some people who have had certain surgeries can be at risk of developing vitamin B12 deficiency or bile salt malabsorption. Your dietitian will tell you if you need ongoing monitoring.
- Your IBD team will let you know if you need to make specific diet changes.

What about a multivitamin?

- People with IBD are at higher risk of vitamin or mineral deficiencies.
- Vitamin and mineral supplements are usually not needed if you follow a healthy balanced diet, unless specified by your dietitian.
- If you have concerns, discuss with your IBD team.

Iron deficiency

- Iron deficiency is common in people with IBD.
- Main causes include not eating enough iron, difficulties absorbing iron and/or blood loss.
- Diet is one method to increase iron intake – discuss this with your dietitian. Other treatment includes iron tablets or intravenous iron (via drip or needle).

Additional or alternative medicines

The use of alternative therapies and medicines is common. Yet the safety and benefit of these therapies may not be clear from studies. Discuss alternative medicines with your IBD team before taking.

- **Prebiotics + Probiotics:** Probiotics are live, beneficial bacteria. Prebiotics are non-digestible fibres in food that fuel beneficial bacteria. Some research suggests a certain type of probiotic may provide clinical benefit for mild/moderate UC. There is not enough evidence to support probiotic use in achieving or maintaining of remission in CD. There is no clear evidence showing clinical benefits of prebiotics in CD or UC currently.
- **Peppermint oil:** Bloating, gas & abdominal pain may improve with enteric-coated peppermint oil capsules. It appears to be safe in small doses. It will not alter the level of inflammation.
- **Curcumin (turmeric):** shows a small benefit in mild/moderate cases of UC. If you believe it will benefit you talk to your IBD team.
- **Omega-3 fatty acids (fish oil):** not enough evidence to recommend.

Other approaches have not been well studied. These include hypnotherapy, reflexology, relaxation, meditation and yoga. Please talk to your IBD team if you would like any further information.

Summary

- Maintaining good nutrition is important in IBD to keep your body well nourished.
- The type of diet you need may change at different stages of your disease.
- Talk to you IBD team about what is right for you.

Useful websites:

Crohn's & Colitis Australia: <https://www.crohnsandcolitis.com.au/>

IBD Support Australia: ibd.au

Find support:

IBD Support Australia: <https://ibd.au/community-groups/>

Crohn's & Colitis Australia: <https://crohnsandcolitis.org.au/support/>

IBD dietitians: <https://deccanibd.org/>

For further information, contact your dietitian or nutritionist: _____