Berkshire Healthcare NHS Foundation Trust
Royal Berkshire NHS Foundation Trust

Your diet and liver disease

Name _____

Dietitian _____

Dietitian contact number: 0118 322 7116

The effect of diet on advanced liver disease.

The liver plays a key role in your body's ability to store and release energy. In advanced liver disease this ability is severely reduced. When the liver can no longer maintain its carbohydrate stores, the body quickly turns to breaking down muscle and fat for energy, leading to muscle weakness and wasting. This is why protein and energy (calorie) requirements are very high in advanced liver disease.

Liver disease can cause reduced appetite or food/fluid intake due to nausea, vomiting, pain, ascites (fluid build-up), fatigue or extended periods of being nil by mouth for tests.

Meal patterns

It is recommended that you eat every 2-3 hours to keep up your energy stores and reduce the risk of the body breaking down muscle.

Aim for 6 small but regular meals each day, in each meal include foods that contain carbohydrates and protein.

Ideally, you should avoid fasting (not eating) for no more than 2 hours at a time during the day.

In hospital you are provided with 3 meals a day. Therefore, you will need to have nutritional supplements and snacks available on the ward in between main meals to follow this meal pattern.

Please note if you are carrying excess fluid on your stomach (ascites) or limbs (oedema), your actual weight will be much lower than the weight on the scales and this will be taken into account by the dietitian when calculating how many supplements you need.

Which foods contain protein?

Animal based protein:

Chicken	Pork	Yoghurt
Turkey	Fish	Cheese
Beef	Eggs	Milk

Plant based protein:

Lentils	Tofu	Nuts butters – e.g. peanut/almond
Chickpeas	Quinoa	
Black beans	Nuts (Unsalted)	

Please ask your dietitian if you would like more information on foods that contain protein or high protein snacks.

What foods contain carbohydrate?

- Bread: white or wholegrain bread, rolls, pitta, chapatti/roti, naan, ciabatta, and bagels.
- Potatoes: baked, mashed, boiled, or roasted.
- Grains and pasta: rice (white or brown), pasta, gnocchi, noodles, couscous, and quinoa.
- Breakfast foods: porridge oats, muesli, granola, and cereals.
- Other: yam, plantain, sweet potatoes, and taco shells.
- Snack items: crackers (water crackers, cream crackers), biscuits (digestives, rich tea), crumpets, scones,

Have a 50g carbohydrate snack at bedtime

A late-night carbohydrate snack is recommended at around 10pm or just before you go to bed, to reduce the risk of muscle breakdown overnight when you are not eating regularly.

Some examples of 50g carbohydrate snack are:

Available in hospital:

- 2 slices of bread with jam
- 300ml milk and 3 plain or chocolate biscuits

- 5 plain or chocolate biscuits
- Breakfast cereal with milk and a banana
- 1 bottle (200ml) of Fortijuce® (In hospital)
- Just over 1½ bottles (200ml) of Fortisip Compact Protein (In hospital)

Ideas/options for home:

- A banana with 3 or 4 biscuits.
- Mug of Horlicks or hot chocolate with 2-3 chocolate biscuits.
- A toasted muffin with butter and one pot of fruit yogurt.
- Scone with jam/small flapjack with 300ml milk
- Slice of cake with custard or ice-cream.
- Two sausage rolls or 4x 50g mini pork pies.
- Two crumpets with butter, jam or chocolate spread.
- A jam doughnut with a glass of full fat milk.
- Seven or 8 crackers with butter.
- A pot noodle.
- Half a tin of baked beans with a slice of toast.

Oral nutritional supplement drinks

You will be advised to have high energy/protein milk or juice-based drinks in addition to your hospital menu. These drinks are available in a variety of styles, volumes and flavours. If you did not like one that was given to you, please speak to your dietitian or the nursing staff to find an alternative.

These drinks may taste better when they are cold. If they are not cold enough, please ask the staff if they can provide you with one that has been kept in the fridge. You can dilute the drinks with water or milk, but it is important that you aim to finish them to get the total amount of energy/protein they provide.

Please note that these drinks, and any extra fluid added to them, need to be included if you are on a fluid restriction.

If you need to continue to take nutritional supplements when you are discharged home, the dietitian may ask your GP to switch you to a different product used in the community (usually a powdered-style nutritional supplement made up with full fat milk, for example Aymes Shake, Complan or Ensure Shake).

Supplementary enteral tube feeding

If you are unable to meet your energy/protein needs from your diet and nutritional supplement drinks, you may need to be fed using a specialist feeding tube. A naso-gastric (NG) tube may be placed down your nostril and into your stomach. The dietitian will then advise on a specialist liquid feed that will help provide your body with the extra energy, protein and other nutrients needed in liver disease. You can still eat and drink with the NG tube in place.

No added salt diet

Having too much salt in your diet may make any ascites (collection of fluid in the abdomen) or oedema (fluid build-up in your limbs) worse. You may be advised to follow a no added salt diet. A completely salt free diet is not required; however, you should reduce your intake of salt to less than 100mmol sodium or 5.2g salt per day (¾ teaspoon per day).

At home: avoid adding salt to your food and cooking water. Instead, use herbs and spices to add flavour to your food, for example:

- Use black pepper and/or fresh herbs
- Add lemon juice to fish or meat
- Eat meat with sauces such apple sauce and redcurrant jelly
- Add olive oil or vinegar to salads/vegetables

Check the labels of ready-made meals and choose ones that have less than 0.3g salt per 100g. If the labelling does not say ‘per 100g’ then aim to choose foods that have less than 1.25g salt (0.5g sodium) per serving. Use the traffic light icon on packaging to guide you. Avoid food that has a ‘red’ salt label and opt for ‘green’ options wherever possible.

Limit	Try
Soups: packet, tinned or instant	Homemade soups without added salt
Stock cubes and gravy granules	Herbs and spices to flavour dishes. Make homemade sauces for meat using milk, butter, onions and garlic. Low salt gravy granules
Tinned vegetables and beans	Fresh or frozen vegetables Reduced-salt versions of e.g. baked beans
Cured and processed meats (ham/bacon/sausages/salami)	Un-smoked varieties, or cooked fresh meat
Tinned fish in brine or tomato sauce	Tinned fish in oil or spring water
Yeast extracts e.g. Bovril™ or Marmite™	Savoury spreads: cream cheese, hummus or low salt peanut butter
Hard cheese	Cheese is a good source of protein and energy, but try to limit to a small matchbox size every other day
Salted butter/margarine	Unsalted varieties

Weight check

It is important that you check your weight regularly. This will help you monitor if you have any build-up of fluid on your stomach (ascites) or limbs (oedema), and will help doctors and dietitians to provide you with further advice, for example if you need to follow a low salt diet or any further medication/procedures.

Dealing with nausea

- If smells make you sick, try to get some fresh air before you eat.
- Choose cold foods (e.g. sandwiches) if cooking smells make you feel unwell.
- Keep your mouth fresh by brushing your teeth, using mouthwash, or sucking mints.
- Do not let yourself get too hungry, as hunger can make nausea worse, try to eat every two hours during the day.
- When you are feeling well, try to eat as much as you can manage.
- If you have been prescribed ant sickness medication, take this 30 minutes before trying to eat.

Notes:

Please ask if you need this information in another language or format.

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