

Dietary advice for people with inflammatory bowel disease (Crohn's disease and ulcerative colitis)

Advice on what to eat and drink when you have a high output stoma.

Your name: _____

Your dietitian: _____

Dietitian contact number: **0118 322 7116**

What is inflammatory bowel disease?

IBD is a term used to describe Crohn's disease and ulcerative colitis. IBD are life long conditions, most commonly presenting in young people, between 15-30 years, with a second peak onset time at 60-80 years of age. It affects men and woman equally and is characterised by unpredictable periods of relapse and remission of inflammation of the gastrointestinal (GI) tract (the gut).

The causes of IBD are unknown, but it is understood to have a strong genetic influence and may also be due to an abnormal immune system response to bacteria in the gut, which could be triggered by environmental factors.

The disease causes inflammation and ulceration in the colon and rectum (ulcerative colitis) or anywhere in the GI tract from your mouth your rectum (Crohn's disease) and can therefore have an impact on the way your body digests and absorbs food.

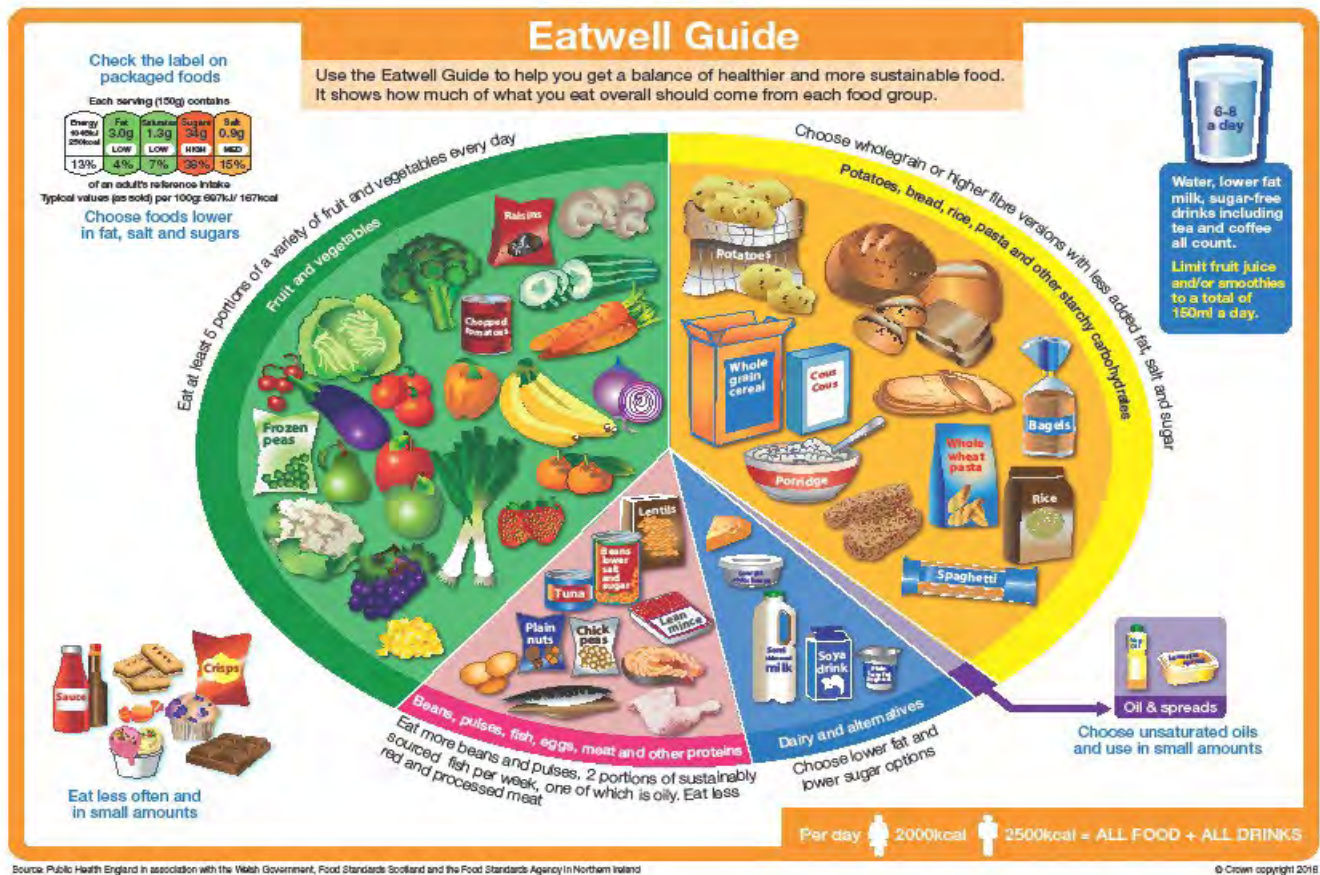
Symptoms of IBD

The main symptoms are urgent and frequent diarrhoea, often with rectal bleeding, abdominal pain, bloating, flatulence, profound fatigue and anaemia. These symptoms will affect your nutritional status as they could lead to dehydration, loss of appetite or decreased interest in food or ability to eat which could lead to vitamin and mineral deficiencies.

Treatment of IBD

Sadly, at present there is no cure for IBD, therefore the focus of management is to induce and maintain remission, by reducing inflammation with immunosuppression (drugs to help suppress your immune system). Your doctor will have discussed these types of drugs with you; they should reduce inflammation and aim to keep your condition in remission. Some food supplements could also be useful.

About a third of patients do not respond to these drugs, and surgical intervention will be required at some point, where affected or damaged parts of the bowel will need to be removed (as a last resort).



Your diet

During periods of remission, there is no need to change your diet. A normal healthy, balanced diet is recommended. A balanced diet contains foods from each of the following five food groups, in the correct proportions. This will mean your body gets all the nutrients that it needs.

Potatoes, bread and cereals

These foods should form the basis of your diet. They provide energy, B-vitamins, iron and fibre. It is recommended that you consume 7-14 portions per day (depending on your gender and age).

A portion includes one of the following:

- 2-4 tablespoons (tbsp) cereal
- 1 slice of bread
- 2-3 crispbreads or crackers
- 2-3 tbsp rice, pasta or mashed potato
- 2 new potatoes or half a baked potato

Fruit and vegetables

Aim to have five portions per day as they provide essential vitamins, minerals and fibre. A portion includes one of the following:

- Banana or apple
- 1 handful of grapes
- 1 slice of melon
- 1 cereal bowl of salad
- 2 plums
- 1 raw medium carrot
- 1 small glass fruit juice or
- 3 heaped tbsp vegetables
- smoothie

Meat, fish, eggs and alternatives

These foods provide us with protein, iron and B-vitamins. Have 2-3 servings daily. Alternatives include beans and pulses but avoid large portions of these if you find that they upset you.

A serving includes one of the following:

- 2-3 oz (60-85g) meat, poultry or vegetarian alternative.
- 4-5 oz (120-140g) fish.
- 2 eggs.
- 2 tbsp nuts.
- 3 tbsp beans, lentils.

Dairy products

Aim for 3 portions of milk, cheese and yoghurt daily as they provide protein and calcium needed for strong bones. Use full fat products if your appetite is poor or you are trying to gain weight.

A portion includes one of the following:

- ⅓ pint of milk.
- Small pot yoghurt.
- 2 tbsp cottage cheese.
- 1½ oz (40-45g, matchbox size) cheese.

Probiotics

Probiotics are live organisms often referred to as the 'good bacteria' in the gut that may have a beneficial effect if taken daily. There is good evidence that they can help maintain remission and reduce inflammation and boost the immune system in ulcerative colitis, especially pouchitis. At present the benefit of their use is less convincing in Crohn's disease. Probiotics pose no harm to you, so using them as a supplement to your diet could help maintain your health. Please remember that they are not a replacement to the medication prescribed by your doctor, but can be used as a supplement.

Useful strains are members of the following groups: *lactobacilli*, *enterococci* and *bifidobacteria* so it may be useful to look for these ingredients if you are considering their use.

Omega 3 fatty acids

These are called essential fatty acids, and they are needed from the diet because they cannot be made by the body. They are beneficial as they have an anti-inflammatory effect and could be used in addition to medical treatment to maintain your IBD in remission.

Animal sources of Omega 3 include:

- Oily fish (salmon, anchovy, herring, mackerel, sardines) – 2 x 3oz portions are recommended weekly.
- Omega 3 enriched eggs and dairy products.
- Fish oil capsules.

Plant sources of Omega 3 include:

- Seaweed/kelp, flaxseeds, walnuts, corn oil.

Fluids

Drink plenty of fluids, 8–10 cups per day, including a glass of pure fruit juice or fruit drink with added Vitamin C daily. It is important to ensure that you drink enough especially if you have diarrhoea, a fistula or are feeling feverish. **There may be specific circumstances where it is advisable to drink less fluid; this will be discussed with you when it is needed.**

Making changes to your diet

During relapse periods, you may find that having smaller meals, at regular intervals may be easier to tolerate. When your appetite is poor you might find it useful to enrich or fortify your meals – your dietitian will be able to advise you with this. It may be beneficial to take a multivitamin supplement when you are not eating well to avoid nutritional deficiencies.

Strictures

These occur when parts of your bowel have a narrowing because of inflammation or scar tissue (healed inflamed tissue). You may find it difficult to eat food that you are usually able to eat. It may therefore be necessary to reduce your fibre intake or stop eating solid food and have a liquid diet for a period of time until remission can be achieved. Again your dietitian should supervise this to ensure that your nutritional needs are met. If you are able to eat food when you have a stricture it is advised that you:

- Chew food well.
- Choose soft food.
- Consume liquid with each meal.
- Avoid nuts, pips, seeds, skins, stalks, wholegrain, orange pith, dried foods and gristle.

Food intolerance

It is unlikely that you are intolerant to specific foods, even though you may feel that you can relate some symptoms to certain foods. Some people with IBD choose to avoid milk and dairy products. It is useful to discuss this with your dietitian, to ensure that you are not restricting your diet unnecessarily.

Lactose (milk sugar) intolerance can occur in Crohn's disease when the small intestine is damaged or has been resected. It is rarely a long term intolerance in ulcerative colitis following a flare-up. You may find that you are able to tolerate smaller portions of dairy products or have lactose free versions. You should try not to exclude milk from your diet as this increases your risk of nutrient deficiencies, especially calcium. If you are taking drugs that reduce inflammation, they can weaken your bone structure therefore it is important to maintain a balanced diet where possible.

Some people find that gluten or wheat is poorly tolerated if you have IBD. It is only recommended that you follow a gluten/wheat free diet if there is clear evidence that it will have a beneficial effect on your intestines. Discuss with your healthcare team before imposing any dietary restriction.

Notes

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

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