

NUTRITION AND DIET

Many people think that 'their diet' may be the cause of their inflammatory bowel disease but this is simply not the case. There is no magic diet that will solve all their troubles; eliminate their symptoms and allow them to reduce, or stop, their medication. It does not exist. Some rare people are lucky and find a food that has aggravated them and eliminating it does make a difference. The key for most people to managing their condition however is to eat a well balanced diet that includes foods from all the main food groups. Good nutrition actually improves overall health status and supports the healing process.

Is it true that milk will make the symptoms of IBD worse?

The belief that dairy products such as milk, cheese and ice cream can worsen the symptoms of IBD is incorrect. A small number of people cannot digest the sugar (lactose) in milk as they are lacking the digestive enzyme lactase in the small bowel. Undigested lactose may lead to cramping, abdominal pain, gas and bloating. However, even those who are lactase deficient can usually tolerate small amounts of dairy products e.g. milk in their tea.

The majority of people with IBD can tolerate dairy products and these should be included in the diet as they are a good source of nutrition including protein and are the best source of calcium.

Does resting the intestine help the inflammation?

There is no evidence that resting the bowel by having periods of starvation is helpful. In fact it may be more harmful as this can lead to malnutrition. The person with active IBD requires increased nutrients and energy because of the inflammation and poor digestion and absorption of nutrients. Specialised liquid formulas or tube feeds may be needed if there is obstruction in the bowel, very severe disease, or after surgery in the small bowel. It is advisable to seek guidance with nutritional requirements from the health professionals.

Is it helpful to take more or less fibre than usual in the diet?

A low fibre diet which limits the amount of 'bulk' in the diet is often used when there is active disease in the large bowel or terminal ileum, to help control symptoms of diarrhoea, bloating and abdominal cramping. As discussed below, most people with IBD can eat a normal, or near-normal diet without making diarrhoea or pain worse. The usefulness of the strict, traditional, "low residue" diet is now seriously questioned, though it is recognised that an excess of fruit can make diarrhoea worse, just as it can cause diarrhoea in healthy people. For this reason, most doctors advise their patients to take a normal nutritious diet unless particular foods appear to cause unpleasant symptoms.

For people with Crohn's disease with small bowel strictures (narrowing), it is advisable to reduce high fibre foods and those which may cause blockages, and abdominal cramping. Discuss this with your dietician.

Is alcohol harmful?

There is no evidence that alcohol taken in moderation makes the inflammation worse. Some healthy people notice bowel looseness after certain wines or beer, and people with IBD who notice the same thing will naturally avoid the types of alcohol that upset them. People on medication for their IBD and associated problems should consult their doctor or pharmacist to ensure that alcohol intake doesn't interfere with the metabolism of their medication or cause additional side effects.

Do particular foods aggravate diarrhoea?

Watery frequent bowel motions are due to failure of the small intestine and/or colon to absorb fluid because the lining is inflamed and does not absorb fluids or nutrients properly. An excess of fruit or onions in some people, beer, or very spicy or fatty foods, may give healthy people diarrhoea. Such foods may aggravate the diarrhoea in people with IBD, but it is doubtful if any of them do harm. It seems sensible for people to avoid foods that they know cause them diarrhoea, but apart from this they should eat normally. When the capacity of the small intestine to absorb fat is impaired, even a normal amount of fat in the diet may cause diarrhoea. Such people may benefit from restriction of excess fat in the diet.

Many people with ulcerative colitis cannot wait when they feel the urge to go to the lavatory, regardless of whether the stool is liquid or solid. This symptom is generally due to sensitivity of the inflamed rectum and there is no evidence that a change of diet influences this sense of urgency, except in so far as the number of stools can be reduced, as already described.

Do particular foods cause pain?

Abdominal cramps may occur when there is a narrowing of the intestine so that the intestinal muscle has to contract forcibly to push the contents through the narrowed area. In this situation, lumps of indigestible food such as gristle, fibrous vegetables, orange pith, dried fruits, mushrooms or nuts may aggravate the pain because a lump of food lodges at the site of narrowing and the intestinal muscle contracts very strongly to push it through. When one or more narrowed areas of intestine are present, as may happen in Crohn's disease, pain may be relieved by avoiding large meals and by leaving out these indigestible items of food, and chewing all food to a puree in the mouth before swallowing.

Do particular foods aggravate wind?

Wind largely arises from bacterial fermentation of food residues in the colon. Failure to absorb fat or milk sugar (lactose), as already described, may lead to flatulence. This can be helped by a low-fat or low-milk diet respectively. Food such as cabbage, broccoli and onions can lead to the formation of wind in normal people and therefore should also be taken in moderation in people with IBD. If you find yourself with problematic wind after eating a particular food, you may find it best to avoid it altogether. People will react differently to foods, so it is difficult to provide specific nutritional advice for people with IBD who experience flatulence, to follow.

Can inflammation affect the body's need for food?

Inflammation, severe enough to cause fever, increases the body's need for energy. If there is an excess of fluid lost from the diseased intestine, the body loses protein, and perhaps blood. Eating nutritious food in this situation is therefore advantageous. Loss of weight, or failure of a young person to grow normally, is an indication to seek medical advice. It may be that not enough food is being eaten or that absorption of food is impaired. During illness, when appetite is poor, special food supplements, often based on milk, can be helpful. It is very important that foods rich in protein, such as milk, cheese, eggs, fish and meat, are eaten at this time to compensate for the losses of protein that tend to occur from the inflamed intestine and to encourage healing.

Can diarrhoea increase the body's need for fluid?

Whenever fluid losses from the intestine are greater than normal, as when there are watery stools passed several times a day, the body needs more fluid and salt than usual. Usually drinking more is enough. However, other treatments may be advised if fluid losses are very great. A special solution of salt and glucose (or sugar) in water may then be prescribed. Glucose electrolyte solutions are available from the chemist and should be kept on hand for water and salt replacement when there is excessive diarrhoea. In severe cases dehydration will occur and fluid losses can sometimes be replaced by giving fluids into a vein in hospital.

Can an abnormality of the small intestine affect the body's supply of food?

Nourishment can be used as energy, or incorporated into the body tissues, only if it passes across the small intestinal lining. In Crohn's disease the small intestine may become inflamed and sometimes part of the small intestine becomes so severely diseased that a segment has to be removed by surgery. In these circumstances food may not be absorbed as well as possible and the body may be deprived of essential foodstuffs even though a normal diet is eaten. Reduction of fat in the diet may be helpful because the intestine's reserve capacity for fat absorption is limited more than that for carbohydrate or protein. People with a limited capacity for absorption will need to take more total food than normal. Small, frequent, high calorie meals will ensure a better intake of energy. A nutritional supplement to help meet the extra energy and protein needs may be required. Special measures may be needed to ensure that adequate fluid and minerals are taken as well as food.

Are vitamin and other supplements helpful?

Deficiencies of specific vitamins, minerals or nutrients can occur in people who are eating a normal diet because there is a defect of absorption or a source of loss. For example, people with Crohn's disease who are treated surgically by removal of part of the lower small intestine may be unable to absorb Vitamin B12 and so need to have this vitamin by injection. A few other people with Crohn's disease involving the small intestine can require extra amounts of other vitamins by mouth to overcome difficulties in absorption.

People with ulcerative colitis, on the other hand, can lose blood from the intestine so that the body becomes short of iron and extra iron is needed. Apart from these and other specific deficiencies which are diagnosed by the doctor on

the basis of blood tests, and for which he/she will then advise treatment, there is no evidence that mixed vitamin supplements are necessary or helpful for most people with ulcerative colitis or Crohn's disease.

What should I do when I have a flare-up?

If you get a flare-up, go straight to your doctor. When you have a flare-up, your gut may not absorb enough food. **DO NOT STOP EATING.** Try eating small, frequent meals, and avoid foods which disagree with you. You may well need a nutritional supplement such as Complian[®], Fortisip[®] or Ensure[®]. These do not replace a meal but add to calorie intake. Note: Do not use sports supplements, such as body bulking products, as their protein content is very high, which can place a lot of stress on the kidneys.

Conclusion

For most people with IBD, emphasis is placed on the known positive benefits of a good mixed diet, rather than on the less certain benefits of restricting what is eaten. People who become ill and lose weight, and especially young people who become ill and stop growing, need more food than average to supply their daily needs. In certain circumstances, restriction of milk, fat or high residue foods can be helpful but restriction should only be undertaken on medical advice.

Most people with IBD find that they can take a normal mixed diet without difficulty, avoiding only a few excesses or specific foods which can equally upset people who are in good health.

A few people with Crohn's disease are liable to develop specific deficiencies due to difficulty in absorbing particular nutrients and these deficiencies can be overcome with supplements prescribed on medical advice. Other deficiencies, e.g. due to blood loss in ulcerative colitis, can also be treated by a supplement given with the diet if blood tests suggest that this is necessary. There is at present no evidence that extra vitamins, or special food supplements are needed by the majority of people with IBD. It is not advisable to take alternative 'health' supplements unless this has been discussed with your doctor or dietician.

What CAN I eat?

- anything that does not upset you.

What SHOULD I eat?

- nourishing foods to maintain your weight and strength.

What EXTRA do I need?

- supplements in special circumstances as recommended by a dietician.

This information is for general informational purposes and does not constitute medical advice. Please seek information and advice regarding your condition and/or treatment from your doctor.



Crohn's & Colitis New Zealand Charitable Trust
PO Box 22280, Khandallah, Wellington 6441, New Zealand.
Email: Info@crohnsandcolitis.org.nz
www.crohnsandcolitis.org.nz