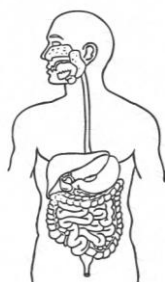


Inflammatory Bowel Disease (IBD) symptom control with diet



Nutrition & Dietetics

IBD affects the digestive system. All diet and fluid taken by mouth will travel through your digestive system. Nutrition will be absorbed at different locations during the journey providing your body with energy, protein, fats, vitamins and minerals.

During a flare of disease the digestion process is affected, indicated by symptom return. Due to this, your nutritional absorption will not be at best and could result in problems if not managed quickly.

Adapting your diet can help reduce the digestion workload, improve symptoms and reduce the risk of nutritional problems. It is important to remember to not exclude anything unnecessarily and some changes to your diet may only be required during a flare.

This leaflet provides helpful tips on cooking methods, alternative options and some common irritant foods. If followed, symptoms that may improve are irregular bowel habits (including stoma outputs), wind, bloating, urgency and pain.



Fibre

Fibre is needed in your diet to help promote a healthy bowel habit/routine. If you have too little fibre in your diet you may suffer from **constipation or a very varied bowel pattern**. If that is the case try to gradually increase your daily fibre intake.

Fibre rich foods are fruit and vegetables (including peels, skins and piths) and wholemeal or seeded options of bread, pasta and rice.

If you suffer from diarrhoea/high stoma output, reducing the fibre content of your diet may help slow the bowel motions or reduce output.

The methods below help reduce the fibre while not totally excluding it from your diet.

The skins, peels, piths and stringy bits of fruit and vegetables are the most fibrous part and are more difficult for your gut to digest. Removing these before cooking/eating can help with symptom control.

- 1) Try using tinned or frozen fruit and vegetables as alternatives: often skins are removed and are of a softer consistency.
- 2) Blending, juicing, cooking for slightly longer, making vegetable mash and stewing fruit can all improve tolerance.
- 3) Some fruit and vegetables are difficult to adapt and improve tolerance, for example sweet corn, grapes and lettuce. Reducing the portion size may help. If you continue to eat these foods, be aware your symptoms may return.

If you dislike fruit and vegetables and struggle to meet your '5 a Day', try a daily multivitamin and mineral tablet. This is widely available and of a reasonable price in many stores.



Fat

Fat provides us with energy, warmth and some essential vitamins. However, often it is overeaten causing weight gain.

A large portion, rich in fat is difficult for any person to digest, but with IBD this can often result in the feeling of **urgency and diarrhoea**. To improve these symptoms avoid eating high fat foods or aim to reduce the amount or times eaten.

Food items that are high in fat are takeaways, large portions of chocolate, sweets and crisps. Eating out, regular takeaways and buying from fast food restaurants will also increase your fat intake. Try to change your choice and maintain a variety. For example if eating 'fast food' alternate between wraps or salads rather than burger and chips every time.

High fat cooking methods are frying and deep frying foods or using lard or butter to cook them with. Use oil such as rapeseed or olive oil as a healthier alternative to lard or butter, or try grilling and baking foods instead.



Protein

Protein is essential for healing, growing and body metabolism. If you have IBD your digestive system will be inflamed at some point. During a flare, protein is required for healing. Protein is also needed to develop and maintain muscle mass. Always include a portion of protein with each meal and a daily snack as this will easily meet your nutritional requirements.

Examples of protein snacks are yoghurts or custard pots, cheese and crackers, peanut butter on toast or a glass of milk.

Tolerance issues such as pain that can arise with IBD may be due to the consistency of food. Chunky bits of meat may be difficult to digest. If this is the case use tips from the '*Eating Pattern and Texture*' section in this leaflet.

There are two main sources of protein:

Animal sources: meat, chicken, fish, eggs, milk, cheese and other dairy sources

Plant sources: quorn, soya, pulses such as lentils and beans



Iron, Folate and Vitamin B12

All of these nutrients are required to fuel protein metabolism and the making of various body cells such as red blood cells and DNA. These are particularly important in preventing anaemia, especially if you have IBD.

The plant and animal protein examples on the previous page are also rich in **Iron and Folate**. All the animal sources are rich in **Vitamin B12**. There is no Vitamin B12 in plant sources.

Further examples are cabbage, broccoli, spinach, baked beans, eggs, liver, black pudding, sardines, mackerel, beef and pork. Cereals and bread may be fortified with iron; check labels and packages to be certain.

Plant sources are not absorbed as well as animal sources, therefore eating or drinking something rich in Vitamin C when eating plant protein helps gain full absorption.

Vitamin C: citrus fruit, oranges, pineapple, kiwi, berries, apples, bananas, fruit juices, dark green vegetables and potatoes.

For example beef mince and potatoes with green beans. The beef mince is rich in iron, folate and Vitamin B12 and the potatoes are rich in Vitamin C to complement the absorption of the green beans.



Dairy

The dairy group is vital in developing and maintaining good bone health and is a rich source of calcium and protein.

With IBD you are at a greater risk of developing poor bone health, therefore aim to have 4 – 5 portions per day and avoid excluding these from your diet. During a flare you should aim to include more calcium in your diet to ensure requirements are met. If you struggle to meet your 4 – 5 portions of dairy per day consider taking a daily calcium supplement which you can get via your GP or buy over the counter.

The table below provides example items and portion sizes.

Low fat dairy products contain just as much calcium as full fat products.

Calcium Rich Item	Single Portion Size
Milk (or milk alternatives calcium enriched)	One mug/glass or beaker
Cheese – all types	Small matchbox size cube
Yoghurts	1 small pot
Other milk based desserts, for example custard	Half a can or 1 pot
Baked beans	3 tablespoons or 1 snack pot
Kidney beans, lentils and other pulses	3 tablespoons
Small fish, for example sardines	4 small sardines
Fortified bread	2 slices
Fortified cereal	One small bowl

Related symptoms of urgency, wind and irregular bowel movements

During a flare, temporary lactose intolerance can occur. Lactose intolerance is when you are unable to absorb a type of sugar (lactose) resulting in the above symptoms. The above examples contain lactose. It may be that you can only tolerate a small amount of dairy. However if dairy is eaten in excess some symptoms may return.

Please only exclude from your diet if you have completed a '*Food and Symptom Diary*' and are confident it is a trigger food.

If lactose intolerance is confirmed, have a 2 week trial period where you replace lactose containing foods with suitable alternatives (see the next page). Remember to check the packaging for 'fortified with calcium'.

Suitable alternatives: soya, almond, rice, oat or coconut milk and soya yoghurts. Greek yoghurt does contain small amounts of lactose but can be tolerated.

Always remember to continue to keep a food and symptom diary during this trial. If at the end of the 2 weeks there is no improvement of your symptoms, you should return to a dairy-containing diet. If an improvement has been seen continue to use the alternatives.



Eating pattern and texture

A soft diet is often easier to digest and is useful to follow, especially during a flare, as it reduces the workload of your gut.

To achieve this, try:

- Cooking all foods for slightly longer, using minced options, mashing, blending or juicing.
- Where appropriate, adding more liquid such as white or cheese sauce, gravy or parsley sauce will soften the texture and make food easier to digest.

Smaller portion sizes are also beneficial following a 'little and often' approach for example six small meals a day rather than three large meals is better tolerated by an IBD gut. Bear this in mind when eating out. Eating the starter as a main course may be better tolerated.

The above will help with symptoms of bloating, urgency and pain.



Processed foods

Tinned foods/meals, ready-made meals, jars of sauces, packed sandwich meat and long shelf-life cakes all have varying additives to help preserve the item for as long as possible.

Symptoms such as irregular bowel habits, bloating and urgency can be improved by avoiding or reducing your intake of such processed foods.

Get into the habit of looking at food labels to make you aware of the contents. Try to cook with fresh ingredients and attempt things from scratch.

Alternatively, frozen fruit and vegetables are just as good, cheaper and can reduce food wastage.



Common irritants

- 1) Alcohol: try to reduce your units per week and go for spirits with a light mixer for example tonic rather than fizzy drinks and fruit juice. Beers and wine may irritate symptoms.
- 2) Spicy food: try to limit or eat a smaller quantity. You can use herbs as an alternative or try other spices such as turmeric, paprika, etc.
- 3) Garlic and onions are difficult to adapt to be better tolerated, therefore just exclude or use powder forms.
- 4) Sorbitol: found in sweeteners, diet fizzy juice, sweets, chewing gum and readymade desserts/meals. It encourages bowel movement and is often used in low fat/light dessert options to replace the fat. Check labels and item ingredients when shopping
- 5) Caffeine: is a natural laxative. Reducing your daily intake or switching for a decaffeinated option can help with symptoms.

For further information on Inflammatory Bowel Disease visit the Gastroenterology section on the NHS Tayside website. Further nutritional information is within the IBD section, named DIET and IBD.

Webpage Link: http://www.nhstayside.scot.nhs.uk/OurServicesA-Z/Gastroenterology/PROD_235531/index.htm

Developed by Specialist Dietitian and reviewed by the Inflammatory Bowel Disease Multi-disciplinary Team

Reviewed: 07/2022 Review: 07/2024 LN0433

This leaflet can be made available in other languages and formats on request by telephoning
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