IBDWELL

Nutrition and IBD

There is no single "IBD diet"

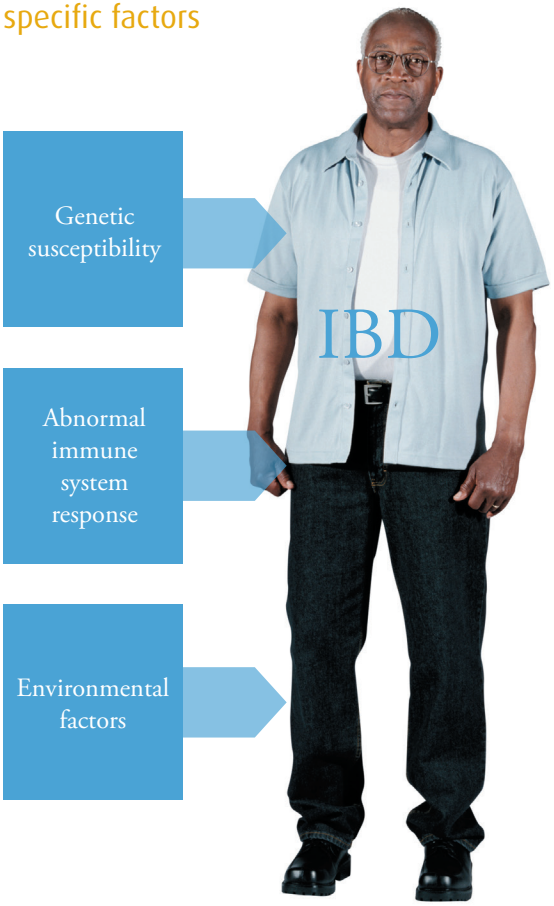
Nutrition plays an important role in health, during times of IBD disease activity as well as during remission. Although diet does not cause or cure IBD, the experience for people with IBD is different depending on the course of the disease, symptoms, complications, treatment, food preferences and tolerances.

Did something I ate cause my IBD?

Although specific environmental factors aren't known, it is suspected that dietary factors (among others) may play a role in triggering the disease.

If doctors or dietitians knew which foods, food components, additives, proteins, preservatives or contaminants contributed to the development of IBD, they would warn susceptible individuals to avoid them. However, these potential dietary factors have not been identified. It can be risky to avoid foods without evidence that doing so would be helpful. It's important to discuss diet strategies with your doctor or dietitian.

IBD is thought to be an autoimmune disorder resulting from an interaction of specific factors



Diet counseling

Nutritional counseling, including education and discussion of personal goals, can help you feel empowered. It may focus on:

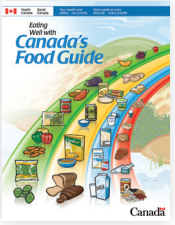
- Hydration balance (providing enough water for your body)
- Electrolyte balance (providing enough minerals like sodium and potassium)
- Adequate intake of nutrients and correction of nutrient deficiencies
- Maintaining a healthy weight
- Modification of food choices in order to manage GI symptoms (slow stool frequency, increase stool consistency and reduce gas and bloating)
- Healing your relationship with food and eating and promoting social participation

Do I need to modify my diet?

Ask yourself the following questions to help identify if you may have a nutrition-related concern. Discuss your answers with your doctor or dietitian.

- Is my Crohn's disease or ulcerative colitis active right now?
- What symptoms am I currently experiencing? Do they affect my ability to eat?
- What parts of my bowel are affected? Which nutrients are usually absorbed in that location?
- Are there any complications from my disease that I should also consider, such as osteoporosis, anemia or narrowed bowel from scar tissue?
- Does my treatment affect specific nutrient requirements?
- Do my medications interact with nutrients or my ability to absorb them?
- Has surgery affected the amount of remaining bowel available to absorb nutrients?

Diet strategies



Compare your diet to Canada's Food Guide for Eating Well and eat your normal diet when you are well. Try to make balanced choices within food groups, especially if you choose to eliminate a usual food.

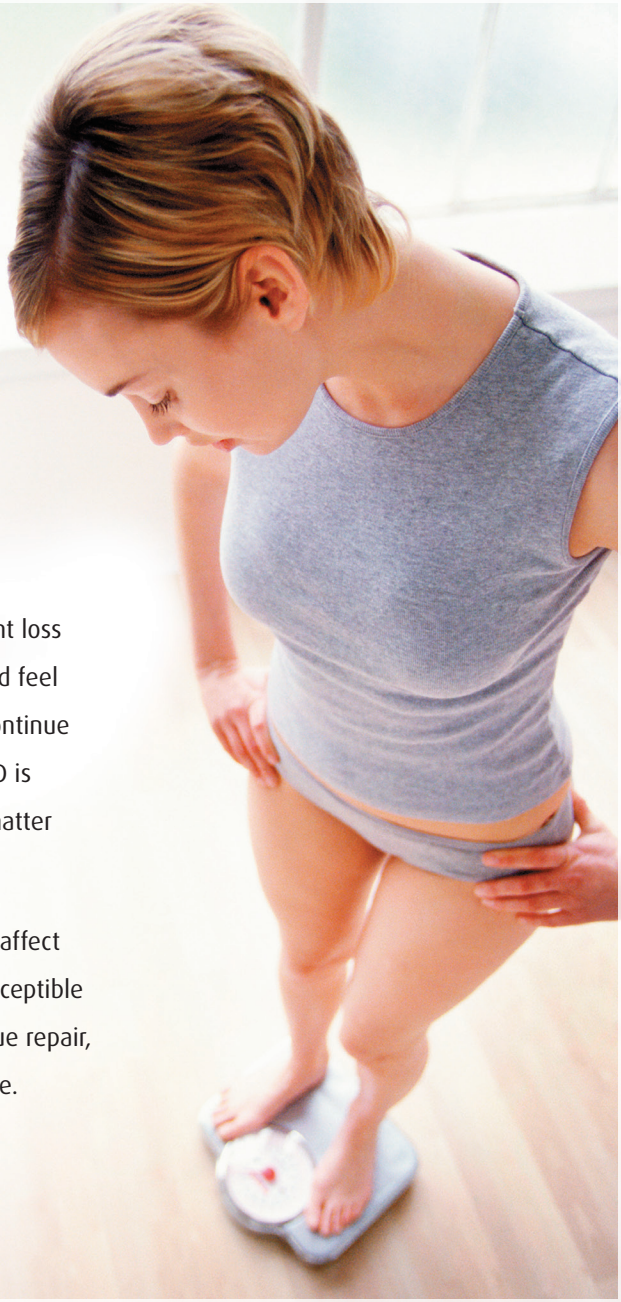
There may be times when diet changes are necessary. For example, your doctor may recommend a low fibre diet during times of disease activity. If diet modifications don't have the desired effect, your IBD is likely active and requires medical treatment.

Nutrition status

Preventing malnutrition is very important for people with IBD. Malnutrition is a condition that results when there is an imbalance of nutrients and the body does not receive enough nutrition. Nutritional deficiencies can result over time from an overall lack of calories or from a lack of specific nutrients such as protein, essential fats, vitamins, minerals or trace elements.

The most common sign of malnutrition is a significant loss of body weight. It can be frustrating if your are ill and feel as though you are forcing yourself to eat, and you continue to lose weight! Loss of appetite is common when IBD is in an active phase – eating enough is not simply a matter of willpower.

Malnutrition can result in a loss of muscle mass and affect your immune system function, leaving you more susceptible to infection. Malnutrition also negatively affects tissue repair, wound healing, bone health and overall recovery rate.



Elimination diets

Elimination diets restrict one or more foods or major food groups in an effort to manage IBD or its symptoms. Sometimes the advice to exclude foods comes from a health care professional, such as the case with decreasing lactose, which is the sugar in milk. You may also suspect a food intolerance, or find advice on the internet. It's best to speak with a member of your health care team – especially a dietitian – who is knowledgeable and familiar with foods and their effects on the body.

It is helpful when making diet changes to try only one strategy at a time, and only for a few days. If there is any benefit, you will know which diet change was responsible. If you don't experience a beneficial effect, you can then resume your intake and try other strategies that may be more helpful.

Example:

Avoiding dairy can mean that important sources of calcium, protein and potentially vitamin D will be missing from your diet. Calcium and vitamin D are critical for bone and tooth health. Consider increasing calcium and vitamin D intake through other sources, such as alternate foods or supplements.

Lactose intolerance symptoms can be similar to disease activity symptoms. If your symptoms improve while avoiding lactose, then a temporary restriction may be right for you. If your symptoms do not improve, it is important to not restrict dairy unnecessarily.

When a flare improves, it can be worthwhile to incorporate any eliminated food or food groups back into your diet. This is especially true if you tolerated dairy products before your flare, or if you miss eating dairy.

Probiotics

"Good" bacteria that are normally present in the intestine can help maintain the appropriate balance of the immune response. Probiotics are the name for good bacteria that are taken by mouth, in the form of a capsule, powder, drink or food. These good bacteria then establish themselves and grow within the intestine. This process is called colonization. They provide immune system balance by down-regulating inflammation.

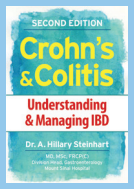
Probiotics in food are most commonly found in products like yogurt and kefir, but many other foods contain active cultures. Supplements generally contain more live bacteria than foods. Probiotics must arrive alive in the gut, so they must be acid and bile resistant.

There are many strains as well as combinations of strains of probiotics, and they can be taken in different quantities and dosage frequencies. However, the best way to use probiotics to experience a benefit with your IBD is not known.

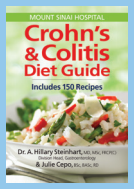
Diet can help

Although diet does not cause or cure IBD, your diet can help to manage symptoms during disease flares. Balanced nutrition is important for overall health, during both times of disease activity and remission, and is important for immune system function, tissue repair and healing and prevention of long-term complications.

For more information about nutrition and IBD, check out:



Understanding and Managing IBD
Julie Robers and A. Hillary Steinhart
(2006, 2012)



Crohn's and Colitis Diet Guide
A. Hillary Steinhart and Julie Cepo
(2008)

With many diet strategies available, there's no such thing as one "IBD diet." The best nutrition care is individualized. Ask your healthcare team about the next Mount Sinai Hospital IBDWell education session to learn more about topics in IBD.

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