Inflammatory Bowel Disease Diet Guidelines

Inflammatory Bowel Disease (IBD) is a term used to describe two diseases that result in inflammation of the gastrointestinal (GI) tract: Crohn’s Disease and Ulcerative Colitis. Both diseases can cause sores or ulcers to occur in the GI tract. This may affect how the body is able to absorb food or make it hard or painful to eat.

Symptoms of IBD can include
- Abdominal pain
- Diarrhea with or without blood
- Fever
- Poor growth in children
- Weight loss
- Mouth ulcers
- Nausea and vomiting

Why is the food I eat important in IBD?
The food you eat provides your body with the vitamins, minerals, protein and calories needed for growth and maintenance of health. It is not easy for people with IBD to absorb the nutrients from the foods they eat; and, therefore, they need more vitamins, minerals, protein and calories than other people. They are more likely to have poor growth and malnutrition. They may eat less because they don’t feel well or are afraid to eat because eating makes them feel worse.

What should I eat and drink?
- Eat a high-calorie, high-protein diet.
- Strive for a balanced diet with foods from all food groups (grains, milk and milk substitutes, meat and meat substitutes, fruits, and vegetables).
- The food you eat should be based on what you like and what your body is able to handle.
- Lactose intolerance is common in people with Crohn’s disease, however some people do not have issues when eating dairy products.
- Try eating smaller, more frequent meals and snacks (eating every 3-4 hours) to help with tolerance and to increase your consumption.
- If it is painful to eat or you are losing weight, consider drinking supplements like Boost®, Ensure®, and Carnation Instant Breakfast®.
- Your fluid needs are increased with chronic diarrhea and acute flares. Avoid dehydration by drinking more fluids during these situations (>/= 8 cups per day).
- When your disease is active, a low-fiber, low-fat diet may reduce symptoms like diarrhea and cramping.
When IBD is active it **may be helpful to:**

- Limit dairy that is high in lactose.
  - You might be able to handle yogurt with live active cultures.
  - You might be able to handle hard cheeses like cheddar and Swiss.
  - Try almond or coconut milk, lactose free milk (like Lactaid®) or use lactase pills.
- Limit fructose
  - High amounts are found in fruit juice, soda, honey, and dried fruit.
- Limit sorbitol (used as an artificial sweetener, found in sugar free candies/chocolates).
- Limit high fat foods like butter, cream, red meats, chocolate, fried or fast foods.
- Limit high fiber foods like whole grains, beans, and fruits and vegetables **with skin.**
  - You might be able to handle fruits and vegetable with skins peeled off.
  - Low fiber fruits include cantaloupe, honey dew, mandarin oranges, fruit cocktail, and applesauce. For veggies, try zucchini, yellow squash, and bell peppers.
  - Try well cooked vegetables and vegetable juice.
  - Try low fiber grain products like white bread, white rice and pasta and low fiber cereal and crackers.
- Caffeine, acidic foods, and alcohol may be irritating during a flare

Keeping a food log may be helpful. Your dietitian can review your food log with you and help identify food triggers as well as foods that may improve your symptoms.

**Should I take extra vitamins and minerals?**

- Yes a complete multivitamin with minerals is recommended.
- If you are taking corticosteroids or have a limited intake of dairy products, you should also take extra calcium (500 mg, 3 times per day) and vitamin D (800-1000 IU per day).
- If you are prescribed sulfasalazine you may need folic acid supplements.
- Deficiencies of iron and vitamin B12 are common with IBD, so you may need to have blood tests done to measure these nutrients.
- With prolonged diarrhea, you may also need supplementation of magnesium, zinc and potassium. An electrolyte drink, such as Drip Drop®, may help replete these nutrients.
- Check with your doctor if you are concerned about vitamin and mineral deficiencies.

**What about other supplements for treating IBD?**

There is research being done to find out what kinds of supplements may be helpful for GI health. Research shows that the use of prebiotics, probiotics, fish oil, and flaxseed oils may be helpful. More testing still needs to be done. Some patients have found that the use of these items helps maintain a healthy gut or reduce symptoms. Others do not see any changes in their symptoms.

**Prebiotics** are a type of fiber that helps keep the bowels healthy. Prebiotics promote the “friendly” bacteria in the gut. Inulin and fructose-oligosaccharides (FOS) are two types of prebiotics. Onions, garlic, bananas, asparagus, avocado, and some whole grain cereals are good food sources of prebiotics.
**Probiotics** are living microorganisms that improve the balance of healthy bacteria in the intestines. They are referred to as the “good germs”. **Bifidobacterium, Lactobacillus GG (LGG)** and **Lactobacillus acidophilus (L. acidophilus)** are three common probiotics. They can be found in products like yogurt and the label will say “Live, Active Cultures”. Probiotics are also found at most health food stores or drug stores in capsule, tablet or powder form. If you choose to use these, be sure talk to your doctor before you use them. Check the dosage, storage, and date it expires, and ask questions about brands you can depend on. Floragen®, Culturelle®, Solgar® and UAS Labs® are examples of the many probiotic brand names.

When using probiotics you may have some side effects that may include mild gas, bloating and cramping. These symptoms usually improve over time. You may want to slowly increase the amount you take to lessen any side effects.

**Marine fish oils and flaxseed oil** contain omega-3 fatty acids that may help decrease inflammation. If you can tolerate it, try eating fish like salmon, cod, and tuna several times a week. You can also find fish oil and flaxseed oil in capsule form.

As with any supplement, consult your health care provider before use.

To find out more about Inflammatory Bowel Disease, visit these websites:  
[www.ccfa.org](http://www.ccfa.org)  
[www.ucandcrohns.org](http://www.ucandcrohns.org)  
[www.naspghan.org/](http://www.naspghan.org/)

**Teach Back**  
What is the most important thing you learned from this handout?

What changes will you make in your diet/lifestyle, based on what you learned today?

If you are a UW Health patient and have more questions please contact UW Health at one of the phone numbers listed below. You can also visit our website at [www.uwhealth.org/nutrition](http://www.uwhealth.org/nutrition).

Nutrition clinics for UW Hospital and Clinics (UWHC) and American Family Children’s Hospital (AFCH) can be reached at: **(608) 890-5500**.

Nutrition clinics for UW Medical Foundation (UWMF) can be reached at: **(608) 287-2770**.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 2/2016 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Clinical Nutrition Services Department and the Department of Nursing. HF#375