



Crohn's and Colitis
Foundation of Canada

Fondation canadienne des
maladies inflammatoires
de l'intestin

FOOD FOR THOUGHT



*Diet, Nutrition and
Inflammatory Bowel
Disease*

So – you or someone you know, has been diagnosed with either Crohn’s disease (CD) or ulcerative colitis (UC) and now you’re wondering what to do. If you are feeling a little overwhelmed and lot under-informed you are not alone. It’s natural to feel that way and the Crohn’s and Colitis Foundation of Canada (CCFC) understands that this is a challenging time for you, both physically and emotionally.

You have taken the first positive step by reading this booklet so we say, “Congratulations to you for taking the time to educate yourself about inflammatory bowel disease (IBD) and for becoming an informed health consumer.” Knowledge about IBD empowers you and gives you back control over this chronic disease.

One of the basic necessities of life is food. In this booklet, we will introduce you to some of the facts related to diet, nutrition and IBD. As always, you should discuss your concerns and ideas with the physicians, nurses and dietitians on your health care team, particularly if you are contemplating making changes to your diet.

Get informed – stay informed – and be an active participant in your health care. Check out our websites www.ccfc.ca and www.thegutsgeneration.com, read our other CCFC booklets, subscribe to our publication “**The Journal**”, read books about IBD, join your local CCFC chapter or support group – it’s all food for thought!

HOW DID I GET IBD?

That is a good question and one that researchers are still investigating. Currently, scientists believe that a genetic tendency triggered by something in the environment combine to set off inflammation in the gut. The immune system then runs amok and instead of dampening down the inflammation, a chronic (life-long) disease process sets in resulting in either CD or UC.

WHAT WILL CURE MY IBD?

Since we do not know what causes IBD, there is no known cure – yet. We do know that stress is not a factor in its development and the reduction of stress will not cure it. Likewise, your diet did not cause IBD, nor will a “miracle diet” cure it.

Having said that, your eating habits can help or hinder your healing process and your overall health. Since IBD is a chronic condition, you need to know what to do so you can cope with and recover from, flare-ups of the disease. Maintaining a healthy, well-nourished body should be a priority in life, regardless of the presence of IBD.

MALNUTRITION AND DEHYDRATION

If you have just been diagnosed with IBD, it is possible that you have been suffering from diarrhea, cramping, gas, bloating, bleeding and a loss of appetite for some time. All of this has probably left you feeling drained of energy.



Fatigue and a general feeling of being unwell can become particularly disturbing during times when your disease has relapsed (flared up) because the fear of exacerbating (aggravating) your symptoms acts as a deterrent to eating and drinking.

Combined with the fact that CD often reduces your body's ability to digest and absorb nutrients (such as protein, fat, carbohydrates, water, vitamins and minerals), you may be in danger of becoming malnourished or dehydrated.

If you are exhibiting some or all of the following signs, you may be suffering from general malnutrition or a specific deficiency of one or more nutrients as a result of your disease and your eating habits:

- Weight loss
- You bleed or bruise easily
- Weakness
- Loss of muscle mass
- Muscle spasms
- Interrupted menstrual cycles
- Skin changes
- Dull, dry hair
- Brittle nails
- Changes to your eyesight
- Mood alterations

Dehydration (or fluid loss) is also a very real possibility for people with IBD, due to diarrhea. In addition to the fluid loss, your electrolytes (such as sodium, potassium, magnesium, calcium and chloride) may also be depleted. Aside from thirst and a dry mouth, symptoms of dehydration include:

- Fatigue
- Light headedness
- Stomach cramps
- Decreased urine output (you pee less than normal)
- Rapid weight loss over a period of a few days

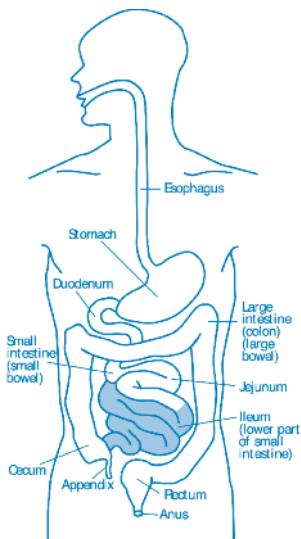
If you think you are suffering from malnutrition and/or dehydration, contact your physician right away. Ask for a referral to a registered dietitian and get started on the road to healthier eating.

IBD FACTOIDS

How does IBD cause malnutrition or dehydration?
Why is fatigue and general malaise (feeling unwell)

common among IBD patients?

When you eat and drink, food travels a long route through your digestive system or gastrointestinal tract. Your gastrointestinal tract (GI tract) actually consists of your mouth, esophagus, stomach, small intestine (or small bowel), large intestine (or large bowel or colon), your rectum and finally, your anus



(see diagram).

In Crohn's disease, inflammation can occur anywhere in the GI tract but is usually present in the lower part of the small bowel and the colon. This is problematic because inflammation in the small bowel and its inner lining (mucosa) may prevent the proper absorption of nutrients from the food you have eaten.

Ulcerative colitis on the other hand, is usually limited to the lower portions of the GI tract from the colon to the rectum and anus. The function of the colon is to absorb water from the digested food bulk thereby causing stool (or feces) to become solid. The stool is then passed to the rectum and eliminated through the anus. Inflammation of the colon interrupts the absorption of water from the digested food bulk, leaving watery stools and diarrhea.

For more detailed information on the gut, see our booklet "A Guide to IBD" and check out our website www.ccfc.ca

WHAT CAN YOU DO?



A well-balanced diet is essential for everyone, but it is vitally important for those who have IBD. Unfortunately the pain, nausea and loss of appetite that you can experience during flare-ups may prompt you to entertain thoughts of a “fad” diet, a new “health food” that friends have been telling you about, or to stop eating altogether in the belief that you are giving your bowel “a rest.”

Stop right there.

This is not the time for you to experiment without the guidance of your physician, nurse or registered dietitian. Discuss your plans with them before embarking on a change of dietary lifestyle.

And know that there is no such thing as an “IBD Diet”. Because everyone is different, (different tolerances, different likes and dislikes, different locations for their disease in the GI tract), nutritional approaches must be customized to fit YOU.

There are however, some general tips that you might find helpful.

A. When You Are In Remission

If your IBD is in remission (your symptoms are under control), you can best help yourself by eating a well-balanced diet.

Refer to Canada's Food Guide at:

www.hc-sc.gc.ca/fn-an/food-guide-aliment/order-commander/index-eng.php

or the Dietitians of Canada Vegetarian Food Guide at: http://www.dietitians.ca/news/downloads/Vegetarian_Food_Guide_for_NA.pdf

to find out about the types and quantities of food you need to stay healthy.

In general, a healthy diet includes daily portions of a protein source (meat, fish, poultry or beans), vegetables and fruits, grain products and milk products (if you can tolerate them – more about this later).

During remission, there is no need to avoid any particular kind of food or follow a restrictive diet which will deprive you of variety, nutrition and pleasure! There are however, certain foods that are harder to digest than others, even at the best of times, so you may want to keep an eye out for their impact on your digestive system. They include:

- Foods containing insoluble fibre (for example skins of fruit, whole wheat and grains, brown and wild rice)
- Seeds and nuts
- Raw fruits, raw veggies and salad

Keep in mind that the medications prescribed for IBD can also affect your ability to absorb certain vitamins, protein, calcium and folic acid. This underscores the necessity for you to take care of yourself well and make a healthy diet one of your priorities in life. See our booklet on Medications and IBD for more details.

B. During a Flare-up

On the other hand, if you have a relapse and are experiencing an acute attack (or flare-up), you may want to modify your diet to avoid aggravating an

already sensitive gut. Here are some tips to help you get through an acute episode of IBD:

Tip #1: Identify and Eliminate Trigger Foods

During this time, avoid the foods that are “triggers” for you. Triggers are food and drink that can cause increased symptoms such as abdominal cramps, bloating and diarrhea; they are unique to each individual so there is not a specific list that will apply to everyone. We can tell you though, that many people find alcohol, sugar, caffeine, greasy foods and dairy products containing lactose to be fairly common triggers. Spicy foods may be a trigger for you, however some people do not find them to be a problem.

Discover your individual triggers by keeping a Food Journal. You can go to the CCFC website at www.ccfc.ca to download a sample journal and begin the process of identifying the specific foods that bother you. Once you have identified your triggers, you will want to reduce or even eliminate them from your diet temporarily, until your flare-up has subsided. It is important to realize the dietary triggers may cause increased symptoms without actually causing increased gut inflammation and avoiding them may not cause your flare-up to subside any faster. However, avoiding them may make you feel more comfortable until the flare-up has subsided.

Remember that your trigger foods may not always irritate your gut. If you are in remission and if these foods are needed for a healthy, well-balanced diet, work with your registered dietitian and try to gradually re-introduce them into your eating regime,

Tip #2: Eat Smaller Meals, More Frequently

During your acute episode, try eating small meals frequently during the day as this will be less taxing on your gut and will be easier for your digestion. Five to six meals a day are ideal. If you can make the mid-day meals your main meals (rather than the end of day) you may also find that food is better tolerated.

Tip #3: Safe Foods

“Safe foods”, like trigger foods, are also unique to

each individual. This group of foods is those that cause the least irritation for you and can help you ride out an acute episode by minimizing your gut's reaction during digestion.

Like trigger foods, you need to identify the foods that you are able to tolerate. In general though, many people find that the following foods are safe for them:

- White bread
- White rice
- Applesauce
- Meal supplements
- Herbal teas
- Bananas
- Eggs
- Chicken, turkey and other white meats

When your gut is really bothering you, some people find that the BRAT diet (bananas, white rice, applesauce and toast) is a soothing solution.

Tip #4: Try Lactose-free Products

Dairy products deserve some extra attention because many IBD sufferers appear to be lactose-intolerant. If you are lactose-intolerant, it means that your body lacks the enzyme lactase and you will have difficulty digesting the lactose found in milk and some dairy products. The result? Bloating, cramping, gas and diarrhea shortly after you eat lactose-containing food and drink.

If your physician believes you are lactose-intolerant, you should stick to lactose-free milk, rice milk, potato or soy milk. Lactose may also be present in other foods so it is worth consulting with a dietitian if you are lactose intolerant. If you avoid lactose containing foods you will be missing out on many of the dietary sources of calcium and vitamin D. A dietitian can help you with finding other sources of calcium and vitamin D or you can consider taking a calcium supplement.

Tip #5: Stool Thickening Foods

If diarrhea is a major issue, try including foods in your diet that help to bulk up your stool (feces). But be careful – test them in small amounts first. These include:

- Cheese and cheesecake
- Smooth nut butters

- Snack foods like pretzels and chips
- Jell-O

Tip #6: Reduce Sugar and Artificial Sweeteners

Simple sugars, fructose and artificial sweeteners can be poorly absorbed by your gut and cause trouble in your colon with increased gas and diarrhea. If your Food Journal indicates that these substances are bothering you, try reducing or even eliminating the sweet stuff from your diet and see if it makes any difference to your gas, cramping or diarrhea.

Tip #7: Don't Drink Fluids with your Meals

In some cases, drinking a lot of fluid with meals may cause diarrhea, particularly if you have had bowel resections. While a wee sip of something is OK during a meal, try waiting 45 minutes before drinking your beverage. In other words, separate your solid food from your liquids.

Tip #8: Reduce Fat

If you have extensive CD affecting the last section of your small bowel or if it has been surgically removed, you may have trouble digesting fat. If this is true for you, it may be wise to reduce fat intake and in really severe cases, it may be necessary to completely eliminate it. Supplementing your diet in this circumstance, with an oil called MCT (medium chain triglyceride), may be required.

1. SUPPLEMENTS?

As we discussed before, IBD can interfere with the absorption of nutrients from your food. In addition, some of the medications that you take for CD and UC will also interfere with your body's ability to maximize the nutrition in your food. As a result, your physician may recommend that you take supplements to ensure that you are getting adequate amounts of vitamins and minerals. This is particularly true for your calcium and vitamin D requirements if you are lactose-intolerant.

Speak to your physician or registered dietitian before deciding to take supplements, and discuss the need for additional:

- Calcium
- Iron
- Vitamin D and B12
- Folic acid
- Vitamin B12
- Sodium and potassium

You may need supplements for all, some or none of the above depending upon your condition, any previous surgery you have had and the location of the disease in your gut.

2. PROBIOTICS?

Probiotics refers to a type of bacteria that facilitates a balance between “good” and “bad” bacteria in your gut. Necessary for a healthy digestive system, probiotic bacteria are considered “friendly” to our intestinal tract. You may have heard of “Lactobacillus acidophilus” and “Bifidobacterium”; these are two examples of probiotic bacteria.

There is a great deal of research going on to determine if oral intake (consuming) of probiotic bacteria will alleviate IBD. At this time, the research is promising but there are no clinical guidelines for taking probiotics at present.

3. OMEGA-3 FATTY ACIDS?

Omega-3 fatty acids are found in foods like flaxseed, fish oil, leafy green vegetables and cold water fatty fish like salmon, tuna, trout, mackerel and anchovies. They have generated a lot of interest due to their moderating effect on inflammation.

However, a study conducted by Canadian researchers did NOT find any difference in the one-year relapse rate of Crohn’s disease between those participants who took omega-3 fatty acids and those who did not.

Study subjects who took omega-3 did however, have very low triglyceride levels, so there were other benefits not related to IBD.

FOOD FOR THOUGHT

We at the Crohn's and Colitis Foundation of Canada hope that this information will be of help to you. For more details, please visit our websites at www.ccfc.ca or www.thegutsgeneration.ca. We invite you to download anything that is of interest. We also have other informative booklets that are available upon request from your local CCFC chapter as well as education sessions and our publication "**The Journal**". All of these can help to keep you up-to-date on the latest information about managing your IBD.

Remember – a healthy diet will not cure your IBD but it will support your healing process and build up your strength. Food provides the building blocks and fuel for the body, so be sure you are providing the best that you can each and every day.

Put yourself in the driver's seat – learn as much as you can about IBD. And as you travel this journey, the Crohn's and Colitis Foundation of Canada will be there to help you. Together, we will find a cure. It's food for thought.

This brochure is produced in part by
an unrestricted education grant from:

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Registered Charity #11883 1486 RR0001

Jan 2010