Diet, Nutrition and Inflammatory Bowel Disease

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Objectives

• Identify factors that may alter nutritional status in IBD

• Understand the role of diet and nutrition in IBD

• Discuss tips for dining out with IBD.
Factors That Can Alter Nutritional Status:

- Decreased oral intake and loss of appetite
- Gastrointestinal symptoms
- Restrictive diets
- Taste changes
- Poor absorption of nutrients
- Increased vitamin and mineral needs
- Surgical resections
- Bacterial overgrowth
Goals of Diet and Nutrition Therapy

- Achieve or maintain good nutritional status
- Prevent or reverse malnutrition
- Minimize gastrointestinal symptoms
- Improve quality of life
Diet and Nutrition

• People with IBD should maintain as diverse and nutrient-dense diet as they can tolerate
• Nutrition requirements are individualized based on:
  • Severity of disease
  • Stool output, malabsorption
  • Past medical and surgical history
  • Current medications
Diet and Nutrition

• Choose My Plate

www.choosemyplate.gov
Dietary Carbohydrates

• Provide energy
• Simple: digest quickly (e.g., sugar, honey, lactose)
• Complex: take longer to digest (e.g., starch and fiber in vegetables and grains)
  • Soluble fiber: pectins and gums
  • Insoluble fiber: cellulose and lignin
Dietary Protein

• Provide “building blocks” for bone, muscle, cartilage, skin, and blood as well as enzymes and hormones
• Animal sources: meat, fish, eggs
• Non-animal sources: beans, soy-based products, grains
Dietary Fats

• Fats are important sources of:
  • Energy
  • Fat-soluble vitamins
  • Essential fatty acids
Adequate Calorie Intake

Example:

- An adult male, age 35
- 6’0” tall, 185 pounds
- Moderate activity
- Crohn’s disease

This individual may need an estimated 2100-3000 calories per day to maintain weight depending on disease state
Adequate Protein Intake

Example:
- Adult, 185 pounds
- Post operative state

This individual may need an estimated 125 grams of protein per day to promote healing of surgical wounds
Adequate Fluid Intake

General guidelines:
Drink one half ounce per day for every pound of body weight.

Example:
140 pounds=70 ounce or 8 ¾ glasses per day
Tips for Increasing Calories and Protein

• Smooth peanut butter and other nut butters
• Guacamole
• Hummus
• Add cream to soups and cereals
• Add extra butter to potatoes, bread and in hot cereal
• Use oral nutritional supplements and protein powders
• Dry milk powder added to whole milk
Mediterranean Style Diet

• Adds anti-inflammatory fats (omega-3 and monounsaturated fats)
• May need to adjust to remove trigger foods based on the individual
• Add olive oil, avocado oil, fish to diet
Diet for IBD

• **Is IBD caused by allergy to food?**
  • Neither Crohn’s disease nor ulcerative colitis is known to be caused by a food allergy
  • Food antigens may possibly trigger an immunologic response to food but no specific pathogenic antigens are known.
  • Individuals may think they are allergic to foods because they associate symptoms of IBD with eating
Eating During a Flare

- Eat small, frequent meals
- Avoid “trigger” foods
- Limit or reduce fiber
- Avoid high fat, fried foods
- Reduce lactose consumption
- Drink plenty of water
Common “Trigger” Foods

• Milk, yogurt, cheese, dairy products
• Coffee, tea, soda and caffeine
• Alcohol
• Fruit and Juice
• Fried, fatty, spicy foods
• Whole grain and multi-grain breads
• Cabbage, broccoli, cauliflower
• Red meat
• Beans
Low Fiber Diet during Flare

**Avoid:** Whole wheat and whole grain breads, pasta, rice, raw fruits and vegetables with peel, nuts and seeds

**Choose:** Refined grains such as white bread, potato no skin, white rice, oatmeal, cooked, pureed or peeled fruits and vegetables
Lactose Intolerance

• When the body cannot easily digest lactose
• Symptoms include: cramping, bloating, gas, and/or diarrhea
• Choose lactose-free milk, yogurt or cottage cheese
• Try non-dairy beverages such as almond milk, rice milk or coconut milk that are fortified with calcium and vitamin D
What About Special Diets?

• There is no single diet or eating plan for everyone with IBD

• Some diets are learning diets used to identify trigger foods and/or minimize symptoms
Special Diets

• **Specific Carbohydrate Diet (SCD)**
  
  • Very restrictive low carbohydrate diet
  
  • Grain-free, lactose-free, and sucrose-free
  
  • May lessen gas, bloating, and discomfort
  
  • Limited data
Special Diets

- Low-FODMAP
  - Diet minimizes consumption of fermentable carbohydrates to manage GI symptoms
  - More commonly used for IBS
Special Diets

• **Gluten-Free Diet**
  - Excludes grains that contain gluten, wheat, rye, and barley
  - Used primarily with celiac disease.
  - Decreases complex carbohydrates which may affect bowel function.
Special Diets

• Maker’s Diet

• Focuses on four components of total health—physical, mental, spiritual and emotional

• Recommended foods are unprocessed, unrefined and untreated with pesticides or hormones
Tips For Dining Out

• View the menu in advance
• Call ahead with specific questions
• Don’t be afraid to make special requests
• Eat smaller portions
• Know where the restrooms are located before you check in to the social event
Summary

While there is no evidence that diet and nutrition play a role in causing IBD, maintaining a well-balanced diet that is rich in nutrients can help you to live a healthier life.
Questions?
Sources:

• Eiden KA. Nutritional Considerations in Inflammatory Bowel Disease. Practical Gastroenterology, 2003; 5: 33-54.
• Crohn’s and Colitis Foundation. No Reservations: how to take the worry out of eating out. Take Charge. 2006: 13-14.