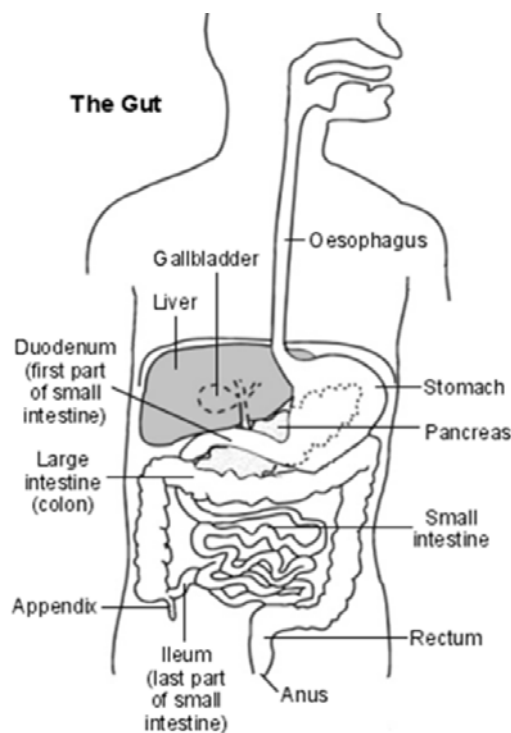


Dietary Advice for Crohn's Disease

Introduction

A form of inflammatory bowel disease (IBD), Crohn's disease is a chronic condition that causes inflammation of the digestive tract and can occur anywhere from mouth to anus (see diagram below). You may experience periods with no or very mild symptoms (remission) or periods where symptoms become more unmanageable (flare).



Symptoms

Common symptoms that you may experience during a flare include:

- Diarrhoea
- Unintentional weight loss
- Abdominal pain
- Blood and/or mucous in your stool
- Tiredness
- Loss of appetite

Treatment

Currently there is not a cure for Crohn's disease. Treatment is focused on resolving inflammation and to help ease symptoms. The aim is to induce remission.

Three types of treatment are available.

Medication A variety of different medications are available. You can discuss these with your Doctor or IBD Nurse.

Diet Advice would depend on individual circumstance and options are discussed further on in this leaflet.

Surgery Some people with Crohn's disease may need surgery. It could be soon after diagnosis or further on, or not at all. It will depend on your individual situation. If you have any concerns, you can discuss these with your Doctor or IBD Nurse.

Oro-facial Granulomatosis

If you have oro-facial granulomatosis, dietary modification may help manage this condition.

The cause of oro-facial granulomatosis is unknown, but often presents as inflammation of the lips and face and also includes inside the mouth e.g. ulcers.

Avoidance of cinnamon and benzoates is normally advised. Both of these are found in a variety of food and drink items as well as in some cosmetics and toiletries. It is possible that after avoiding these for a period of time, foods containing cinnamon or benzoates can be gradually reintroduced to help determine any food specific reactions for longer term management.

For further advice, please ask your Doctor or IBD Nurse to refer you to a Dietitian.

BODY MASS INDEX READY RECKONER FOR ADULTS

Height (m)

	1.38	1.42	1.46	1.50	1.54	1.58	1.62	1.66	1.70	1.74	1.78	1.82	1.86	1.90	1.94	1.98	
150	79	74	70	67	63	60	57	54	52	50	47	45	43	42	40	38	23st 8
148	78	73	69	66	62	59	56	54	51	49	47	45	43	41	39	38	23st 3
146	77	72	68	65	62	58	56	53	51	48	46	44	42	40	39	37	22st 13
144	76	71	68	64	61	58	55	52	50	48	45	43	42	40	38	37	22st 9
142	75	70	67	63	60	57	54	52	49	47	45	43	41	39	38	36	22st 4
140	74	69	66	62	59	56	53	51	48	46	44	42	40	39	37	36	22st
138	72	68	65	61	58	55	53	50	48	46	44	42	40	38	37	35	21st 10
136	71	67	64	60	57	54	52	49	47	45	43	41	39	38	36	35	21st 5
134	70	66	63	60	57	54	51	49	46	44	42	40	39	37	36	34	21st 1
132	69	65	62	59	56	53	50	48	46	44	42	40	38	37	35	34	20st 10
130	68	64	61	58	55	52	50	47	45	43	41	39	38	36	35	33	20st 6
128	67	63	60	57	54	51	49	46	44	42	40	39	37	35	34	33	20st 2
126	66	62	59	56	53	50	48	46	44	42	40	38	36	35	33	32	19st 12
124	65	61	58	55	52	50	47	45	43	41	39	37	36	34	33	32	19st 7
122	64	61	57	54	51	49	46	44	42	40	39	37	35	34	32	31	19st 3
120	63	60	56	53	51	48	46	44	42	40	38	36	35	33	32	31	18st 13
118	62	59	55	52	50	47	45	43	41	39	37	36	34	33	31	30	18st 8
116	61	58	54	52	49	46	44	42	40	38	37	35	34	32	31	30	18st 4
114	60	57	53	51	48	46	43	41	39	38	36	34	33	32	30	29	17st 13
112	59	56	53	50	47	45	43	41	39	37	35	34	32	31	30	29	17st 9
110	58	55	52	49	46	44	42	40	38	36	35	33	32	30	29	28	17st 5
108	57	54	51	48	46	43	41	39	37	36	34	33	31	30	29	28	17st
104	55	52	49	46	44	42	40	38	36	34	33	31	30	29	28	27	16st 5
102	54	51	48	45	43	41	39	37	35	34	32	31	29	28	27	26	16st 1
100	53	50	47	44	42	40	38	36	35	33	32	30	29	28	27	26	15st 10
98	51	49	46	44	41	39	37	36	34	32	31	30	28	27	26	25	15st 6
96	50	48	45	43	40	38	37	35	33	32	30	29	28	27	26	24	15st 2
94	49	47	44	42	40	38	36	34	33	31	30	28	27	26	25	24	14st 11
92	48	46	43	41	39	37	35	33	32	30	29	28	27	25	24	23	14st 7
90	47	45	42	40	38	36	34	33	31	30	28	27	26	25	24	23	14st 2
88	46	44	41	39	37	35	34	32	30	29	28	27	25	24	23	22	13st 12
86	45	43	40	38	36	34	33	31	30	28	27	26	25	24	23	22	13st 8
84	44	42	39	37	35	34	32	30	29	28	27	25	24	23	22	21	13st 3
82	43	41	38	36	35	33	31	30	28	27	26	25	24	23	22	21	12st 13
80	42	40	38	36	34	32	30	29	28	26	25	24	23	22	21	20	12st 8
78	41	39	37	35	33	31	30	28	27	26	25	24	23	22	21	20	12st 4
76	40	38	36	34	32	30	29	28	26	25	24	23	22	21	20	19	12st
74	39	37	35	33	31	30	28	27	26	24	23	22	21	20	20	19	11st 9
72	38	36	34	32	30	29	27	26	25	24	23	22	21	20	19	18	11st 5
70	37	35	33	31	30	28	27	25	24	23	22	21	20	19	19	18	11st
68	36	34	32	30	29	27	26	25	24	22	21	21	20	19	18	17	10st 10
66	35	33	31	29	28	26	25	24	23	22	21	20	19	18	18	17	10st 6
64	34	32	30	28	27	26	24	23	22	21	20	19	18	18	17	16	10st 1
62	33	31	29	28	26	25	24	22	21	20	20	19	18	17	16	16	9st 11
60	32	30	28	27	25	24	23	22	21	20	19	18	17	17	16	15	9st 6
58	30	29	27	26	24	23	22	21	20	19	18	18	17	16	15	15	9st 2
56	29	28	26	25	24	22	21	20	19	18	18	17	16	16	15	14	8st 11
54	28	27	25	24	23	22	21	20	19	17	17	16	16	15	14	14	8st 7
52	27	26	24	23	22	21	20	19	18	17	16	16	15	14	14	13	8st 3
50	26	25	23	22	21	20	19	18	17	17	16	15	14	14	13	13	7st 12
48	25	24	23	21	20	19	18	17	17	16	15	14	14	13	13	12	7st 8
46	24	23	22	20	19	18	18	17	16	15	15	14	13	13	12	12	7st 3
44	23	22	21	20	19	18	17	16	15	15	14	13	13	12	12	11	6st 13
42	22	21	20	19	18	17	16	15	15	14	13	13	12	12	11	11	6st 9
40	21	20	19	18	17	16	15	15	14	13	13	12	12	11	10	10	6st 4
38	20	19	18	17	16	15	14	14	13	13	12	11	11	11	10	10	6st
36	19	18	17	16	15	14	14	13	12	12	11	11	10	10	9	9	5st 9
	4' 6½"	4' 8"	4' 9½"	4' 11"	5' ½"	5' 2"	5' 4"	5' 5½"	5' 7"	5' 8½"	5' 10"	5' 11½"	6' 1"	6' 3"	6' 4½"	6' 6"	







weight (kg)

weight (st / lbs)

To Calculate BMI:

Weight (kg)

Height (m) x Height (m)

Key						
	BMI <18.5	BMI 18.5-24.9	BMI 25-29.9	BMI 30-34.9	BMI 35-39.9	BMI >40
	Underweight	Desirable	Overweight	Obese (Class I)	Obese (Class II)	Obese (Class III)

CLASSIFICATION OF OVERWEIGHT AND OBESITY IN CHILDREN

The Child Growth Foundation Body Mass Index Percentile chart ⁽²⁾ should be used to identify overweight and obese children:

- Overweight: BMI >= 91st centile
- Obese: BMI >= 98th centile

If your BMI is healthy (between 20-25 kg/m²) you should aim to maintain this weight.

If your BMI is high (more than 25 kg/m²) and you are well, you may benefit from making dietary/lifestyle changes to help lower your BMI closer to the healthy range. A small loss of weight can reduce health risks. For more information about healthy eating, or weight management groups available, visit www.lnds.nhs.uk.

If you are unwell you should aim to maintain your weight.

If your BMI is low (less than 20 kg/m²) you may benefit from making dietary changes e.g. eating little and often, choosing higher calorie/protein containing foods or using food fortification techniques. A small weight gain will minimise other health risks and should you become unwell it will provide you with a buffer. For more information, visit www.lnds.nhs.uk.

What to eat when unwell (flare)

If you are having a flare up of your Crohn's disease your nutrition can be affected and your appetite may reduce. As a result you may experience weight loss, muscle wasting and tiredness.

Your appetite can also be affected by other symptoms you may have and can include stomach pain, urgency to open your bowels and diarrhoea.

As mentioned earlier, there are 3 types of treatment available. Dietary options are explored below.

Food Fortification

If your appetite is poor and you are unintentionally losing weight as a result of a Crohn's flare it is important to get the nutrition your body needs to maintain your health and minimise any further losses.

To help achieve this, a high calorie and high protein diet is advised. Fortifying food can help too, this means using every day foods to increase the nutrient content of what you eat. Every mouthful will be full of nourishment.

For more information, visit www.lnds.nhs.uk.

Top Tips

- Eat little and often e.g. 3 meals and at least 2-3 snacks a day
- Choose full fat products where possible
- Aim for 1 pint of milk (any type) a day – fortify this by mixing with 4 tablespoons skimmed milk powder and using in meals and drinks during the day

Nutritional Supplements

You may be aware that nutritional supplements are available, but these may not be indicated in all people. If you would like more information, please speak with your Doctor or IBD Nurse who can refer you to a Dietitian. A Dietitian can use their expert knowledge to assess your nutrition and decide if nutritional supplements are appropriate or if alternatives can be suggested.

Low Fibre

When you are having a flare up, or recovering from one, you may be advised to follow a low fibre diet to help with symptom management and to allow your bowel time to rest and heal.

Fibre is in a variety of foods and often requires your bowel to work extra hard to digest what it can of this. The bits it cannot break down can irritate your digestive tract and can cause stomach pain or make diarrhoea worse, particularly if your bowel is inflamed or has strictures (narrowing of the bowel).

There are two types of fibre:

- Soluble – found in oats, barley, peeled (with no seeds/stalks) fruit and vegetables
- Insoluble – found in pulses, beans and wholemeal/wholegrain foods. This type of fibre cannot be broken down by your gut.



A low fibre diet is usually recommended for short term use and people following this diet may need to take a multivitamin and mineral supplement during this time.

Once the flare is resolved it is normally expected that you can gradually reintroduce sources of fibre into the diet and return to a healthy balanced diet. It is possible that you may have to permanently remove some sources of high fibre containing foods from your diet if they are not tolerated.

You can visit www.lnds.nhs.uk for more information.

Before starting this diet, please discuss with your Doctor or IBD Nurse regarding appropriateness and they can refer you to see a Dietitian for further advice if needed.

Liquid Diet

You may be advised to follow a liquid (enteral) only diet to help treat your Crohn's flare by inducing remission. There are a number of options for liquid diet available depending on individual nutritional needs and preference.

If this is an option that has been highlighted by your Doctor, IBD Nurse or Dietitian, all food from your diet will need to be removed for approximately 2-8 weeks (depending on the style of liquid diet chosen).

For this treatment to work, you need to be 100% committed and motivated to stick with the liquid only diet for the complete duration (otherwise you may not receive any noticeable benefit from it).

When in remission you can start a food reintroduction diet, slowly building up the variety of foods in the diet at the same time weaning down the liquid diet with the aim of returning to eating a healthy and balanced diet. You will have regular input from your Dietitian throughout this process.



A benefit of this option is there are no side effects associated with commencing a liquid diet. It can also be used as an alternative, or in conjunction with medical treatment. The decision regarding this option should be made between your Doctor, IBD Nurse and yourself. A liquid diet should only be started under the supervision of a Dietitian.

Secondary Lactose Intolerance

If you have Crohn's disease which affects your small intestine, damage to this area of your digestive tract can cause lactose intolerance. Because of this damage, the ability to digest lactose is reduced due to the loss of lactase – the enzyme which digests lactose.

Lactose is commonly found in milk and dairy products, but can also be present in a wide variety of processed foods. Symptoms can include diarrhoea, abdominal pain and wind which occur 20 minutes to 2 hours after having lactose.

If you are concerned you may have lactose intolerance, please speak with your Doctor or IBD Nurse regarding lactose hydrogen breath testing or a lactose food challenge. If positive, they can refer you to a Dietitian for further advice.

Potential Nutritional Consequences

Osteopenia and Osteoporosis

Bone health needs to be considered in people diagnosed with Crohn's disease due to an increased risk of developing osteopenia, osteoporosis or potentially being at increased risk of fractures.

It is important to try and have 1000mg calcium a day (1200mg for women post-menopause and men over 55 years of age). If you do not have dairy foods e.g. cheese, milk, yogurt in your diet it is important to try and find alternatives e.g. lactose free, soya etc. and ensure they are fortified with calcium.

To help maximise the absorption of calcium it is important to make sure you are not lacking in vitamin D as deficiency can impair absorption. A good source of vitamin D is sunlight, but you can also find it in foods such as oily fish, meat, eggs and fortified products such as margarine and some breakfast cereals.



Your GP can check your calcium and vitamin D status from a blood test.

If you feel you are struggling to have enough calcium/vitamin D please speak with your Doctor or IBD Nurse, you may need to take a supplement.

If you are on steroids, you should be prescribed a calcium and vitamin D supplement. It is still important to ensure a good intake of calcium and vitamin D from your diet.

Anaemia

There is an increased risk of anaemia in people diagnosed with Crohn's disease. This can be due to loss of blood from the digestive tract, reduced intake of iron containing foods or impaired absorption.

General symptoms can include tiredness, pale complexion (skin), breathlessness, feeling faint and lacking in energy.

Anaemia can be caused by low levels of iron, folic acid or vitamin B12. Levels of these can be checked by having a blood test. For more information on where you can find these in your diet, visit www.lnds.nhs.uk.

If you are anaemic, your Doctor may start you on medication and/or refer you to see a Dietitian to discuss your diet.

Surgery

If you do require surgery, it is important to maximise your nutrition prior to the operation. To help with this, please refer to the food fortification section in this leaflet.

If you have any further questions, please do not hesitate to ask your Doctor, IBD Nurse or Dietitian.

For further information, please visit www.lnds.nhs.uk