

Department of  
**Nutrition & Dietetics**

# Inflammatory Bowel Disease (IBD)



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Inflammatory Bowel Disease (IBD) describes two medical conditions that are characterised by chronic inflammation of the gastrointestinal (GI) tract – Ulcerative Colitis (UC) and Crohn's Disease (CD). UC is limited to the large intestine, while CD can affect any part of the GI tract. Note: CD commonly affects the end of the small intestine and the beginning of the large intestine.

Signs and symptoms that are common in both CD and UC include diarrhoea, abdominal pain/cramping, blood/mucus in stools, reduced appetite and unintentional weight loss.

Some people tend to avoid specific foods or an entire food group. Unless they worsen your symptoms, there is no evidence to do so. It is best to minimise food restrictions to prevent nutritional deficiencies.

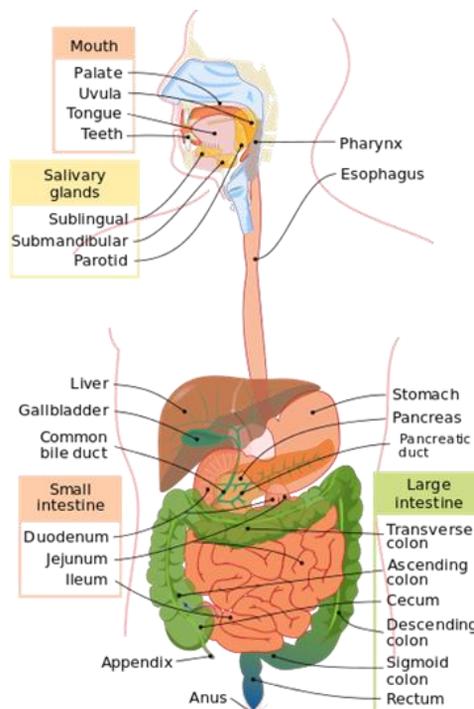


Figure 1: Anatomy of the GI tract

# Goals of Nutritional Therapy

## Goals of Nutritional Therapy

- ✓ Prevent weight loss and maintain ideal body mass index (BMI)
- ✓ Prevent and correct nutritional deficiencies
- ✓ Manage GI symptoms and possibly reduce inflammation

# Nutritional Considerations During IBD Flare

- A low fibre/residue diet may be required to minimise symptoms such as abdominal pain/cramping and diarrhoea. Reduced consumption of fibre containing foods may reduce the bulking of stools.
- A low fibre/residue diet may also be required if you have a stricture (narrowing of the intestine caused by inflammation or scar tissue). It can help reduce abdominal discomfort, bloatedness and risk of intestinal obstruction.
- Limit lactose containing foods if lactose intolerance develops.
- Limit foods that may aggravate your symptoms. These include caffeine, alcohol, spicy foods, high-fat foods e.g. fried foods, cream, butter/margarine, gas producing foods e.g. cabbage, broccoli, peas, brussels sprouts, carbonated drinks). Limit sugar alcohols e.g. sorbitol, mannitol, xylitol if they worsen your symptoms.

# Nutritional Considerations During IBD Flare

- Ensure adequate fluid intake especially if you are experiencing chronic diarrhoea. You are encouraged to drink eight to ten cups of fluids per day.
- Pain and feeling full quickly may lead to a reduction in foods and fluids intake. Small, frequent meals may be better tolerated.
- You may require oral nutritional supplements (liquids or powders which contain macronutrients and micronutrients) if you are unable to meet your nutritional requirements through diet alone. They are available over the counter in supermarkets or pharmacies. Speak to your doctor/dietitian to find out which is/are more suitable for you.

# Nutritional Considerations For IBD Under Control

- You are encouraged to have a healthy and balanced diet by including foods from all the food groups.



Figure 2: My Healthy Plate

- Fibre should be re-introduced gradually to maintain good bowel health.
- During an IBD flare, there may be some micronutrient losses due to diarrhoea and/or blood loss. When IBD is under control, some people may continue to experience malabsorption of micronutrients including minerals (e.g. iron and calcium) and vitamins (e.g. folate, vitamin B12, A, D and E). Consume your mineral and vitamin supplements if prescribed by your doctor/dietitian.

# Nutritional Considerations For IBD Under Control

## Additional Tips

- Monitor your weight and highlight any drastic weight loss to your doctor/dietitian.
- Keep a food and symptom diary and work with your dietitian to identify foods that trigger IBD.
- Do not restrict your diet unnecessarily. Speak to your dietitian for more individualised dietary advice. The recommendations will depend on your medical condition and symptoms.

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