



Crohn's and  
Colitis Canada  
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# FOOD FOR THOUGHT

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DIET AND NUTRITION FOR  
ADULTS LIVING WITH CROHN'S  
DISEASE & ULCERATIVE COLITIS



[crohnsandcolitis.ca](http://crohnsandcolitis.ca)

So you or someone you know has been diagnosed with either Crohn's disease or ulcerative colitis and now you're wondering what to do. It's natural to feel a little overwhelmed, but you have taken the first positive step by reading this booklet. Knowledge about Crohn's and colitis empowers you and gives you some control over your disease.

One of the basic necessities of life is food, but when you have Crohn's or colitis, eating is complicated. In this booklet, we will introduce you to some of the facts related to diet, nutrition and your disease. 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.

Visit [crohnsandcolitis.ca](http://crohnsandcolitis.ca) read our other Crohn's and Colitis Canada booklets, sign up for our electronic newsletter Talk About Guts, join your local Crohn's and Colitis Canada chapter — it's all food for thought!

# HOW DID I GET CROHN'S OR COLITIS?

This is a good question and one that researchers are still investigating. Currently, scientists believe that a genetic tendency triggered by something in the environment combines to set off inflammation in your gut. Instead of calming the inflammation, the immune system goes into overdrive, resulting in Crohn's or colitis – both chronic (life-long) diseases.

## WHAT WILL CURE MY IBD?

Since we do not know what causes Crohn's and colitis, there is no known cure – yet. We do know that your diet did not cause inflammatory bowel disease, nor will a "miracle diet" cure it.

Having said that, your eating habits can help or hinder your overall health and your healing process if you are in a flare-up. Since Crohn's and colitis are chronic condition, you need to understand how your diet affects your ability to 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 your disease.

It is not always easy for a Crohn's or colitis patient to do this, but if you understand what you can tolerate, you are on your way to better health.

## MALNUTRITION AND DEHYDRATION

If you have just been diagnosed with Crohn's or colitis, it is possible that you have been suffering from diarrhea, cramping, gas, bloating, bleeding and a loss of appetite. All of this has probably left you feeling drained of energy. The fact that you're feeling fatigued and generally unwell may also cause you to avoid eating and drinking – especially if you're concerned it will aggravate your symptoms. Combined with the fact that Crohn's 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:

- 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

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:

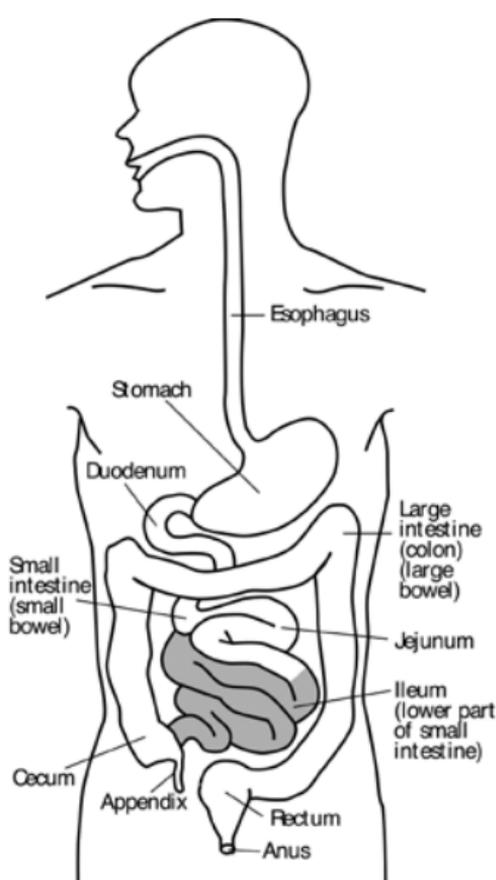
- Fatigue
- Light headedness
- Stomach cramps
- Decreased urine output (you pee less than normal)
- Rapid weight loss over a period of a few days

If you think you are suffering from malnutrition and/or dehydration, contact your physician right away. Ask for a referral to a registered dietitian in your area who specializes in IBD and get started on the road to healthier eating. For more information about registered dietitians, or to search for one in your area, go to [dietitians.ca](https://www.dietitians.ca).

# IBD FACTS

How does Crohn's and colitis cause malnutrition or dehydration? Why is it common for Crohn's and colitis patients to feel fatigued and generally unwell?

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



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 may prevent the proper absorption of nutrients from the food you have eaten.  
(see diagram)

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 food you've digested, 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 "Surviving and Thriving" and check out our website [crohnsandcolitis.ca](http://crohnsandcolitis.ca).

# WHAT CAN YOU DO?



A well-balanced diet is essential for everyone, but it is vitally important for those who have Crohn's or colitis. 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 Crohn's or colitis is in remission (your symptoms are under control), you can best help yourself by eating a well-balanced diet. There are some great resources available online such as the Dietitians of Canada website ([dietitians.ca](http://dietitians.ca)), which has tips on healthy eating, Canada's Food Guide, meal planning and smart food shopping. You can also find a vegetarian food guide on that site if you do not eat meat.

In general, a healthy diet includes daily portions of a protein source (complete proteins include meat, fish, poultry and eggs; incomplete proteins include legumes, beans, nuts, soy-based products, dairy and grains), vegetables and fruits, grain products and calcium-rich or 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. But there are 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

Take note: these foods may not bother everyone with Crohn's or colitis – you have to experiment and find out for yourself what does and does not bother your gut.

Keep in mind that the medications prescribed for Crohn's or colitis can also affect your ability to absorb certain vitamins, protein, calcium and folic acid. Be sure to take good care of yourself and make a healthy diet one of the priorities in your life. See our booklet, "Prescription for Health" on medications for more details.

## B. DURING A FLARE-UP

If you have a 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 Crohn's or colitis:

### Tip #1: Keep a Food and Symptom Journal

Identify your individual triggers by keeping a Food Journal; During this time, monitor your symptoms. Symptoms such as abdominal cramps, bloating and diarrhea, this is unique to each individual.

Visit our website at [crohnsandcolitis.ca](http://crohnsandcolitis.ca) to download a sample journal. Once you have identified your triggers, you will want to temporarily reduce or even eliminate certain foods from your diet until your flare-up has subsided.

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

## **Tip #2: Avoid Alcohol, Sugar, Fructose, Caffeine and Greasy Foods**

Avoiding such foods may not cause your flare-up to subside any faster, but staying away from them will help you feel more comfortable during the acute episode.

Simple sugars, fructose and artificial sweeteners can be poorly absorbed by your gut and cause 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 symptoms.

## **Tip #3: Eat smaller meals every 2 to 3 hours**

During flare-ups, try eating small meals more frequently as this will be less taxing on your gut and will be easier for digestion. An average of every 2 to 3 hours, or up to five to six meals a day are ideal. If you can make breakfast your main meal, you may also find that food is better tolerated.

It is beneficial to add protein to your diet as protein requirements may be elevated due to losses related to inflammation. Protein snack ideas include; chicken, eggs, tuna, smooth nut butter sandwiches, cheese and crackers, Greek yogurt. Bananas, hummus and pita are also great foods to add to your diet.

## **Tip #4: Eliminate "safe food" biases**

Food is unique to each individual. You need to identify the foods that you are able to tolerate in your own personal food/symptom journal. "Safe" foods for you may not be the same case for someone else suffering from the same disease. However, many people find that the following foods may help:

- Low fibre bread
- Herbal teas
- White rice
- Bananas
- Eggs
- Chicken, turkey and other white meats

Trying foods such as the ones listed above may be helpful in reducing symptoms but most people can tolerate many more foods than these during active inflammation. It is important to monitor your symptoms and avoid unnecessary prolonged restriction of foods.

### **Tip #5: Stool Thickening Foods**

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

- Cheese
- Smooth nut butters
- Oatmeal or oat bran
- Bananas
- Greek yogurt
- Potatoes
- White rice
- Pasta

### **Tip #6: 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 a bowel resection. 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.

But remember: fluids are critical to maintaining proper electrolyte balance, so be sure you are drinking enough throughout the day.

### **Tip #7: Reduce fats in your foods**

If you have extensive Crohn's 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.

### **Tip #8 Fibre**

Soluble fibre can have tremendous benefits for patients with Crohn's or colitis. Quite simply, soluble fibre is "soluble in water," which means it has a great capacity for absorbing water in the GI tract. Soluble fibre develops a gel-like consistency as it moves through the gut. This is beneficial because the absorption of water helps to slow the passage of stool, resulting in increased absorption of nutrients and a lessening of diarrhea. Pectins and gums are two examples of soluble fibres with tremendous water-holding capacity. Foods that contain soluble fibre include oatmeal, avocado and butternut squash.

Insoluble fibre is not soluble in water, which means that foods containing this type of fibre actually draw water into the GI tract and make the contents move more

quickly through the system. In essence, insoluble fibre has the reverse effect of soluble fibre and hastens the passage of feces through the intestines, resulting in diarrhea and irritation of the GI tract. Insoluble fibres include cellulose and lignin; examples of food containing this type of fibre are breads with nuts, seeds and ancient grains, as well as raisins and cabbage. Peeling, cooking, blending insoluble sources of fibre (i.e. most vegetables) may result in a better tolerance and a healthier and varied diet.

## 1. SUPPLEMENTS

As we discussed before, Crohn's and colitis can interfere with the absorption of nutrients from your food. In addition, some of the medications you take for Crohn's and colitis may also interfere with your body's ability to absorb nutrition. 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 citrate
- Iron
- Vitamins D and B12
- Folic acid
- Sodium and potassium
- Fish oil capsules/omega 3 fatty acids

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

### **Quick Tip: Supplement Combinations**

#### **Iron absorption**

Avoid drinking tea or wine within 30 - 45min of taking iron supplements. The tannin in these drinks can bind iron which prevents iron absorption in the stomach. Phosphates in carbonated drinks can have the same effect.

Leave 30 - 45min between the consumption of iron supplements and milk. The calcium in milk can significantly reduce the absorption of iron. This can happen with calcium from other dairy products as well as from vitamin and mineral supplements that are high in calcium.

Phytates in cereal can also inhibit iron absorption. You should Leave a 30 - 45min gap between the consumption of cereal and iron supplements.

Vitamin C (ascorbic acid) is something that can facilitate the absorption of iron as well.

## 2. PROBIOTICS

Probiotics refers to a type of bacteria that helps to keep 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 whether probiotic bacteria will alleviate Crohn's or colitis. The research is promising but there are no clinical guidelines for taking probiotics at the present time. Crohn's and colitis Canada has additional information about probiotics at [crohnsandcolitis.ca](http://crohnsandcolitis.ca).

## 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 beneficial effect on inflammation, however a Canadian study did NOT find any difference in the one-year relapse rate of Crohn's disease for people who did and did not take omega-3 fatty acids.

Interestingly, study subjects who took omega-3 did have very low triglyceride levels, so there are other health benefits not related to Crohn's and colitis.

# ABOUT CROHN'S AND COLITIS CANADA

**Crohn's and Colitis Canada** is the only national, volunteer-based charity focused on finding the cures for Crohn's disease and ulcerative colitis and improving the lives of children and adults affected by these diseases. We are one of the top two health charity funders of Crohn's and colitis research in the world and the largest non-governmental funder in Canada. We are transforming the lives of people affected by Crohn's and colitis (the two main forms of inflammatory bowel disease) through research, patient programs, advocacy, and awareness.

**Our Crohn's & Colitis – Make it stop. For life.** campaign will raise \$100 million by 2020 to advance our mission.

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For more information on Crohn's disease or ulcerative colitis visit our website **[crohnsandcolitis.ca](http://crohnsandcolitis.ca)** or call 1-800-387-1479

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Make it stop. For life.

