



Is There a Diet for IBD?

Food is an integral part of our life not only for sustenance but an important part of our social life and our cultural traditions. In fact there is not a culture on this planet that does not include food as part of a celebration.

The first questions most IBD patients ask after being diagnosed with either Crohn's disease or ulcerative colitis are "Is IBD caused by food?" and "What diet should I be following?" The medical fraternity has historically been quite dismissive about the role of food in causing IBD and answers such "IBD is not a dietary illness" or "eat foods you feel comfortable eating" were the standard replies. However with new research into the role of food in IBD there is much greater focus on diet and its importance in managing IBD. We have summarised some of the research on diet and IBD but before starting any dietary intervention for IBD please note the following.

1. "One size does not fit all". Each patient will have a unique set of circumstances which may require customised dietary advice.
2. An experienced IBD dietician should be consulted for expert advice before starting any dietary programme

Exclusive Enteral Nutrition for Paediatric Crohn's Disease

This is one of the most important indicators that IBD is in some way diet related. Children with certain types of Crohn's disease (involving the small intestine particularly) can go into remission after a 6 to 12 week course of strict dietary treatment using a special nutritional supplement called a polymeric feed. The effect of this dietary treatment is as good as taking conventional medication such as steroids. Recently this type of diet therapy has been tried in adults with Crohn's disease and forms the basis of the Crohn's disease exclusion diet. This type of strict dietary intervention must be managed by an experienced IBD dietician.

Low FODMAP Diet

Recent research has identified that certain foods can trigger symptoms in patients who suffer with irritable bowel syndrome (**IBS not IBD**). Research conducted at Monash University in Melbourne, Australia showed that **IBS patients** who were provided with food according to very strict control of the ingredients were most sensitive to a group of foods known as FODMAPs. FODMAP is an acronym for F – fermentable O-oligo-saccharides, D-di-saccharides, M-mono-saccharides, and P-polyols. FODMAPs are consumed in the Western diet via a number of grains, fruits, vegetables, milk and sugar-free additives. FODMAPs are small carbohydrates and fibres that are poorly absorbed. In the small intestine they draw water into the gut causing diarrhoea. In the colon FODMAPs are rapidly fermented by bacteria causing excessive gas and distension or stretching of the colon. This can cause abdominal pain, excessive flatulence and constipation. Many IBD patients may benefit from a low FODMAP diet for a number of reasons. Firstly some IBD patients, particularly those with ulcerative colitis, may also suffer with IBS when their colitis is in remission. IBS symptoms if confidently distinguished from active colitis symptoms (a stool calprotectin can be used) will respond to a low FODMAP diet. Other IBD patients such as those with previous intestinal surgery or those with an ileo-anal pouch (following a colectomy) may feel more comfortable on a low FODMAP diet.

Low-Fiber / Low-Residue Diet

This diet is recommended to reduce both cramping and bowel movements by decreasing your fiber intake. That means avoiding green leafy vegetables, nuts, seeds, popcorn, whole grains, and raw fruits with peels. Eating a low-fiber diet can be especially helpful when you have a **stricture or bowel obstruction** by allowing easy and comfortable passage of low residue food across the stricture. A low-fibre diet may also be recommended after surgery when your gut may need a little extra time to recover before taking on a regular diet.

Crohn's Disease Exclusion Diet

This is a recent dietary intervention that has been used to treat patients with difficult Crohn's disease that has not responded to usual medications. It consists of a 12 week programme combining very strict food choices in combination with a special nutritional supplement. The foods avoided in this diet are those that are thought to promote undesirable interactions between the gut bacteria and the intestinal lining. The diet is low in animal fat, sugar, gliadin, emulsifiers and maltodextrin. It also excludes most artificial food additives. For more information see <https://my modulife.com/for-patients/>

For more information on IBD and Diet see CCUK IBD Food and IBD

Where to go for dietary advice?

Where to turn to for dietary advice is very confusing for South African IBD patients. Everyone will offer you advice. Relatives, friends and health store staff will all have the "perfect diet for your IBD". You may choose to seek professional help and again the options are endless. Dieticians, nutritionists, homeopaths, functional medicine practitioners etc etc will all have their own ideas on what is the "best diet for your IBD". IBD is a complex disease and poorly understood disease by most people offering diet advice. Some words of caution when choosing someone to assist with your IBD diet.

Avoid anyone who offers to cure your IBD with a diet. IBD cannot be cured.

Avoid anyone who's advice also requires the purchase of expensive supplements

Avoid anyone who offers food allergy or genetic food testing without consulting your IBD doctor

Avoid anyone who is not prepared to work in conjunction with your other IBD specialists

Avoid anyone who is not a registered dietician

What is a Dietician?

<http://www.adsa.org.za/Portals/14/Documents/2017/ADSA%20leaflet%202016%20Updated%20final.pdf>

Finding a Dietician in South Africa

<https://www.medpages.co.za/sf/index.php?page=serviceregion&servicecode=120&countryid=1>