IBD General Nutrition Information

Nutrition Information

Eating a healthy diet is important in managing and overcoming any disease, especially inflammatory bowel disease (IBD). Poor nutrition in children and adolescents with IBD is caused by many factors. During a "flare" or period of increased gastrointestinal inflammation, appetite can decrease. This makes it difficult to eat enough food to maintain growth, energy, and to heal from a flare. Also, inflammation decreases the digestive tract's ability to absorb the nutrients needed from food. Lastly, some medications used to treat IBD can also affect appetite and nutrition. Because children with IBD will have periods of time of decreased food intake and absorption, it is important that they choose nutritious foods to eat that are high in calories, protein, vitamins, and minerals.

Some parents worry that something in their child's diet caused their IBD, but this is not true. There is no evidence that certain foods directly affect the inflammation of the intestine, causing it to worsen or improve. However we do know that certain "trigger" foods can aggravate symptoms, leading to worsened abdominal pain and diarrhea. Because "trigger" foods are not the same for every person with IBD, keeping a food and symptom journal can help you to identify which foods repeatedly worsen your child's symptoms.

Diet Modifications During a Flare

During a flare, common trigger foods can be high fiber foods such as raw fruits and vegetables or whole grains. Cooked fruits and vegetables as well as white grain products may be better tolerated temporarily until the flare resolves. Additionally, high fat, greasy, and

fried foods can worsen symptoms during a flare; as well as sweets including sweetened beverages, desserts, and juices. If dairy worsens IBD symptoms, try replacing with lactose-free dairy products or milk substitutes that are fortified with calcium and Vitamin D. When taking steroids, limit salt intake to avoid swelling and fluid retention.

Small, frequent meals every 3-4 hours may be better tolerated than large meals. Chewing food well is important to start the digestion process. Remember to drink lots of water.

When inflammation leads to narrowing of the intestine (called a stricture or fistula) certain foods are at higher risk of becoming stuck and causing a blockage. In these situations a strict low-fiber diet is needed and can be discussed with your IBD team

Eating a Healthy Diet Between Flares

When disease is in remission based on labs and symptoms it is especially important for children to eat a healthy diet. A healthy diet includes foods from all food groups. Choose lean proteins such as poultry, eggs, fish, or beans. Include a wide variety of fresh or cooked fruits and vegetables and whole grains. Include dairy in moderation to meet daily recommendations for calcium, choosing lactose- free products if this improves tolerance. Limit red meat, sweets, and caffeine. Avoid packaged foods with unfamiliar ingredients, and artificial sweeteners. The less processed the diet the better.





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Vitamins, Minerals, Herbs, and Medications

It is important to let your child's physician know if you are giving your child any over the counter medicines, multivitamins, minerals, or herbal supplements as they can possibly interact with your child's medications.

It is usually recommended that your child take a multivitamin with iron. If your child's iron level is low, your child's physician may recommend an additional iron or folate supplement.

Children with IBD are at risk for osteoporosis (thin, weak bones) especially if they are on high doses of corticosteroids for a long time. Steroids interfere with the body's ability to absorb calcium. It is important to take recommended amounts of calcium and Vitamin D for strong bones and teeth. Your child's physician or dietitian can tell you the amount that your child should take based on their weight and age.

Overall nutrition plays an important role in the treatment of IBD. Proper nutrition, together with controlled disease, will enable your child to reach their full growth potential and help them live a healthier life.

IMPORTANT REMINDER: This information from the North America Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) is intended to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.





