



Nutrition and Crohn's Disease

Ensuring good nutrition is an important part of managing Crohn's disease. People with Crohn's disease are at risk for developing malnutrition and nutrient deficiencies, which makes it more difficult for the body to heal and fight infection. Malnutrition may also cause you to feel more fatigued. There are several reasons that people with Crohn's disease may be at nutritional risk. These include the following:

- Decreased food intake due to decreased appetite, pain, diarrhea, or other symptoms (or fear of these symptoms)
- Increased need for calories, protein, and some vitamins and minerals
- Diarrhea or other fluid losses can lead to dehydration if not replaced
- Crohn's disease most often affects the small intestine, the part of the bowel where nutrients are absorbed. Whether or not absorption is affected (and to what degree) depends on the severity and location of the disease.
- Bowel surgeries (removal of significant portions of the bowel may affect your ability to absorb certain nutrients)
- Preexisting dietary restrictions (which may or may not be necessary)

Diet

There is no special diet for people with Crohn's disease; nor are there dietary factors known at this time to worsen or cause an increase in disease activity. Rather, the recommended diet for Crohn's disease is a balanced diet focusing on adequate calories, protein, vitamins, minerals, and fluid. Therefore, there are no specific foods that must be avoided. Some individuals may have food intolerances or notice that certain foods cause discomfort. In such cases, those foods should be avoided as necessary. Nutrition needs may vary from person to person, thus it is best to meet with a dietitian who can help you individualize your diet.

Calories and Protein

- It is important to take in enough calories each day to maintain a healthy weight. Your calorie needs may be increased when you are acutely ill. Rapid, unintentional weight loss places you at risk for malnutrition.
- The inflammation caused by Crohn's disease leads to increased protein needs. Inadequate protein intake may negatively affect healing and lead to muscle loss.

Low fiber, low residue-Is it necessary?

No. Dietary fiber is an important component of a balanced, healthy diet. Fiber is broken down in the colon into short chain fatty acids. The colon uses these short chain fatty acids as an energy source. In people with Crohn's disease, there is no

need to limit the intake of dietary fiber. Likewise, it is not necessary to increase fiber intake above the recommended levels for the general population. Recommended daily dietary fiber intake is 20-30 grams. Trial and error is the best way to figure out the amount of fiber you are able to tolerate in your diet. The amount of fiber tolerated varies between individuals and may also vary with an individual during a Crohn's flare.

Vitamins and Minerals

- Vitamin B12 is a nutrient important for normal body function. Vitamin B12 is absorbed in the ileum, a part of the small bowel often affected by Crohn's disease. Vitamin B12 levels can be monitored by a blood test and a supplement may be recommended if the level is low.
- Calcium and vitamin D are nutrients important for healthy bones. Many adults do not take in enough of these nutrients. People with Crohn's disease are especially at risk because dairy products (primary sources of calcium and vitamin D), are often avoided. Such avoidance may or may not be necessary; see the section below on Lactose Intolerance for more information.
- Other vitamins and minerals of special concern include:
 - Folic acid (especially for people on the medication sulfasalazine)
 - Magnesium and zinc may be lost in diarrhea if persistent
 - Iron (especially if blood loss from the intestine occurs)Your physician or dietitian may recommend additional vitamin and/or mineral supplements based on laboratory values or clinical condition.

Special Situations

Lactose intolerance

- Lactose is a sugar found in milk and many dairy products. Some people with Crohn's disease may have difficulty digesting lactose and dairy products due to low levels of the lactase enzyme needed to break down lactose in the small bowel. Symptoms include cramping, bloating, gas, and/or diarrhea after consuming dairy products.
- Not all people with Crohn's disease will experience lactose intolerance and routine avoidance of dairy products is not needed. If tolerated, dairy products are a good source of calories, protein, vitamins and minerals.
- If dairy products cause discomfort, they should be avoided or consumed in small amounts as tolerated. In such cases, discuss your calcium and vitamin D intake with your dietitian.
- For more information on lactose intolerance, go to www.GInutrition.virginia.edu:
 - Scroll to the link for "**Nutrition Articles in Practical Gastroenterology**"
 - Article Lactose Intolerance is found in the February 2003 issue.
 - Scroll to link for "Patient Education Handouts"
 - Handouts on lactose intolerance, as well as bone health, can be found here

Strictures, partial obstruction, or narrowed areas of bowel

- If your doctor has informed you that you have intestinal strictures, a partial bowel obstruction, or that you have areas in the bowel which are narrowed, a low fiber or low residue diet may be recommended.
- On a low fiber diet, the following foods should be avoided: raw fruits and vegetables (especially those with pulp, edible skins or seeds), corn, beans, nuts, seeds, popcorn, raisins, whole grain products, bran products, and fiber supplements. It is also important to chew all foods well.

Additional Resources

⇒ Crohn's & Colitis Foundation of America: <http://www.cdfa.org/>

⇒ www.GInutrition.virginia.edu

- Scroll down to the link for Nutrition Articles in Practical Gastroenterology

- § article on Inflammatory Bowel Disease is found in the May 2003 issue