Inflammatory bowel disease (IBD) is a chronic disorder of the gastrointestinal tract characterized by intestinal inflammation. The most common forms of this condition are Crohn’s disease (CD) and ulcerative colitis (UC). Both diseases are marked by an abnormal response by the body’s immune system, which attacks the intestines in the presence of food, bacteria and other material instead of protecting the body from infection.

IBD is not the same as irritable bowel syndrome (IBS), although the symptoms can be similar. Unlike inflammatory bowel disease, IBS does not cause inflammation or damage in the intestines.

**Symptoms of IBD**

- Severe or chronic abdominal pain
- Diarrhea - may be bloody
- Unexplained weight loss
- Loss of appetite
- Constipation – can lead to obstruction
- Bleeding from the rectum
- Sensation of incomplete evacuation
- Fever

Symptoms can range from mild to severe and can come and go, sometimes going away for months or even years at a time. When symptoms of IBD are active they are referred to as a flare.

**Crohns disease**

Crohn’s disease involves any location of the gastrointestinal tract; most commonly it affects the end of the small bowel and the beginning of the large bowel. In Crohn's disease, all layers of the intestine may be involved and there can be normal healthy bowel between areas of diseased bowel. The most common complication of Crohn’s disease is blockage of the intestine due to swelling and scar tissue followed by the development of sores or ulcers within the intestinal tract that can develop into fistulas.

**Ulcerative colitis**

Ulcerative colitis is limited to inflammation in the large bowel (the colon). The disease does not affect all layers of the bowel, but only affects the top layers of the colon in an even and continuous distribution. Complications of ulcerative colitis are less frequent than in Crohns disease and the removal of the colon (colectomy) can potentially cure the disease.
Inflammatory Bowel Disease

Nutrition and IBD
There is no single diet for the treatment of IBD and dietary recommendations must be individualized.

The individual diet should be based on

- Symptoms and whether they are active
- Location of the disease
- Nutritional deficiencies
- Presence of strictures

There are some basic principles and guidelines to help during flares and for people with diarrhea and abdominal pain.

- Eat smaller meals or snacks every 3 to 4 hours.
- Eat in a relaxed atmosphere
- Avoid trigger foods
- Reduce the amount of greasy or fried foods
- Choose lactose-free products if you have lactose intolerance.
- Choose grain foods with less than 2 grams fiber per serving.
- Avoid heavy syrup or sugary foods and drink.

Micronutrient Deficiencies

Inflammation in the digestive tract affects the process of digestion and interferes with the absorption of nutrients. Many people with IBD will need to supplement specific vitamins and minerals to avoid deficiencies. People with ulcerative colitis should focus on folate, magnesium, calcium, potassium and iron. People with Crohn’s should focus on the same minerals with the addition of zinc and vitamins A, D, E, K & B12.

Recommended Foods for these Nutrients

| Vegetables | • Vegetables that are easier to digest  (e.g. asparagus, potatoes without skin)  
| | • Cooked, pureed or peeled vegetables without seeds  
| | • Vegetable stock, strained vegetable juice and smoothies  |
| Fruits | • Fruits that are easier to digest and have less insoluble fiber  (e.g melons)  
| | • Fruit juice without pulp and fruit smoothies  
| | • Cooked, pureed, canned or peeled fruits  |

For more information:
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<th>Grains</th>
<th>Protein</th>
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<td>• Grains that are more refined with less insoluble fiber (e.g. bread, cereals and pastas made from white or refined flour)</td>
<td>• Lean sources of protein (e.g. fish, chicken, eggs and tofu)</td>
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<td>• Rice, crackers sourdough and French breads</td>
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