Nutrition Management of Crohn’s Disease

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Crohn’s disease is a chronic disorder that causes inflammation of the digestive or gastrointestinal (GI) tract. Although it can involve any area of the GI tract from the mouth to the anus, it most commonly affects the small intestine and/or colon.

Ulcerative colitis and Crohn’s disease are both categorized under inflammatory bowel disease. Because the symptoms of these two illnesses are so similar, it is sometimes difficult to definitively establish the diagnosis. In fact, approximately 10 percent of colitis cases are unable to be pinpointed as either ulcerative colitis or Crohn’s disease and are called indeterminate colitis.

Both Crohn’s disease and ulcerative colitis are marked by an abnormal response by the body’s immune system. Normally, the immune system’s cells and protein protect the body from infection. In people with Crohn’s disease, however, the immune system reacts improperly. Researchers believe the immune system mistakes microbes, such as bacteria that is normally found in the intestines, for foreign or invading substances, and launches a flare up. In the process, the body sends white blood cells into the lining of the intestines, where they produce chronic inflammation.

These cells then generate harmful products that ultimately lead to ulcerations and bowel injury. Although Crohn’s disease most commonly affects the end of the small intestine and the beginning of the large intestine (the colon), it has been known to affect any part of the GI tract. In ulcerative colitis, on the other hand, the GI involvement is limited to the colon. In Crohn’s disease, all layers of the intestine may be involved, and there can be normal, healthy bowel in between patches of diseased bowel. In contrast, ulcerative colitis affects only the superficial layers (the mucosa) of the colon in a more even and continuous distribution, which starts at the level of the anus.

Crohn’s disease is a complex condition requiring a complex solution. To help eliminate symptoms associated with Crohn’s disease and determine a proper Crohn’s disease diet, we must realize there are separate variables that may cause symptoms. These variables may include:

- Lack of beneficial bacteria in the gastrointestinal system
- The presence of bad bacteria, yeast or parasites
- Lack of digestive enzymes
- Improper bowel chemistry
- Intolerances to dairy products
- Intolerances to fructose-containing foods
- Intolerances to gluten-containing foods
- Celiac disease
- Possible food allergies

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The symptoms and complications of Crohn's disease differ, depending on what part of the intestinal tract is inflamed. Symptoms range from mild to severe and can come and go with periods of flare-ups. The main symptoms of Crohn's disease are:

- Cramps/ abdominal pain
- Fever
- Fatigue
- Loss of appetite
- Pain with passing stool
- Persistent, watery diarrhea
- Unintentional weight loss

Other symptoms may include:

- Constipation
- Eye inflammation
- Fistulas (usually around the rectal area, which may cause draining of pus, mucus or stools)
- Joint pain
- Liver inflammation
- Mouth ulcers
- Rectal bleeding and bloody stools
- Skin lumps or sores (ulcers)
- Swollen gums

This wide range of symptoms demonstrates why it is important to know which part of the intestine is affected by Crohn's disease. There are five different types of Crohn's disease, each with their own common symptoms:

- **Ileocolitis**: This is the most common form of Crohn's disease. It affects the ileum and colon. Symptoms include diarrhea and cramping or pain in the right lower part or middle of the abdomen. This form is often accompanied by significant weight loss.

- **Ileitis**: This form affects the ileum, and its symptoms are the same as those of ileocolitis. Complications may include fistulas or inflammatory abscess in right lower quadrant of the abdomen.

- **Gastroduodenal Crohn's disease**: This form affects the stomach and duodenum (the first part of the small intestine). Symptoms include loss of appetite, weight loss and nausea. Vomiting may indicate that narrowed segments of the bowel are obstructed.
• **Jejunoileitis**: This form produces patchy areas of inflammation in the jejunum (the upper half of the small intestine). Symptoms include abdominal pain ranging from mild to intense and cramps following meals, as well as diarrhea. Fistulas may form.

• **Crohn’s (granulomatous) colitis**: The form affects the colon only. Symptoms include diarrhea, rectal bleeding and disease around the anus (abscess, fistulas, ulcers). Skin lesions and joint pains are more common in this form of Crohn’s disease than in others.

**The Role of Nutrition**

There is no evidence that any particular foods cause or contribute to Crohn’s disease or other types of irritable bowel disorder (IBD). Once the disease has developed, however, nutritional therapy will help reduce symptoms, replace lost nutrients and promote healing.

Good nutrition is essential for anyone who has a chronic disease, but it is especially important in Crohn’s disease. The appetite is often reduced in people with Crohn’s disease, therefore nutrient-dense foods free of chemicals and preservatives will optimize nutrient absorption without having to eat large volumes of foods. Chronic diseases tend to increase the energy or caloric needs of the body, which could lead to unhealthy weight loss and nutrient deficiencies; this is particularly true during episodes of disease “flare-ups.” Crohn’s disease is also associated with excessive diarrhea, which causes poor absorption of dietary protein, fat, carbohydrates and water.

All these symptoms rob the body of fluids, nutrients, and a wide variety of vitamins and minerals. Restoring and maintaining proper nutrition through all-natural foods rich in protein and nutrients such as lean meats and tolerated fruits and vegetables is a vital part of the medical management of Crohn’s disease.

When Crohn’s disease is active, soft, bland foods may cause less discomfort than spicy or high-fiber foods. Except for restricting milk in lactose-intolerant patients, most gastroenterologists try to be flexible in planning the diets of their patients suffering from Crohn’s disease. A healthy diet should contain a variety of foods from all food groups. Meat, fish, poultry and dairy products (if tolerated) are sources of protein; while bread, cereal, starches, fruits and vegetables are sources of carbohydrate; and oils are sources of fat.

The following nutritional tips are helpful in managing Crohn’s disease:

- Eat small amounts of food throughout the day.
- Drink lots of water, and be sure to drink small amounts often throughout the day.
- Avoid high-fiber foods such as bran, beans, nuts, seeds and popcorn.
- Avoid fatty, greasy or fried foods and sauces like butter, margarine and heavy cream.
- If your body does not digest dairy foods well, limit dairy products. Try low-lactose cheeses, such as Swiss and cheddar, and an enzyme product, such as Lactaid, to help break down lactose.
- Avoid foods that you know give you gas, such as beans, spicy food, cabbage, broccoli, cauliflower, raw fruit juices and fruits (especially citrus fruits).

People who have a blockage of the intestines may need to avoid raw fruits and vegetables and other high-fiber foods. If you suffer from Crohn’s disease, be sure to ask your doctor or registered dietitian about extra supplements you may need, including:

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• Iron supplements (if you are anemic)

• Calcium and Vitamin D supplements to help keep your bones strong

• Vitamin B12 to prevent anemia

• Fish oil to maintain healthy fat absorption

• Probiotic to maintain a healthy gut

Make sure they are manufactured by a company with NPA’s certification for good manufacturing practices. Additional supplements may be recommended by your doctor.

Resources:

Crohn’s & Colitis Foundation of America, About Crohn’s Disease: http://www.ccfa.org/info/about/crohns


Foundation for Integrated Medicine, Nutritional Therapy for Crohn’s Disease: http://www.mdheal.org/crohn’s.htm