

# Diet in IBD



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# What will I cover?

- Eating well with IBD in both a flare-up and remission
- Main nutrients of concern in IBD
- Situations where you may be advised to adapt your diet
- When to use a food diary with IBD
- Use of supplements
- Seeking support; useful websites and resources

# General guidelines for eating well with IBD

# Eatwell Guide

Check the label on packaged foods

Each serving (150g) contains

Energy	Fat	Saturates	Sugars	Salt
1048kJ 250kcal	3.0g LOW	1.3g LOW	34g HIGH	0.9g MED
13%	4%	7%	38%	15%

of an adult's reference intake

Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fat, salt and sugars

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.



Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Limit fruit juice and/or smoothies to a total of 150ml a day.



Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS



- Focus on a **balanced, Mediterranean-style diet**
- Include **prebiotic and fermented foods** if tolerated
- **Recommendations<sup>1</sup>:**
  - **Vegetables:** 4 or more portions per day (a portion is 80g)
  - **Fruit:** 3 or more portions per day (a portion is 80g)
  - **Legumes:**  $\geq 2$  servings weekly  
(e.g. chickpeas, lentils, peas, beans)
  - **Nuts and seeds:** aim for  $\geq 1$  serving daily  
(e.g. sunflower seeds, peanuts, poppy seeds, sesame seeds, walnuts, pumpkin seeds, cashew nuts)
  - **Wholegrains:** aim for  $\geq 1$  serving daily  
(e.g. wholemeal bread, wholemeal pasta, whole oats, brown rice)
  - **Dairy foods:** aim for  $\geq 2$  servings daily  
(e.g. milk, cheese, yoghurts, calcium-fortified plant-based milks)
  - **Fish:** aim for  $\geq 2$  servings per week  
(at least one should be oily fish, e.g. salmon, mackerel, pilchards, sardines or trout)
  - **Red and processed meat:** aim  $\leq 2$  servings per week
  - **Fats and oils:** focus on using olive oil as main fat in cooking
  - Limit processed foods and food additives



NHS Eatwell Guide<sup>3</sup>

**Guideline recommendation:** “Include a variety of fruits, vegetables, wholegrains, legumes, nuts, and seeds (as tolerated). High diversity supports a diverse gut microbiota, linked to better long-term outcomes”<sup>2</sup>.

# Fibre and IBD

- Most people with IBD eat **too little fibre**
- Fibre supports gut health and should be included if tolerated
- Only limit fibre if you have strictures (narrowing) or during severe flare-ups
- Aim for a variety of fruits, vegetables, wholegrains, nuts, and seeds
- Recommended daily dietary intake of fibre is 25-30g per day
- Most people with IBD do not meet this amount due to the perception that fibre worsens symptoms

**Guideline recommendation:** For stable inflammatory bowel disease:

Include a wide range of fruit, vegetables, nuts and seeds and wholegrains to meet energy and nutritional requirements. There is no need to restrict fibre intake, except in stricturing disease<sup>4</sup>.

# Protein foods

- Provide a **good source of iron, B12, zinc and folate**
- Help **maintain lean body mass** and **repair tissues**
- Requirements are normal in remission, but slightly higher in active disease or post-surgery
- Good sources: poultry, turkey, lamb, beef, eggs, fish and oily fish, dairy, beans, soya, pulses and nuts (hazelnuts, walnuts, almonds) and seeds (flaxseeds, chia seeds)
- **Consider more plant-based proteins**, e.g. pulses (black and white beans, whole beans, lentils), tofu, tempeh, Quorn, spirulina
- **Try to include oily fish** at least 1 x weekly (mackerel, kippers, salmon, sardines, pilchards)
- **Limit red or processed meat** (to <300gms per week or 70-76gm per day to reduce colorectal cancer risk)
  - Processed meat includes bacon, burgers, sausages, canned/pre-packaged meat, sliced or cured meats
- \*If following a vegan diet consider B12-enriched yeast flakes, B12-fortified cereals; B12 supplement may be required



## Tips during a flare-up

- Lighter or low-fat sources may be easier to digest, e.g. fish, chicken breast, turkey, tofu and eggs
- Slow-cooked meats, lamb or stewing steak, lean 5% fat minced beef

**Guideline recommendation:** Reduction in red and processed meat can be considered for maintenance remission in Ulcerative Colitis<sup>4</sup>.

# Fruit and vegetables

- Aim to consume at least 5 portions of fruit and vegetables daily
- Provide vitamins, minerals, energy and fibre to help keep your body functioning well and support your immune system

## During remission

- Increase fruit and vegetables high in antioxidants and prebiotics to support gut health
  - High antioxidant fruits include: blueberries, blackberries, strawberries, raspberries, cranberries, cherries, grapes, apples, citrus fruits
  - High prebiotics foods include: Jerusalem artichoke, chicory root, red onions, spinach, broccoli, asparagus, seaweed, leeks, garlic, olives, apples, banana
  - Include fermented foods (e.g. sauerkraut, kimchi)



## Tips during a flare-up



- If you find fibre from raw fruits and vegetables worsens symptoms, texture modification can help
- Try using slow cookers, soup makers, liquidisers, blenders and juicers
- Well-cooked, pureed, peeled fruit and vegetables can help reduce bulking fibre and make food softer and easier to digest to help maintain a varied intake of fruit and vegetables



- In a severe flare-up, consuming fruit and vegetables low in bulking fibre and fermentable carbohydrates may help symptoms. Examples include:



# Starchy foods

- Provide main source of energy and carbohydrates, good source of fibre (from wholegrain carbohydrate) important for bowel function, contain vitamins and minerals
- Try to consume wholegrains: one or more servings per day
- Main starchy foods are: bread, pasta, cereal, rice, potatoes

## During remission

- (e.g. wholemeal bread, wholemeal pasta, wholemeal oats, brown rice)



## Tips during a flare-up



- Depending on the symptoms you experience, you may also need to reduce your intake of fibre (e.g. from wholegrain varieties of starchy foods or fruits and vegetables)



- You may find increasing naturally low-gluten and low-bulking fibre foods can help with symptoms.
- Try increasing white rice, cooked potatoes, rice noodles, white pasta, low-fibre cereals, e.g. rice krispies, cornflakes, well-cooked porridge oats
- \*Consider using rice pasta/gluten free bread or sourdough bread or sourdough spelt bread which may be easier to digest

# Nutrients of concern

## Vitamin B12

This is an important vitamin for various chemical reactions in the body to help keep you feeling energised. It is likely that if you have had surgery to manage your Crohn's disease, your risk of vitamin B12 deficiency (also known as pernicious anaemia) is increased. If you have low levels you may need an oral supplement or B12 injections.

As plant products lack this vitamin, it is important that those following plant-based diets (vegans) take multivitamins or a B12 supplement or consume fortified foods.

### Sources of Vitamin B12 include



### Sources of calcium include:



## Calcium

Calcium helps to maintain the health of your bones and teeth. For people living with Crohn's disease, it is important to ensure that you have enough intake of calcium and vitamin D as absorption of calcium is reduced during flares up and usage of corticosteroids to manage symptoms can do the same. This can result in osteoporosis which cause thinning of bones leading to a greater likelihood of fractures.

It is advised to have at least 3 portions of dairy products a day to minimise the risk of osteoporosis.

## Iron

Iron is needed to power different metabolic processes within the body, immune function, and maintaining healthy blood. Iron can be obtained in animal and plant sources. Plants contain iron which is not as easily absorbed as iron from animal sources. Vitamin C helps to greatly increase the absorption of iron from plant sources. - see tips on page to improve iron absorption

### Sources of iron include



### Sources of vitamin D include:



Some foods contain vitamin D e.g., eggs (especially egg yolks), oily fish, red meat, liver, and fortified foods however, it is a good idea to take a supplement to ensure that you are getting enough. Discuss this with your doctor or dietitian

## Vitamin D

This vitamin is produced as result of skin exposure to sunlight. This especially occurs during March to September where sunshine is at peak in the UK. However, during winter months (October to February) its production reduces as the strength of the sunlight reduces. This means that it is important to ensure you're having a daily or weekly vitamin D supplement as it is difficult to get enough from your diet alone.

## Folate

Deficiencies of these micronutrients can result in a condition known as **megaloblastic anaemia**. This is linked to symptoms like fatigue, poor concentration, and dizziness. If deficiencies are not addressed, it can result in nerve damage and impaired immune function and impaired immune function

### Sources of folate include



Deficiencies of these micronutrients can result in a condition known as **anaemia**. This is linked to symptoms like fatigue, poor concentration, and dizziness. If deficiencies are not addressed, it can result in nerve damage and impaired immune function

Your doctor will work with you to see where you might have different deficiencies and prescribe necessary vitamins and minerals to help resolve these. Your dietitian will offer you dietary advice to increase your intake of foods rich in these micronutrients to ensure that you are well nourished.

# Nutrients of concern

## Iron

- Iron deficiency anaemia common in IBD

### Symptoms:

- Tiredness and fatigue

### Causes:

- Lack of iron in diet
- Malabsorption
- Blood loss

### Good sources of iron include:

- Beef, lamb, liver, sardines, pork, eggs, dried figs, dark green vegetables, fortified breakfast cereals, lentils
- Absorption **increased** with high Vitamin C food/drinks
- Absorption **reduced** due to compounds found in tea/coffee, spinach, wholegrain foods and high calcium foods/supplements

### Tips to improve iron absorption

Having foods and drinks rich in vitamin C like orange juice, fresh fruits or vegetables with meals containing plant iron sources can be a great way to enhance your iron absorption.



Try having a small glass of orange juice (150ml) with plant sources of iron.

There are certain compounds and minerals found in foods that reduce iron absorption like:

#### Calcium



Found in  
**Dairy foods**

#### Phytates



Found in  
**Bran**

#### Tannins



Found in  
**Tea and Coffee**

To increase the absorption of iron from your meals avoid:

- Mixing these foods
- Consider drinking/eating sources of these compounds about 30 minutes after meals



# Nutrients of concern

## Calcium

- Increased risk of osteoporosis in IBD

Causes:

- Steroid use
- Low body weight
- Malabsorption
- Avoidance of dairy products
- Important mineral to ensure you have healthy bones and teeth
- Recommendation to consume at least 3 servings of dairy products or calcium fortified alternatives daily to ensure you have the recommended amount of calcium (1000mg/day)

Good sources of calcium include:

- Cow or goat milk, yoghurt, tinned boned fish, cheese, calcium-enriched plant-based milks. \*If vegan/dairy-free, consider using plant-based calcium-fortified milks
- For gut health, consider using kefir



### Tip during a flare-up

- Consider using lactose-free milk, oat milk, soya milk, rice milk, lower fat cheese

## Vitamin D

- Required to ensure that calcium is well absorbed by the body
- It is recommended during winter months to take a daily vitamin D 10µg supplement. Some foods contain vitamin D, but not enough to meet your daily requirements
- Before taking any supplements speak to your doctor or dietitian for more information



# Other diet tips during a flare-up



## Fluid and hydration

- Especially important during flare-ups if experiencing diarrhoea
- Aim for at least 2 litres of fluid daily
- Try switching to de-caffeinated tea/coffee, choose herbal/fruit teas, limit drinks containing sorbitol, avoid large volumes of fruit juice (max 150ml serving), limit fizzy drinks
- Limit alcohol - it may worsen symptoms
- Oral rehydration solutions may be helpful to prevent dehydration
- **Limit spicy, fatty or fried foods**
- **Eat small, frequent meals** - easier on digestion
- **Chew food thoroughly** - reduces digestive burden






## Poor appetite/weight loss:

- Eat little and often; fortify foods
- Consume foods higher in protein and energy
- \*May require oral nutritional supplements

# When to use a food diary

You may benefit from using a food diary during the following situations:

Situation	Purpose
After diagnosis	To start learning what foods your body tolerates or reacts to
During a flare-up	To identify potential food triggers and avoid symptom aggravation
During remission	To safely reintroduce foods and expand dietary variety
When starting a new diet plan (e.g. low-FODMAP diet)	To monitor effectiveness and guide introduction
If experiencing unexplained symptoms	To detect patterns that might suggest food sensitivities or intolerances
If nutritional deficiencies are suspected	To assess whether your diet is meeting your nutrient needs
When planning to meet with a dietitian	To give a clear picture of your eating habits and symptom history

Day or date	Food and drink	Symptoms (like diarrhoea, bloating, wind or pain)	Time of day and how long the symptoms lasted
 Breakfast			
 Mid-morning snack			
 Lunch			
 Mid-afternoon snack			
 Dinner			

# Example

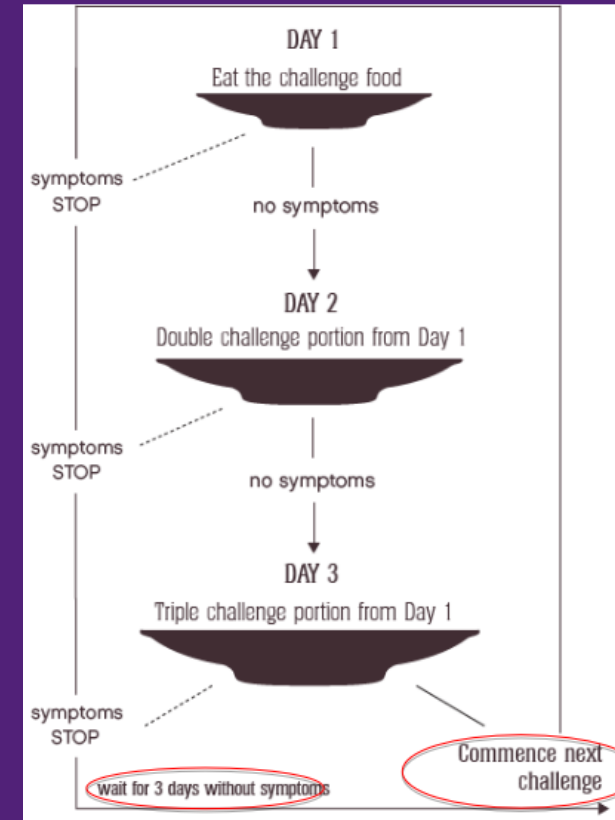
## FODMAP reintroduction

Suggest starting at half recommended i.e. 60ml milk / 60g yoghurt

### Lactose Challenges

Challenge with either 125ml milk or 125g yoghurt. Other milk-containing foods such as ice-cream and custard do not need to be challenged separately.

Day	Quantity	Symptoms
1		
2		
3		



Suggest still wait 3 days due to accumulative effects of FODMAPS



# Situations where you might be advised to adapt your diet

- **Low bulk fibre diet:** if you have strictures or narrowing of the bowel
- **Post-surgery:** following stoma formation to manage malabsorption or nutrient deficiencies
- **Exclusion diets (e.g. low FODMAP; Crohn's Disease Exclusion Diet "CDED"):** under dietetic supervision
- **Exclusive liquid diets:** used in active Crohn's disease and can be recommended before surgery
- **Partial liquid diets:** used in Crohn's disease to prolong remission or for symptom control

# Low-FODMAP diet

Fermentable

Oligosaccharides (fructans/galactans)

Disaccharides (lactose)

Monosaccharides (fructose)

And

Polyols (sugar alcohols)

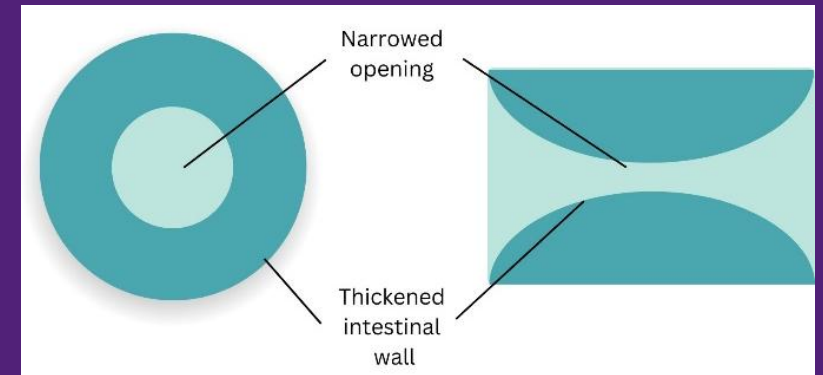
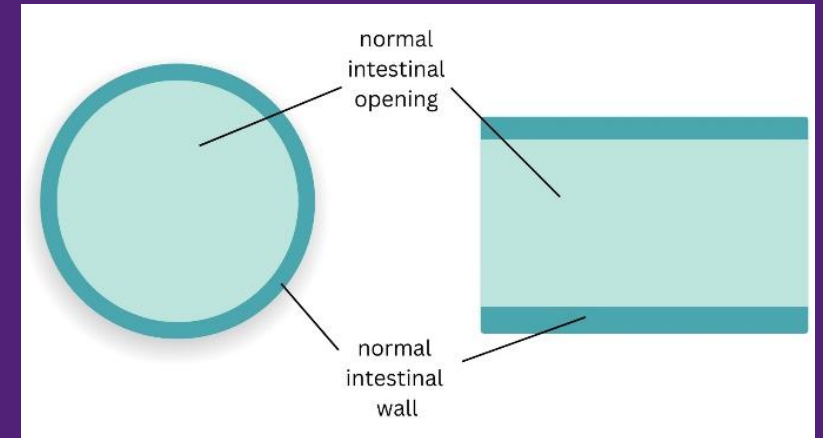
- Cuts out poorly-digested carbohydrates
- Shown to reduce diarrhoea, bloating and wind
- Effective both for Ulcerative Colitis and Crohn's Disease for inactive disease

**Guideline recommendation:** The low FODMAP diet may be used for persistent bowel symptoms in the absence of inflammation. This involves short-term FODMAP restriction, FODMAP reintroduction to tolerance and personalisation for long-term management<sup>4</sup>.

# Strictures

If you develop a stricture (narrowing of the bowel):

- You may need to follow a low bulking fibre diet
- There is a risk that high-fibre or bulky foods could cause blockages
- Avoid raw or stringy vegetables, fruit skins, whole nuts and seeds, and tough meats
- A liquid diet may be used if the stricture is inflammatory or symptoms are severe



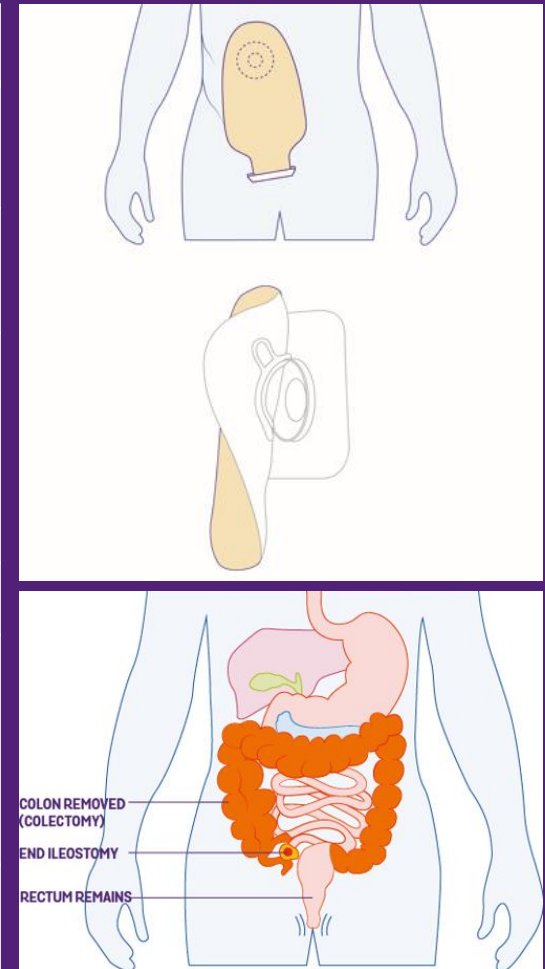
**Guideline recommendation:** Mechanism based reasoning supports a diet low in bulking fibre in people with stricturing Crohn's Disease and obstructive symptoms<sup>4</sup>.



# Post-surgery: stoma formation

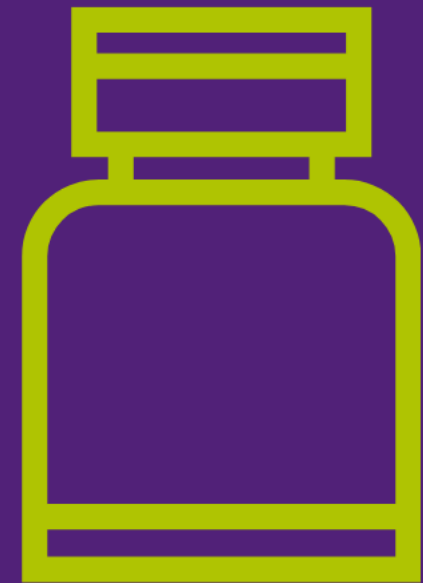
Symptom	Foods
Stool odour	asparagus, beans, broccoli, Brussels sprouts, cabbage, cauliflower, egg, fish, garlic, onions
Increased wind	beans and pulses, beer and lager, broccoli, Brussels sprouts, cabbage, carbonated drinks, cauliflower, cucumber, turnip
Increased stoma residue	beans and pulses, cabbage (raw only), carrot (raw only), celery, citrus fruit, coconut, dried fruit, fruit and vegetable skins, lettuce, mushrooms, nuts and seeds, pineapple, popcorn, sweetcorn, tomatoes
Irritation	carrot (raw only), chilli, citrus fruit, nuts and seeds
Increased liquid stoma volume	alcohol, strawberries, grapes, peaches, raisins, bananas, prune juice, baked beans, whole wheat cereals, sweetcorn, apples, potatoes, bread, pineapple, pears, rhubarb, spicy food, fried food

Note: Not all of these foods are likely to cause symptoms in isolation and larger portions, or multiple foods from one group within a meal, are more likely to cause symptoms whereas small portions may be well tolerated.



**PRACTICE STATEMENT:** In people with IBD and an ileostomy, fibre intake could increase ileostomy output, but likely not above what is considered normal volume<sup>4</sup>.

# Use of supplements



# Supplements

There is a lack of evidence to recommend most dietary supplements in IBD. Common dietary supplements used in IBD:

- **Omega 3 fish oils** - no quality evidence
- **Aloe Vera** - no quality evidence
- **Curcumin (turmeric)** - limited evidence, Ulcerative Colitis only
  - Some evidence to support curcumin for induction of remission alongside mesalamine and for maintenance of remission in Ulcerative Colitis (2-3gm per day most common dose)
  - Optimal formulation and dose are unclear. Due to potential toxicity, medical supervision is advised<sup>4</sup>
  - Qingdai +/- curcumin may be considered for induction remission in mild to moderate Ulcerative Colitis
- **Probiotics** - limited evidence, Ulcerative Colitis only
  - Some evidence certain probiotics taken alongside usual medication may support induction of remission in mildly active Ulcerative Colitis<sup>2</sup>
  - Very limited evidence certain probiotics may support prevention of initial pouchitis and maintain remission in chronic relapsing pouchitis<sup>2</sup>

Table 2. Supporting evidence for dietary supplements to induce and maintain remission of Crohn's disease and ulcerative colitis

	Recommended			
	Can be considered			
	Not recommended			
	Insufficient evidence to recommend			
Dietary supplement	Crohn's disease		Ulcerative colitis	
	Induction of remission	Maintenance of remission	Induction of remission	Maintenance of remission
Curcumin*				
QingDai*				
Curcumin and QingDai*				
Psyllium				
Germinated barley				
Resistant starch				
Oat bran				
Wheat bran				
Non-starch polysaccharides				
Mastiha				
Prebiotics				
Vitamin D**				
Omega-3				
Glutamine				

\* optimal dose and duration are unclear

\*\* although not recommended for induction or maintenance of remission, vitamin D supplementation is not contraindicated in IBD and supplementation may confer benefit, especially when deficiency is present

Image taken from ECCO consensus on dietary management of IBD guidelines, 2025

# Multi-vitamin supplements

- Micronutrient deficiencies are commonly found in people with IBD, both in remission and flare-up, even if a healthy weight
  - Iron, B12, Folate, Zinc, Calcium, Vitamin A, Vitamin D
- Multivitamin supplementation may be useful
- Examples: Centrum Advance, Sanatogen Gold, Forceval
- Drug/nutrient interactions:
  - Methotrexate, sulfasalazine (folate)
  - Prednisolone (calcium)
  - Fat-soluble vitamins A, D, E and K (colesevelam/cholestyramine)



# Take home messages

- **During remission:** try to expand diet to gradually reintroduce fibre-rich foods including fruit, vegetables, nuts, seeds, and wholegrains, using a Mediterranean-style diet including prebiotics or fermented foods if tolerated
- **During a flare-up:** a texture-modified low-bulking fibre diet may help with symptoms
- Exclusive liquid diets can be used to treat active Crohn's disease, and partial liquid diets may prolong disease remission
- Food diaries can be useful to identify food triggers and are most commonly used with food testing
- Very little evidence for use of complementary supplements in IBD

# Who to speak to for support

- **Your IBD team**
  - **Gastroenterologist** - diagnoses and treats IBD
  - **IBD Nurse Specialist** - helps with medication, education, support
  - **Dietitian (IBD Specialist)** - provides tailored nutrition advice
  - **GP** - helps manage general health and medications

“All people with IBD should have access to a dietitian with experience in IBD” (ECCO guidelines, 2025)

# Dietitian or nutritionist?

## Dietitian

- Title protected by law - must be registered with the HCPC (Health & Care Professions Council)
- Clinically-trained
- Can work in hospitals/clinics
- Qualified to manage medical conditions like IBD

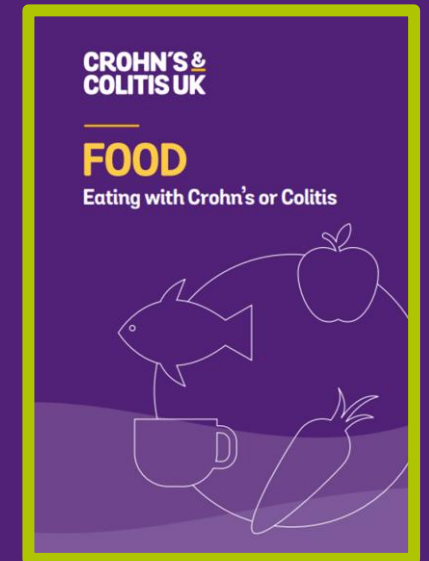
## Nutritionist

- Title not legally protected - anyone can be called a nutritionist
- A registered nutritionist will be listed on the UK Voluntary Register of Nutritionists (UKVRN)
- Provides advice on food and healthy eating
- Often works in public health, community or wellness-focused roles
- May not be trained in clinical care

# Where to look for more information

## Useful websites and resources

- Crohn's & Colitis UK (booklet "Food: Eating with Crohn's and Colitis")  
[crohnsandcolitis.org.uk/food](https://crohnsandcolitis.org.uk/food)
- British Dietetic Association Food Facts sheets (e.g. iron, calcium, folate)  
[bda.uk.com/food-health/food-facts.html](https://bda.uk.com/food-health/food-facts.html)
- Guts UK website (resources on healthy eating, Mediterranean diet)  
[gutscharity.org.uk](https://gutscharity.org.uk)



# References

1. Davis C, Bryan J, Hodgson J, Murphy K. Definition of the Mediterranean Diet; a Literature Review. *Nutrients*. 2015 Nov 5;7(11):9139-53. [doi.org/10.3390/nu7115459](https://doi.org/10.3390/nu7115459). PMID: 26556369; PMCID: PMC4663587.
2. Lomer MCE, Wilson B, Wall CL. British Dietetic Association consensus guidelines on the nutritional assessment and dietary management of patients with inflammatory bowel disease. *J Hum Nutr Diet*. 2023; 36: 336-377. [doi.org/10.1111/jhn.13054](https://doi.org/10.1111/jhn.13054)
3. The NHS Eatwell Guide: [www.nhs.uk/eatwellguide](https://www.nhs.uk/eatwellguide)
4. Vaios Svolos, Hannah Gordon, Miranda C E Lomer, Marina Aloï, Aaron Bancil, Alice S Day, Andrew S Day, Jessica A Fitzpatrick, Konstantinos Gerasimidis, Konstantinos Gkikas, Lihi Godny, Charlotte R H Hedin, Konstantinos Katsanos, Neeraj Narula, Richard K Russell, Chen Sarbagili-Shabat, Jonathan P Segal, Rotem Sigall-Boneh, Harry Sokol, Catherine L Wall, Kevin Whelan, Eytan Wine, Henit Yanai, Richard Hansen, Emma P Halmos, ECCO Consensus on Dietary Management of Inflammatory Bowel Disease, *Journal of Crohn's and Colitis*, 2025;, jjaf122, [doi.org/10.1093/ecco-jcc/jjaf122](https://doi.org/10.1093/ecco-jcc/jjaf122)