

HCA Guide to Crohn's Disease and Menu Ideas

This Guide has been produced by the
HCA in partnership with For Crohns



Background to Crohn's Disease

What is Crohn's disease?

Crohn's disease and ulcerative colitis are both types of inflammatory bowel disease (IBD). Both involve an immune reaction against the intestinal tract. Crohn's disease is incurable and treatment is largely directed at relieving symptoms, hence managing their diet is a very important aspect for most Crohn's patients.

In ulcerative colitis, the colon is inflamed and the small intestine works normally. With Crohn's disease, often the small intestine is inflamed, making it hard to digest and absorb key nutrients from food. The lack of sufficient nutrients, along with a poor appetite, can lead to malnutrition for people with Crohn's disease. Malnutrition may result from alterations in taste, reduced food or nutrient intake, medication, lack of sufficient nutrients, poor absorption or the inflammatory bowel disease process itself.

When Crohn's disease affects just the small intestine, it results in pain, diarrhoea and undernourishment. When the large intestine is also inflamed, the diarrhoea can be severe. Severe pain and diarrhoea combined with malnutrition often leads to other problems. For example, a person with Crohn's disease may suffer from anemia and have low levels of vitamin B12, folic acid, or iron.

Nutritional deficiencies and an inability to maintain a normal weight are serious problems for many people with Crohn's disease, which can start in childhood. They can increase an anxiety and focus on food. Patients can face a daily challenge to manage eating well for their health whilst remaining physically comfortable, which can result in a deep suspicion of certain foods.

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Which foods should be avoided in a Crohn's disease diet plan?

The foods that trigger symptoms differ for each person with Crohn's disease. To know which foods to leave out of, or take care with, in their diet plan, people need to determine which foods are their personal 'triggers'.

Many people follow strict elimination diet regimes – either for trials to identify suspect 'trigger' foods or to maintain their health and well-being. Often people with Crohn's disease find that the foods on the following list aggravate their symptoms, especially during disease flare ups. So it is likely that at least some of these listed foods will trigger distressing symptoms:

- Alcohol
- Milk and dairy products
- Spicy food
- Fatty food
- High-fibre foods
- Chilled foods

Some people may have more extensive lists. Having identified foods that cause symptoms to flare up, most people choose either to avoid them or to learn new ways of preparing them that will make them tolerable.

What about menu choices /meal size?

Over-facing patients is a real danger in terms of curbing enthusiasm for eating and enjoying a meal and hence reducing appetite. Aim menus to provide a choice of no more than 2 courses, and small-sized portions but with easy availability of between-meal snacks.

Is a low residue diet a treatment for Crohn's disease?

A low residue diet is one that is low in specific foods that add residue to the stool e.g. indigestible fruit and vegetable fibre. Many individuals with small bowel Crohn's disease have a narrowing or

Background to Crohn's Disease (continued...)

stricture of the lower small intestine. For them, a low-fibre /low residue diet can help lessen abdominal pain, cramping, and diarrhoea. And while scientific proof is lacking, this diet may also help decrease frequency of bowel movements for some people. Foods to avoid on a low residue diet may include:

- Nuts and seeds, as in some cereals and breads
- Dried fruits, as in cookies and bread pudding
- Pith, peel and skin of fresh or cooked fruits and as found in jams /marmalades /yogurts
- Vegetables skins, husks, woody stalks
- Tomato skins and pips, onions and garlic

Are supplements necessary?

Many people will have to take specially designed enteral feeds and/or nutritional supplements during their diagnostic, acute or chronic phases of Crohn's disease due to their need for extra nutrition. This may be in conjunction with their food, and will be managed by their clinical care team. All Crohn's patients should be under the care of a dietitian for their nutritional support and therapy. Dietary approaches can require the careful re-introduction of foods after a relapse e.g. through a personal elimination diet or 'LOFFLEX' diet (low fat fibre limited exclusion diet).

Further information: www.forcrohns.org or www.crohnsandcolitis.org.uk

Menu Ideas

The following menu ideas are to give HCA caterers guidance on the sort of menu items for patients with CROHN'S disease.

To ensure that we meet the needs of the patient and their family – and focus on their well-being and comfort – we must meet their expectations. The list below gives a framework for a menu offer based on store cupboard and /or freezer foods.

When preparing your à la carte menu, liaise with your trust dietitian and others of the 'gastro' team to make sure you provide choices in line with their current patient education and treatment.

Your trust dietitian can confirm that the choices are of a suitable nutritional content, help with any dietary coding and assurance as to the suitability of the items.

For all menu suggestions, please be aware that some patients may not take dairy or wheat-based products. Salad items may also be unpopular even as a garnish.

Fresh soup of the day

Chef's soup has 'no bits' and a good nutritional profile e.g. sieved 'cream of' soups.

Served with bread/bread rolls (no seeds or grains), rice cakes or crackers.

Or choose from a selection of fruit juices.

LIGHTER CHOICES

Jacket Potatoes (*the inside fluffy potato*)

Plain jacket potato with butter or spread

Or served with a filling

(*please choose from list below*)

Grated cheese /soft cream cheese

Tuna / tuna and mayo

Savory mince (not spicy or with beans)

Omelettes

(*please choose from list below*)

Plain • Herb • Ham

Pizza – Tomato purée base

Cheese • Ham • Tuna

Menu Ideas (continued...)

Pasta and rice dishes

Marconi cheese
Carbonara with ham (no peas)
Pasta with marscapone sauce
Risotto, for example with butternut squash
Savoury mince served on a bed of rice or
as pasta bolognese

Something on toast

2 two slices of toast
(white or wholemeal bread)
with butter or spread -
please select from the toppings below:
Scrambled egg
Creamy cheese
Spaghetti in tomato sauce
Jelly jam or marmalade;
Marmite; chocolate spread;
meat /fish pate /paste

Mains

(nothing too fancy may be preferred, avoiding garlic and onion and served with a starch and root vegetables)

Roast meats, served with...
Grilled chop, chicken or turkey breast served with...
Casseroles, hot-pots served with...

Potato topped pies such as shepherd's, cottage,
fish and root vegetables.

**Extra sauces/gravy/condiments are available,
please ask your hostess*

Desserts (served with custard or ice cream)

Lemon sponge, syrup or jelly jam sponge
Apple or other fruit pie or crumble
(skin, pips and pith removed)
Rice pudding served (hot or cold) with/without
jam, honey or syrup
Thick and creamy yoghurt: choose from
e.g. Peach/Toffee/Strawberry
Ice cream (vanilla), served with wafers



For Crohns and the HCA have worked in partnership to develop this Guide and Menu ideas.
As chair of the HCA I would like to thank the entire committee at For Crohns, in particular Sally Kellett
for working with me to improve the Nutrition and Hydration we offer to Crohn's sufferers.
