PATIENT HANDOUT

The Practical Food Guide for Crohn's & Colitis

What to eat, what to watch, and how to tell a trigger from a coincidence

VANCE HEALTH HUB · PATIENT HANDOUT

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Food is one of the most-asked-about parts of living with IBD, and one of the least straightforward. There is no single "IBD diet" that works for everyone: this guide is a starting framework, not a meal plan to follow blind.

START HERE

There's No Single IBD Diet

No diet has been shown to put Crohn's or colitis into remission on its own or replace medical treatment, and food tolerance varies enormously between people with the same condition.[1] The goal isn't finding "the" IBD diet: it's working out your own pattern, staying adequately nourished while you do it, and getting a dietitian involved rather than cutting food groups alone.

> **Before you cut anything out**
>
> Unsupervised elimination diets are one of the most common routes into malnutrition in IBD, precisely because they feel like the responsible thing to do. If you're cutting a whole food group, a dietitian referral should come with it, so ask your IBD team.[2]

TWO DIFFERENT MODES

Different Rules for Flare vs Remission

What helps during an active flare and what's right for day-to-day life in remission are often opposites: treating them as the same "IBD diet" is a common source of unnecessary restriction once symptoms have settled.

During a flare	In remission
– Smaller, more frequent meals – Lower fibre / low-residue if usual meals feel like too much – Extra fluids, oral rehydration if losses are high – Short-term: not meant to continue once you feel better	– As varied and inclusive as you can manage – Fibre generally reintroduced gradually, not avoided long-term – Focus shifts to adequate nutrition and bone health – Ongoing unnecessary restriction raises malnutrition risk[2]

COMMONLY REPORTED

Possible Trigger Foods: Individual, Not Universal

These are foods people with IBD commonly report as symptom triggers during a flare, reported, not proven to affect everyone, and rarely worth cutting permanently on the strength of one bad day. Test one at a time and keep notes rather than removing several foods at once.

- High-fibre foods eaten in large amounts: raw vegetables, wholegrains, seeds and skins
- Very fatty, fried or spicy food
- Alcohol and caffeine
- Lactose, for the subset of people who are also lactose intolerant (not everyone with IBD is)
- Artificial sweeteners and highly processed food, in some reports

None of these need cutting while you're well, unless you've genuinely linked one to your own symptoms.[3]

THE PART THAT'S EASY TO MISS

Staying Adequately Nourished

Malnutrition is common in IBD, driven by reduced appetite during flares, malabsorption (especially with Crohn's affecting the small bowel or after bowel surgery), and food avoidance that outlasts the flare that caused it.[2] A few nutrients are worth deliberate attention:

Nutrient	Why it needs watching
Iron	Blood loss and inflammation both drive deficiency, common enough that many IBD teams check it routinely.[2]
Vitamin B12	Absorbed in the terminal ileum, at particular risk if Crohn's affects that area or it's been resected.[2]
Vitamin D & calcium	Long-term steroid use and reduced sun exposure during flares both raise bone health risk.[1]
Protein & overall calories	Protein needs are often higher during active inflammation, while adequate overall energy intake matters because appetite and intake may fall.[2]

The Malnutrition Calculator on VanceHealthHub tracks unintentional weight change over time, worth running periodically and taking the result to your GP or dietitian, flare or not.

DIETITIAN-LED, NOT DIY

Specific Diets You May Have Heard Of

A few named approaches do have trial evidence behind them, but all three below are structured, time-limited plans meant to be run with a dietitian or specialist team, not started from a search result.

Approach	What it is
Exclusive enteral nutrition (EEN)	A period of nutrition entirely from a prescribed liquid formula, used mainly to induce remission in Crohn's, especially in children. Specialist-prescribed only.[2]
Crohn's Disease Exclusion Diet (CDED)	A structured whole-food diet paired with partial enteral nutrition, shown in a randomised trial to induce and sustain remission in Crohn's. Run with dietitian support.[4]
Low FODMAP	A structured, time-limited elimination-then-reintroduction diet that can ease IBS-type symptoms that persist even when IBD itself is in remission. Not a treatment for the underlying inflammation.[5]

FIND YOUR OWN PATTERN

Keeping a Food and Symptom Diary

A short diary linking what you ate to how you felt over the following day or two is a useful way to look for possible patterns between food and symptoms, and it's far more useful to a dietitian than "certain foods upset me."

1. **Log meals as you go, not from memory later.** A photo or one-line note is enough; detail matters less than doing it consistently.
2. **Note symptoms against a timestamp, not just "today was bad."** Bowel pattern, pain and bloating each have their own timing.
3. **Look for repeated patterns rather than one-offs.** One bad day after a food proves little on its own; a pattern that repeats across separate occasions is what's worth raising.
4. **Bring the pattern to your dietitian rather than acting on it alone.** They can tell a genuine trigger from a coincidence, and stop you over-restricting on weak evidence.

Your VanceHealthHub Health Record keeps symptoms and dates in one private place, so the pattern is there when you need it.

ASK YOUR TEAM

When to Get a Dietitian Involved

- You've cut out a whole food group, or several, and haven't reintroduced them
- Unintentional weight loss, or a growing list of "safe" foods
- Recent bowel surgery, or Crohn's affecting the small bowel
- Symptoms persist even though your IBD itself is in remission
- You're considering EEN, CDED or low FODMAP

IF YOU'RE STILL UNSURE

More Support From VanceHealthHub

- **Malnutrition Calculator**: track unintentional weight change to raise with a dietitian or GP
- **Health Record**: log symptoms, bowel pattern and dates in one private place
- **The IBD Flare Survival Guide**: practical steps for the first 48 hours of a flare
- **VANCE-Ai**: a starting point for questions between appointments, not a substitute for your care team
- **Gastro Health Explained & Clinical Data Reviews**: condition pages and referenced research summaries

None of these replace your GP, gastroenterologist or dietitian, and nothing on VanceHealthHub should be used to diagnose or treat a condition.

FURTHER SUPPORT

Other Organisations & References

Crohn's & Colitis UK · Guts UK · British Dietetic Association · IBD UK (IBD Standards)

1. British Dietetic Association. Inflammatory Bowel Disease (IBD) and diet, food fact sheet.

2. Bischoff SC, et al. ESPEN guideline on Clinical Nutrition in inflammatory bowel disease. Clin Nutr, 2023;42(3):352-379.

3. Crohn's & Colitis UK. Food and IBD, 2023.

4. Levine A, et al. Crohn's Disease Exclusion Diet Plus Partial Enteral Nutrition Induces Sustained Remission in a Randomized Controlled Trial. Gastroenterology, 2019;157(2):440-450.

5. Cox SR, et al. Effects of Low FODMAP Diet on Symptoms, Fecal Microbiome, and Markers of Inflammation in Patients With Quiescent Inflammatory Bowel Disease in a Randomized Trial. Gastroenterology, 2020;158(1):176-188.

> **Medical disclaimer:** general information only, not a substitute for advice from your own healthcare team or a registered dietitian. For a life-threatening emergency, call 999 or go to A&E. If you need urgent medical advice and it isn't an emergency, contact NHS 111.