PART 1: When you are first diagnosed and during a flare

Nutrition plays an important role in helping your body heal. When you are experiencing a flare, the goal of nutrition is to decrease symptoms, help you feel better and prevent nutrition deficiencies. In order to do so, we only recommend eliminating food if they are problematic.

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Diarrhea Abdominal pain	Encourage gel forming fiber	Some fiber containing foods absorb water and form a gel, which can help thicken stools and make them more formed. Some examples of foods that are high in this type of fiber include: • Legumes: black beans, lentils, chickpeas, soy beans (edamame) • Grains: Bran buds (Psyllium), barley, chia seeds, oats, ground flax seed • Certain fruits and vegetables: avocado, brussel sprouts, orange, cooked sweet potato
	Avoid caffeine, greasy foods, foods high in added sugar and fructose	These foods pass quickly through the small and large intestine and can contribute to diarrhea.
	ONLY limit lactose if you've noticed that these foods worsen symptoms	Choose lactose-free products or use Lactaid enzyme pills. NOTE: hard cheese (mozzarella, Swiss, cheddar) are naturally low in lactose and you likely do not need to be eliminated.
Reduced appetite	Eat smaller meals every 2-3 hours during the day	 Encourage nutrient dense foods that are high in calories and protein. Some examples include: Dairy products: 5-10 % M.F Greek yogurt, cheese, whipped cream Nuts/seeds: trail mix, nut or seed butters Add dips/sauces when appropriate: guacamole, cream sauce, hummus, yogurt dip, mayonnaise based dips
Stricturing disease (narrowing)	Limit foods that are difficult to digest such as insoluble fiber	If your physician has informed you that you have stricturing disease (ie. narrowing at the terminal ileum), you should avoid insoluble fiber until your inflammation has subsided. Insoluble fiber is found in the skins of fruits vegetables as well as seeds and whole grains. Insoluble does not dissolve in water and creates bulk in the stool. Please refer to dietitian for a complete list of foods to avoid.

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PART 2: When you are in remission

Remission is the period of time when your IBD is controlled, there is no inflammation and you are feeling well. The role of nutrition during remission is to ensure your body is nourished and to optimize your vitamin and mineral intake from food in order to help keep you healthy.

Encourage a variety of fiber-rich foods	All fruits and vegetables (including their peels when possible Whole grain products Seeds: flax seeds, chia seeds, sunflower seeds Legumes and beans
Include a variety of protein sources including lean meats and plant protein Limit red meat	Lean meat: chicken, turkey Eggs Fish (baked) Legumes: chickpeas, lentils, beans Soy products: tofu, tempeh, soybeans
Limit processed foods and choose homemade foods when possible	Processed foods are foods and drinks that undergo several industrial processes, contain little or no whole foods, and contain many ingredients and additives such as: • Flavours • Stabilizers • Preservatives • Colourings
Include a variety of prebiotic foods	Prebiotic foods help the healthy bacteria in your GI system. Some examples of prebiotic foods include: Vegetables: onions, garlic, asparagus, leeks Fruits: apples, bananas Carbohydrates: barley, rye bread Legumes: chickpeas, lentils, kidney beans Nuts: Cashew, pistachios

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PART 3: Vitamins and Minerals

	Children < 13 years old choose a complete, children's chewable multivitamin (not a gummy). Some examples include Centrum Junior and Jamieson multi for kids.
Multivitamin (especially in 1st year of diagnosis)	Children 13 years or older choose a complete, adult multivitamin (tablet or chewable, not gummy). Some examples include Centrum Select 50+, Jamieson 50+, Centrum Forte Essentials, and Kirkland Signature Multivitamin (for men and for women).
	Maintenance dose of 1000 IU/day for all patients
Vitamin D3 *should be taken with a meal	Vitamin D deficiency (level 30-50 nmol/L): increase to 2000 IU/day x 2 months and then back to maintenance dose of 1000 IU/day
onoura do tanon man a mour	Vitamin D deficiency (level < 30 nmol/L): increase to 3000 IU/day x 2 months and then back to maintenance dose of 1000 IU/day
Falia Asid	Patients on Methotrexate: 5 mg once weekly (taken either 2 days before or 2 days after Methrotrexate dose)
Folic Acid	Patients with folate deficiency, please ensure you are taking a regular multivitamin as listed above.
Vitamin B12	ONLY Patients with vitamin B12 deficiency will be prescribed a vitamin B12 supplement.
Vitaniin 612	Vitamin B12 supplements are available in multiple formats, including tablets, sublingual dissolving tablets, and gummies.
	Patients who do not have a vitamin B12 deficiency will not see any benefit from using additional vitamin B12.
	ONLY patients with iron deficiency anemia will be prescribed an iron supplement. Otherwise, an additional iron supplement is not necessary.
	There are various iron supplements available. Ferrous salt irons are less expensive and well absorbed but can be associated with gastrointestinal symptoms.
	Ferrous sulfate liquid or tablets
Iron	Ferrous gluconate tablet or syrup
	Ferrous Fumarate tablet or syrup
	* Liquid may stain teeth. If this is what your child is using, please rinse mouth afterwards
	NOTE: iron is best absorbed when taken on an empty stomach with water or fruit juice (or a food source of vitamin C). Avoid taking iron with dairy products. If iron is causing an upset stomach, timing can be adjusted so that it is taken with food or after a meal. If symptoms continue to be problematic, please reach out to the team to discuss.
Probiotics	Probiotics do not have any benefit in IBD.
Omega 3 (EPA, DHA and ALA)	Omega-3 has not been proven to be specifically helpful for patients with IBD.

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