

Regarding specific diets, the most commonly used and discussed the low FODMAP diet and the Specific Carbohydrate Diet (SCD). The low FODMAP diet involves avoiding foods that contain 'fermentable, oligosaccharides, disaccharides, monosaccharides and polyols'. Such substances can pass in to the large bowel and be digested by bacteria producing gas. As a result they can cause bloating, wind and diarrhoea, symptoms typical of irritable bowel syndrome (IBS). There is good evidence that reducing the intake of FODMAPs can reduce symptoms of IBS. In some patients with Crohn's or UC, their symptoms may partly be due to IBS and a low FODMAP diet may help such individuals. However, there is no evidence that a low FODMAP diet will reduce inflammation and treat the resulting symptoms. Furthermore, as FODMAPs are found in many foods, restricting their intake without compromising nutrition can be challenging. The SCD diet involves avoiding foods rich in certain different sugars. Some small studies have demonstrated that following the SCD may make patients feel better; however, there have not been large rigorous scientific research trials that provide enough evidence for doctors to suggest that patients follow such a diet.

There are certain patient groups in whom specific further dietary modification can be important. For example, some patients with Crohn's develop strictures (narrowing of the bowel). In

such cases, it is advised that difficult to digest foods (which may cause a blockage) are avoided, such as fruit and vegetable skins, seeds, nuts, corn and beans.

The issue of diet as a major or contributing factor in the cause of Crohn's or colitis is complex. Dietary components are likely to play a role but not in isolation. From the use of exclusive enteral nutrition, it is recognised that drastically changing the diet can improve IBD, specifically Crohn's. However, there is currently a lack of evidence to support the use of other exclusion diets. Some symptoms of IBS, in patients with Crohn's or UC, may be lessened by a low FODMAP diet. As described, any dietary interventions should be made in consultation with a doctor or dietitian as it is crucial that essential nutrients are not omitted. It is possible that in the future, specific dietary interventions may prove to be beneficial but significant further research is required.

More detailed information on the different types of surgery can be obtained from Crohn's and Colitis UK.

This article is for information only and should not be used in place of seeing a medical professional. If you have any questions regarding your own health, please see your doctor. This article has been written by Dr Adam Levine MBBS, PhD (doctor and researcher) and Dr Elena Schiff PhD (geneticist and researcher) at University College London.

The role of diet in Crohn's disease and ulcerative colitis.