

THIRD EDITION

NEW AND
UPDATED

Crohn's & Colitis Diet Guide

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INCLUDES 175 RECIPES

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What Is Inflammatory Bowel Disease?

Inflammatory bowel disease (IBD) is not a single disease. The term describes, in a general way, any condition that results in excessive or uncontrolled inflammation of the gastrointestinal tract, including infections of the intestine, but it refers primarily to two similar disorders: ulcerative colitis and Crohn's disease.

Excessive Inflammation

Inflammation is a natural defensive reaction in the body that occurs in response to any sort of injury, whether the injury is a life-threatening infection or something as small as a paper cut.

In a healthy person, there is normally a certain amount of inflammation present in the intestines in the form of defensive white blood cells. The amount of inflammation is closely regulated so that there is just enough immune response to protect against potentially harmful bacteria, viruses, parasites and foreign proteins, but not enough to cause pain or loss of function.

As with most things in life, too much of a good thing can be bad, and the amount of inflammation in the intestinal lining is no exception. If there is too much inflammation, or if it is not properly controlled, it can cause swelling and damage to the tissues of the gastrointestinal (GI) tract, also called the digestive system or gut. This damage can lead to problems with the normal functioning of the GI tract, functions that include absorbing nutrients and fluids, retaining and expelling stool at appropriate times and warding off infections.

When the damage is particularly severe, the internal lining of the GI tract can slough off, leading to further inflammation, which can, in turn, lead to abdominal pain, diarrhea, blood in the stools and weight loss. Children with excessive inflammation may fail to thrive or grow properly.

Classical Signs of Inflammation

- Pain
- Swelling
- Redness
- Loss of normal function

Onset Factors

Excessive or uncontrolled inflammation is central to the onset of ulcerative colitis and Crohn's disease.

Q Does what I eat affect the amount of inflammation in my gut?

A In someone *without* inflammatory bowel disease, the type of food eaten is not known to increase or decrease the amount of inflammation normally present in the GI tract. However, if you have Crohn's disease involving the small intestine, the elimination of one or more specific foods or food types could result in reduced inflammation. In addition, it has been shown that, for children with Crohn's disease in the small intestine, placing them on a diet consisting of only a liquid nutritional formula (known as a defined formula diet) can result in reduced inflammation and reduced symptoms. Unfortunately, this direct relationship to diet does not appear to apply in Crohn's disease involving the large intestine, nor to ulcerative colitis.

Kinds of IBD

Excessive inflammation in the gut can lead to ulcerative colitis or Crohn's disease. These inflammatory bowel diseases should not be confused with irritable bowel syndrome (IBS), which is not caused by excessive inflammation in the gastrointestinal tract.

Ulcerative Colitis

Ulcerative colitis was first fully described in the late 19th century and is sometimes called ulcerative proctitis, ulcerative proctosigmoiditis or ulcerative pancolitis. These names relate primarily to the extent of the inflammation in the colon rather than to any fundamental differences in the presumed causes of ulcerative colitis. In the first half of the 20th century, the treatment of ulcerative colitis was surgical and, unfortunately, many patients died of complications of the disease or the surgery. Since the 1940s, there has been a consistent improvement in the surgical and medical management of ulcerative colitis. Death due to complications of the disease or its treatment is now exceedingly rare.

Inflammation Site

In ulcerative colitis, the inflammation is limited to the colon, or large intestine, which includes the rectum. The rest of the gastrointestinal tract is not involved. The rectum is always diseased or inflamed, but the extent of the inflammation within the colon varies from person to person. It may also vary within an individual over the course of the illness.

Limited Inflammation

The fact that the inflammation in ulcerative colitis is limited to the colon determines, to a large degree, the strategies used to manage the disease, including dietary therapy. Diet modifications can be especially effective at reducing symptoms in these cases.

Fecal Incontinence

Maintaining continence and ensuring the smooth and complete emptying of the rectum requires the coordination of the two anal sphincters. One of the sphincters, the external anal sphincter, is under your conscious control. In other words, you can tighten this sphincter when you're trying to hold in stool or gas. The other sphincter, the internal anal sphincter, is not under voluntary control but works reflexively at a subconscious level. If either of these two sphincters is damaged or diseased, fecal incontinence can result.

frequently and urgently. In some instances, this can result in associated loss of bowel function control, otherwise known as fecal incontinence. The need for frequent bathroom visits can be one of the most troubling symptoms of inflammatory bowel disease.

Anus

The anus (or anal canal) is the passageway that stool follows when it leaves the body. The primary role of the anus is to keep the stool in the rectum. In other words, it helps prevent fecal incontinence. Within the anal canal, two muscular sphincters (or valves) help prevent stool from coming out involuntarily.

Related Parts of the Gastrointestinal Tract

Other parts of the gastrointestinal tract are involved to a greater or lesser extent in digestion and nutrient absorption. These organs, which are typically connected to the tubular part of the gastrointestinal tract by small channels (or ducts), include the gallbladder, pancreas and liver. The gallbladder and pancreas are not usually affected by inflammatory bowel disease, but the liver may be affected in a small proportion of patients. Rarely, this can lead to liver damage and complications of liver disease.

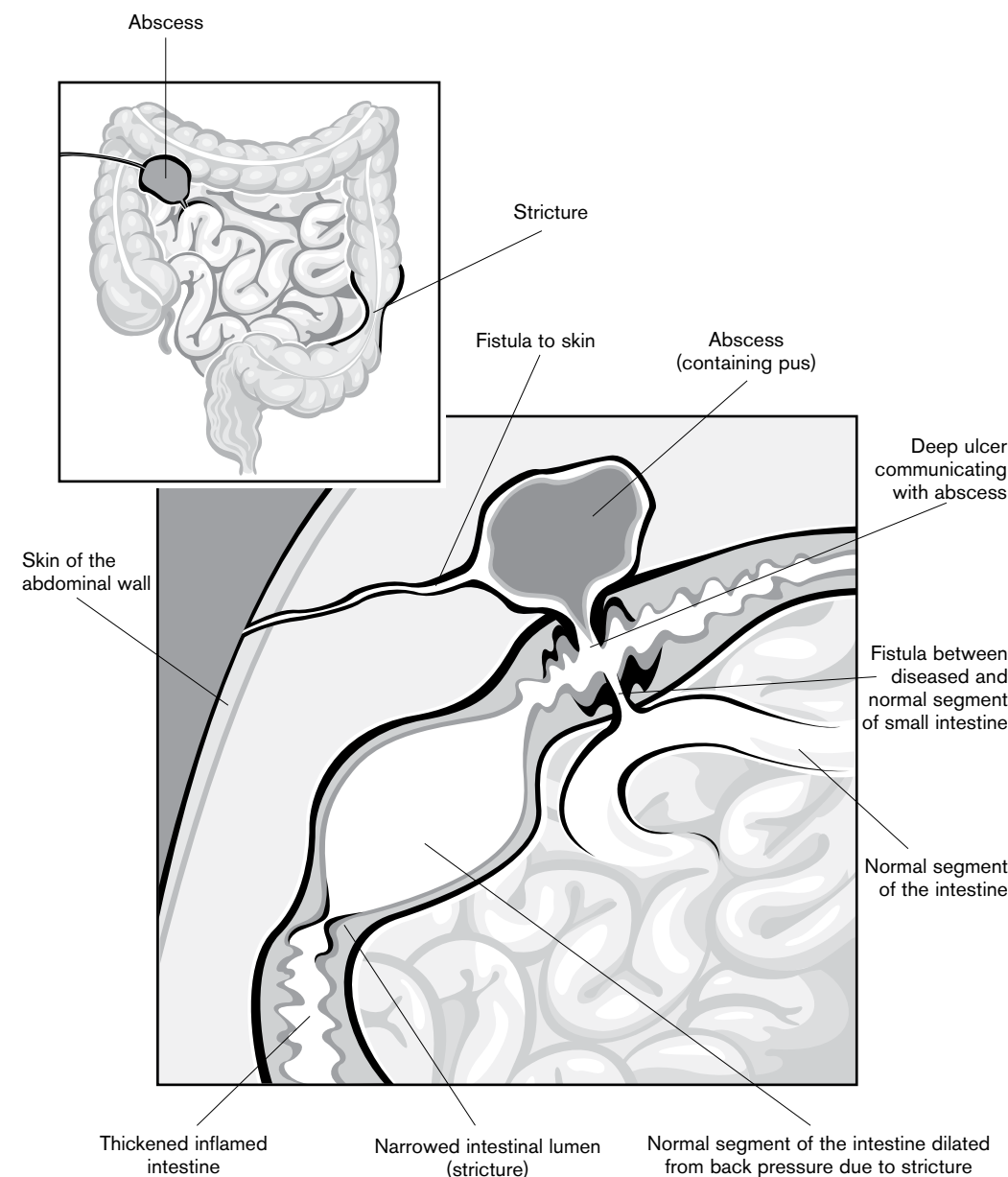
IBD Complications

There are several serious complications that can occur as a result of inflammatory bowel disease. Some of the complications are similar in Crohn's disease and ulcerative colitis, while others are unique to one form of IBD or the other. Generally, the complications can be divided into two categories: 1) those that are a direct result of the inflammation or ulceration in the intestine; and 2) those that are not directly related to the intestinal inflammation and occur in areas of the body outside the gastrointestinal tract.

Intestinal Complications

In Crohn's disease, there are three main types of complications related to the intestinal inflammation and ulceration: strictures, abscesses and fistulas. If these complications are not properly managed, they can lead to further tissue damage, uncontrolled infection and possibly death. While these complications are often seen in Crohn's disease, they are very rare in ulcerative colitis. Chronic inflammation of the colon, from either Crohn's disease or ulcerative colitis, also appears to increase the risk of cancer of the colon and rectum.

Crohn's Disease Complications: Strictures, Abscesses and Fistulas



What Are the Symptoms of IBD?

▶ Flare Periods

Crohn's disease and ulcerative colitis fluctuate in severity, and patients can experience flares and remissions. Symptoms are experienced primarily during flare periods. When the disease is in remission, patients, particularly patients with ulcerative colitis, may have no symptoms whatsoever.

Inflammatory bowel disease — and Crohn's disease in particular — can present with quite different symptoms from one person to the next, depending on many factors not always directly related to the disease, including bowel habits before developing IBD, pain tolerance, or threshold, and probably even mood. Although these individual factors may modify the symptom experience, the nature of the inflammation — its severity and location — is most important in determining the symptoms.

Crohn's disease and ulcerative colitis tend to share a number of symptoms, such as abdominal pain and diarrhea, but they can be quite different with respect to the prominence of these symptoms and their course over time. Listed below are the common symptoms of the two disorders and how they manifest.

Q Does my diet affect the seriousness of my symptoms?

A Although diet may not necessarily cause disease flares, dietary factors may influence the type of symptoms you experience. Many individuals with IBD attest to the fact that particular diets or specific foods in their diet precipitate disease flares, prevent disease flares or result in improved or worsened symptoms during a flare. In some instances, the symptoms of IBD, such as diarrhea and abdominal pain, interfere with normal eating, and the amount and types of foods eaten may need to be altered until a flare has settled down and the symptoms have improved. In most cases, once a flare has settled, individuals with IBD can resume their usual diet. During times of remission, the number and types of foods that can be eaten or tolerated without producing symptoms tend to be much greater and, in many cases, no different than for people without IBD.

Ulcerative Colitis

The symptoms of ulcerative colitis are due to inflammation, damage and ulceration of the lining of the large intestine.

Rectal Bleeding (Blood in the Stools)

The most obvious and consistent manifestation of ulcerative colitis is the presence of blood in the stools. This occurs in almost every individual with ulcerative colitis. In fact, if someone with IBD has never had blood in the stools, it is quite possible that the condition is Crohn's disease (which is not always associated with blood in the stools) rather than ulcerative colitis. Other common conditions, such as hemorrhoids, can also cause blood with stools, so not all rectal bleeding is due to ulcerative colitis. In ulcerative colitis, mucus is frequently passed along with blood.

Although this bleeding can happen with every bowel movement and can appear quite severe, it almost never results in a sudden fall in the hemoglobin (blood count); as a result, the bleeding is almost never an emergency situation. It is, however, an indication of the severity of the underlying inflammation and requires medical attention.

Rectal Urgency

Patients with rectal inflammation from ulcerative colitis experience frequent and very strong urges to move their bowels whenever there is the smallest amount of stool, blood, mucus or gas in the rectum. This urgency is often accompanied by strong lower abdominal cramping.

▶ Red Flags

If you experience any one or a combination of the following symptoms, consult your doctor.

- Rectal bleeding (blood in the stools)
- Rectal urgency (frequent trips to the toilet and an urgent need to move the bowels that often can't be delayed)
- Severe abdominal cramps
- Frequent diarrhea
- Weight loss

Q What is the impact of rectal urgency on nutrition?

A Rectal urgency can have serious nutritional consequences if you reduce your food intake as a result. The increased bowel activity usually occurs in the early morning and soon after eating. Because of this, you may avoid going out in the morning until after the bowel movements have subsided, avoid eating before leaving the house or reduce your food intake altogether. Because bowel activity is most prominent soon after meals, many patients say their food is "going right through them." However, food intake should not be restricted. Although you have to move your bowels soon after meals, the nutrients in your diet are actually well absorbed, because the small intestine, where the vast majority of nutrient absorption takes place, is entirely normal. The frequent trips to the toilet are a reflection of inflammation of the large intestine, not of a problem with nutrient absorption.

Introduction to the Meal Plans

Meal plans can be a helpful tool for those of you who are newly diagnosed with IBD and are unfamiliar with what diet modifications you need to make to manage your symptoms. They give you a set course of action, allowing you time to adjust to a challenging change in your life without the added pressure of trying to figure out what meals to prepare on a daily basis. They may also come in handy if the course of your illness is changing and eating is difficult for you. And meal plans provide easy-to-follow guidelines for family and friends who want to support you by preparing nutritious foods for you during times of illness.

Meal plans can also simply be a useful starting point, giving you ideas, reinforcing what foods and recipes are appropriate for your diet and providing you with a framework within which to reintroduce or try new foods, minimizing hesitation or fear. In addition, they allow you to plan in advance to ensure that you have appropriate food choices on hand for times when you feel fatigued or overwhelmed by your illness.

It is challenging to create a definitive IBD meal plan because every IBD patient is unique, with a different combination of disease location, symptoms, complications and medications. There is no one “IBD diet.” In addition, of course, the meal plans in this book (pages 106–109) are not individualized to your personal taste preferences, food allergies, tolerances and intolerances, ethnic or religious considerations, cooking capabilities or budget. If you are looking for a meal plan tailored specifically to you, a nutrition professional, such as a registered dietitian, can help you create one that will not only reflect all of your needs and preferences, but will also help you meet the following diet modification goals, if appropriate for your situation:

- Normalizing bowel function
- Managing intolerance symptoms
- Minimizing obstruction risk
- Improving hydration and electrolyte balance
- Improving nutritional status

- Achieving realistic weight goals
- Targeting specific nutrients, if necessary
- Normalizing the diet as much as possible to promote enjoyment of eating, thus improving your relationship with food

The goal of a nutrition professional is not to choose foods and prescribe a diet for you, but rather to teach you what you need to know to make your own food decisions, ensuring that you are armed with enough information to make healthy food choices and, where needed, to select appropriate substitutions. You will be encouraged to trust your own judgment in creating a meal plan that will work with your tolerances and lifestyle. This approach empowers you when you are away from home and eating in a new environment, and will boost your independence, confidence and meal enjoyment. The most useful meal plan is one that is individualized for your life with IBD.

Think of the two 7-day meal plans that follow as merely an example of one way to schedule meals and to begin planning a balanced approach to eating. Review and follow the USDA’s MyPlate guidelines or Eating Well with Canada’s Food Guide to help you balance servings of fruits, vegetables, protein, grains

TIPS FOR EATING WELL

- Plan your grocery list in advance to include the ingredients needed for the recipes you will be preparing, as well as the snacks you like.
- Read food labels when shopping and compare products to find those that are best suited to your individual needs.
- Transport, store and prepare your food in ways that prevent food-borne illness.
- Keep your pantry well stocked.
- Incorporate leftovers into new recipes.
- Prepare large batches, divide them into single-serving portions and freeze for future meals. (This approach will save you time in the kitchen and ensure that you have easy meals on hand for times when your energy level is low.)

Higher-calorie choice

Lower-fat choice

Higher-protein choice

Source of sodium

MAKES 4 SERVINGS

IBD Tips

- Beef can be cooked to varying degrees of doneness. Tough or less tender cuts contain more connective tissue and should be cooked at low temperatures for longer periods of time. Choose lean cuts and remove any visible fat before cooking.
- Potassium is provided by steak, mushrooms, yogurt, peas and Worcestershire sauce. To increase the potassium content, serve over mashed potatoes instead of noodles.
- To increase the fat content, and thus the calories, use regular mushroom soup and full-fat sour cream or yogurt.
- To increase the sodium, use commercially prepared beef broth and mushroom soup that are not low-sodium.

Nutrients Per Serving

| | |
|--------------|------|
| Calories | 447 |
| Fat | 8 g |
| Fiber | 5 g |
| Protein | 33 g |
| Carbohydrate | 60 g |

Beef Stroganoff

On a busy weeknight, it's always great to have a simple recipe, like this one, that requires little prep and only one pan to clean.

| | | |
|---------|--|--------|
| | Vegetable cooking spray | |
| 12 oz | boneless sirloin grilling steak, cut into strips | 375 g |
| 1 | large onion, sliced | 1 |
| ¾ cup | sliced mushrooms | 175 mL |
| 3 cups | reduced-sodium beef broth | 750 mL |
| 1 | can (10 oz/284 mL) condensed low-fat cream of mushroom soup, undiluted | 1 |
| 2½ cups | fusilli pasta or spiral egg noodles | 625 mL |
| 1 cup | frozen peas | 250 mL |
| 1 tbsp | Worcestershire sauce | 15 mL |
| ¼ tsp | freshly ground black pepper | 1 mL |
| ¾ cup | light sour cream or plain yogurt | 175 mL |

1. Heat a large saucepan over medium-high heat. Spray with vegetable cooking spray. Working in batches, stir-fry beef for 3 to 4 minutes or until browned on all sides. Remove beef to a large bowl as each batch is completed.
2. Reduce heat to medium and add onion and mushrooms to saucepan; cook for 3 minutes or until lightly colored. Stir into beef.
3. In the same saucepan, combine broth and soup; bring to a boil. Add fusilli; bring back to a gentle boil and cook, stirring often, until fusilli is al dente (tender to the bite), about 12 minutes. Stir in peas, Worcestershire sauce and pepper; reduce heat and simmer for 3 minutes. Stir in beef mixture and sour cream; cook for about 5 minutes or until heated through.

IF FOLLOWING A LOW-FIBER DIET AND AVOIDING DIFFICULT-TO-DIGEST FOODS...

Finely chop onion and cook until soft, finely grind the black pepper (larger pieces can increase the risk of a food-related obstruction), use canned peas instead of frozen (the skin of frozen peas does not cook soft enough), and purée the mushrooms and the cream of mushroom soup, or use a soup without chunks of mushroom. Mushrooms are surprisingly hard to digest, and although those in canned soup are chopped into small pieces, they are a potential food obstruction.

Layered Beef and Noodle Bake

- Preheat oven to 350°F (180°C)
- 11- by 7-inch (28 by 18 cm) glass baking dish, greased
- Food processor

| | | |
|-------|--------------------------------------|--------|
| 8 oz | extra-lean ground beef | 250 g |
| 2 | cloves garlic, minced | 2 |
| 1 cup | chopped green onion tops, divided | 250 mL |
| 2 | cans (each 8 oz/227 mL) tomato sauce | 2 |
| | Salt and freshly ground black pepper | |
| 6 oz | whole wheat egg noodles | 175 g |
| 1 cup | low-fat cottage cheese | 250 mL |
| 1 cup | reduced-fat sour cream | 250 mL |
| ¼ cup | shredded reduced-fat Cheddar cheese | 60 mL |

1. In a large nonstick skillet, over medium-high heat, cook beef, garlic and half the green onions, breaking beef up with the back of a spoon, for 8 to 10 minutes or until beef is no longer pink. Drain off fat. Stir in tomato sauce, ½ cup (125 mL) water and a pinch each of salt and pepper; bring to a boil. Reduce heat to low, cover and simmer, stirring occasionally, for 10 minutes.
2. Meanwhile, in a large pot of boiling water, cook noodles according to package directions until just tender. Drain and set aside.
3. In a food processor, purée cottage cheese until smooth. Transfer to a medium bowl and stir in sour cream, the remaining green onions and a pinch each of salt and pepper.
4. Spread half the noodles in prepared baking dish. Top with half the cottage cheese mixture and half the meat sauce. Repeat layers with the remaining noodles, cottage cheese mixture and meat sauce. Sprinkle with Cheddar.
5. Bake in preheated oven for 30 to 40 minutes or until bubbling.

IF FOLLOWING A LOW-FIBER DIET AND AVOIDING DIFFICULT-TO-DIGEST FOODS...

Select regular egg noodles (not whole wheat) and tomato sauce without skins, seeds or difficult-to-digest vegetables. Finely grind the black pepper, and finely chop the green onions.

Lower-fiber choice

Higher-protein choice

Source of potassium

Source of sodium

MAKES 6 SERVINGS

Tip

- One bunch of green onions typically yields ½ cup (125 mL) chopped tops.
- Boost calories in this recipe by choosing regular-fat ground beef, cottage cheese, sour cream and Cheddar.
- To reduce the amount of fat, place cooked ground beef in a colander and rinse under running water. If you're using it in a sauce or casserole, you won't taste the difference but your heart will thank you!
- Tomato sauce offers high potassium, and sodium is provided by the tomato sauce, cottage cheese and Cheddar cheese.

Nutrients Per Serving

| | |
|--------------|------|
| Calories | 298 |
| Fat | 10 g |
| Fiber | 4 g |
| Protein | 23 g |
| Carbohydrate | 30 g |

Higher-calorie choice

Lower-fiber choice

Higher-protein choice

MAKES 6 SERVINGS

Tip

- Substitute Swiss cheese for the Cheddar if you prefer.

IBD Tips

- Many individuals with IBD report that they find poultry easier to digest than other types of meat.
- Don't skip this recipe just because it's made with broccoli! If you are well and there is no medical reason for you to avoid fiber or difficult-to-digest foods, try including broccoli in your diet. Broccoli is a source of beta carotene, vitamins C and E, folate, calcium and potassium. When selecting broccoli, choose firm, dark green, compact clusters of small buds, with none opened to show a yellow flower, and make sure the stem is not too thick or tough.

Nutrients Per Serving

| | |
|--------------|------|
| Calories | 384 |
| Fat | 17 g |
| Fiber | 2 g |
| Protein | 38 g |
| Carbohydrate | 20 g |

Chicken and Broccoli Bake

This tasty combination of noodles, cheese, chicken and vegetables in a creamy sauce is comfort food. Make this casserole the day before you intend to serve it and reheat for even better flavor.

- Preheat oven to 350°F (180°C)
- Oblong baking dish, lightly greased

| | | |
|---------|--|--------|
| 6 | chicken breast halves, skinned and boned | 6 |
| 1 | green onion, finely chopped | 1 |
| 3 tbsp | butter or margarine | 45 mL |
| 2 tsp | freshly squeezed lemon juice | 10 mL |
| 3 tbsp | all-purpose flour | 45 mL |
| 2 cups | 2% milk | 500 mL |
| 1 tbsp | chopped fresh parsley | 15 mL |
| 1/2 tsp | salt | 2 mL |
| 1/4 tsp | dried basil | 1 mL |
| Pinch | freshly ground black pepper | Pinch |
| 1 cup | shredded Cheddar cheese, divided | 250 mL |
| 1 cup | egg noodles | 250 mL |
| 2 | medium tomatoes, sliced | 2 |
| 2 cups | chopped broccoli, blanched | 500 mL |

1. In a large skillet over medium-high heat, cook chicken and onion in butter on 1 side until golden brown. Turn chicken to brown other side; sprinkle with lemon juice. Remove chicken. Whisk flour into pan juices; cook, stirring, for 2 minutes. Gradually whisk in milk, stirring constantly until smooth and thickened. Stir in seasonings and half of the cheese.
2. In a large pot of boiling water, cook noodles according to package directions or until tender but firm; drain well. Place cooked noodles in lightly greased oblong baking dish. Top with half of the sauce. Arrange tomato slices, broccoli and chicken on top of noodles. Cover with remaining sauce. Sprinkle with remaining cheese. Bake, uncovered, in preheated oven for about 30 minutes or until bubbling hot.

IF FOLLOWING A LOW-FIBER DIET AND AVOIDING DIFFICULT-TO-DIGEST FOODS...

Omit the broccoli. (When you decide to include broccoli in your diet again, start with the florets; the stems are higher in fiber and can be stringy.) Peel and seed the tomatoes (see page 169), and finely chop the parsley (do not include stems).

Chicken and Eggplant Parmesan

- Preheat oven to 425°F (220°C)
- Baking sheet, sprayed with vegetable spray

| | | |
|---------|--|--------|
| 4 | crosswise slices of eggplant, skin on, approximately 1/2 inch (1 cm) thick | 4 |
| 1 | whole egg | 1 |
| 1 | egg white | 1 |
| 1 tbsp | water or milk | 15 mL |
| 2/3 cup | seasoned bread crumbs | 150 mL |
| 3 tbsp | chopped fresh parsley (or 2 tsp/10 mL dried) | 45 mL |
| 1 tbsp | freshly grated Parmesan cheese | 15 mL |
| 1 lb | boneless skinless chicken breasts (about 4) | 500 g |
| 2 tsp | vegetable oil | 10 mL |
| 1 tsp | minced garlic | 5 mL |
| 1/2 cup | tomato pasta sauce | 125 mL |
| 1/2 cup | grated mozzarella cheese | 125 mL |

1. In small bowl, whisk together whole egg, egg white and water. On plate stir together bread crumbs, parsley and Parmesan. Dip eggplant slices in egg wash, then coat with bread-crumbs mixture. Place on prepared pan and bake for 20 minutes, or until tender, turning once.
2. Meanwhile, pound chicken breasts between sheets of waxed paper to 1/4-inch (5 mm) thickness. Dip chicken in remaining egg wash, then coat with remaining bread-crumbs mixture. Heat oil and garlic in nonstick skillet sprayed with vegetable spray and cook for 4 minutes, or until golden brown, turning once.
3. Spread 1 tbsp (15 mL) of tomato sauce on each eggplant slice. Place one chicken breast on top of each eggplant slice. Spread another 1 tbsp (15 mL) of tomato sauce on top of each chicken piece. Sprinkle with cheese and bake for 5 minutes or until cheese melts.

IF FOLLOWING A LOW-FIBER DIET AND AVOIDING DIFFICULT-TO-DIGEST FOODS...

Peel and seed the eggplant before cooking and bake until very soft, finely chop the parsley (do not include stems), use plain tomato sauce, and use seasoned bread crumbs made from white bread.

Lower-fiber choice

Higher-protein choice

Source of potassium

Source of sodium

MAKES 4 SERVINGS

Tips

- Turkey, veal or pork scaloppini can replace chicken.
- A stronger cheese, such as Swiss, can replace mozzarella.
- A great dish to reheat the next day.

IBD Tips

- Eggplant is not typically found in a low-fiber diet; however, if it is peeled, seeded, cooked until soft, eaten in small amounts and chewed well, it can be included.
- If you are lactose intolerant, remember that aged hard cheeses have only a small amount of lactose and can often be tolerated. Parmesan is reportedly well tolerated by individuals who have trouble digesting larger amounts of lactose, such as the amount in a glass of milk.

Nutrients Per Serving

| | |
|--------------|------|
| Calories | 317 |
| Fat | 10 g |
| Fiber | 2 g |
| Protein | 36 g |
| Carbohydrate | 20 g |

Diet is a huge priority for anyone living with Crohn's disease or ulcerative colitis. The authors provide crucial guidance for sufferers, families, friends and caregivers in helping to manage IBD (inflammatory bowel disease) symptoms.

This updated third edition, in a very informative and easy-to-understand manner, provides all the necessary guidelines regarding the specific foods that might cause problems, as well as IBD-tailored recipes that can be enjoyed without compromising taste and overall nutrition.

The reliable answers from one of North America's top gastroenterology teams cover everything from the facts, causes and symptoms of IBD to the latest and most relevant information on drug therapies and surgical therapies — all in straightforward and easy-to-follow format.

With its informative charts and graphs, the book's recipes provide sumptuous breakfast ideas like Banana Cinnamon Quinoa Waffles, comfort foods like Old-Fashioned Tuna Noodle Casserole and vegetarian favorites like Slow Cooker Squash Couscous. And all with the most current information.

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