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Part I: Client Group

Crohn's disease is an autoimmune disease resulting in inflammation and irritation of the digestive tract, most frequently in the small intestine. This inflammation can result in symptoms such as diarrhea, appetite loss, weight loss, fever, fatigue and, ultimately, malabsorption of nutrients and malnutrition (Zibdeh, 2013). While food itself does not cause the disease or its symptoms, certain types of foods may worsen symptoms or cause the disease to flare up. For this reason, individuals who have been diagnosed with Crohn's disease may benefit from nutritional counseling and individualized meal plans.

When designing a menu for this population, however, there are several characteristics of the disease which require consideration. First, because this disease results in malabsorption of nutrients within the small intestine, nutrient deficiencies are of concern, most commonly deficiencies of the fat soluble vitamins, vitamin B12 and folate, calcium, magnesium, zinc and potassium (University of California San Francisco Medical Center, 2014). While supplements may be necessary, it is also important to ensure adequate intake, with particular attention to these nutrients.

Bone health is also of particular concern for people with Crohn's disease. Calcium, vitamin D and other nutrients involved in bone maintenance are often not absorbed in sufficient amounts in people with this disease. In addition, many of the steroid medications used to treat relapses of the disease can increase the rate of bone loss. Because many people with Crohn's disease also have trouble digesting dairy products, intake of calcium and vitamin D are of particular concern (Crohn's and Colitis Foundation of America, 2011).

Another area of concern is that many high fiber foods, including many fruits and vegetables, can worsen symptoms, particularly when the disease is active. Avoidance of these foods also reduces intake of many vitamins and antioxidants present in these foods. In addition, numerous other foods can worsen symptoms on an individual basis, but other foods most commonly associated with flare ups include high fat foods, spices, vegetable skins, caffeine, high sugar foods, seeds, raw foods and beans. The lack of variety in the diets of many people with Crohn's disease can contribute to decreased appetite and, consequently, malnutrition (Crohn's and Colitis Foundation of America, 2011).

Due to the special characteristics and dietary concerns of individuals who suffer from Crohn's disease, there are several goals to keep in mind when designing a menu for this population. The first is to develop a meal plan which incorporates adequate amounts of the nutrients most at risk for being deficient while still avoiding foods which may worsen symptoms. For example, calcium and vitamin D are especially important for this population, but many foods containing these nutrients can worsen symptoms so creative solutions to this problem must be explored. In addition, lack of variety is a common problem, and the recommended diets for people with active Crohn's disease are often described as bland and mushy. Another goal would be to provide a diet which does not worsen symptoms but is also varied and enjoyable to consume. Another important goal to consider is the convenience of the menu being planned. Because there are already many dietary considerations to follow, and fatigue is a common symptom of the disease, simplicity and ease of preparation would be important features of any menu planned for someone with Crohn's disease.

References

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