

The idea of changing diet to influence inflammatory bowel disease (IBD) is of great interest to people with IBD, health care professionals and scientists. It has led to dietary research that has helped our understanding of the relationship between food and IBD, along with development of evidence-based dietary recommendations.

Most people with IBD should follow the [Australian Guide to Healthy Eating](#) (page 2) and do not need to restrict their diet. However, there is evidence that specialty diets are good for some specific situations. ***It is recommended that everyone with IBD should have an opportunity to meet with a dietitian who has expertise in IBD to discuss and tailor their diet.***

This information sheet outlines the dietary recommendations for: (1) when IBD is active, (2) when IBD is in remission, and (3) to treat complications of IBD.

When IBD is active, the goal is to heal the gut (induce remission) and then to keep the gut healed (maintain remission). Your treating doctor will guide you on the status of your disease and appropriate dietary treatments to both induce and maintain remission.

Working out whether you have active disease or are in remission is done using endoscopy, imaging or blood and stool tests. Symptoms can also be an indicator but, on their own, they are not the best markers of active disease or remission. Many people with IBD will develop a gut sensitivity, meaning symptoms will occur without active inflammation. These are “functional” symptoms, like in irritable bowel syndrome (IBS). On the other hand, active disease can occur without causing many symptoms.

1. Diets to treat active IBD

Crohn’s disease

Exclusive enteral nutrition (EEN)

EEN is a nutritionally complete medical drink used to induce remission in people with Crohn’s disease, as an alternative to corticosteroids. This treatment involves consuming nothing but these drinks, usually for 6–8

weeks. All other food and fluids (except water) are removed from the diet. EEN is a treatment that needs to be started and monitored by a gastroenterologist and dietitian to make sure it’s done correctly and safely.

Crohn’s Disease Exclusion Diet (CDED)

CDED is a diet that has been developed as an alternative to EEN and is similar for inducing remission in children with mildly active Crohn’s disease. This diet is intended for short-term use (up to 12 weeks) and involves consuming a medical nutrition drink, with a few prescribed foods also allowed. CDED needs supervision by a gastroenterologist and dietitian to make sure the person’s nutritional needs are being met and that the diet is having the intended treatment effect.

Ulcerative colitis

At this stage, there is not enough evidence to recommend a dietary strategy for treating active ulcerative colitis, beyond the healthy eating guidelines.

Complementary and alternative diets that claim to treat active IBD

Many diets promoted on the internet, social media and by some complementary and alternative health practitioners claim to treat IBD. Some of these diets are the Specific Carbohydrate Diet, Paleo Autoimmune Protocol Diet, plant-based diet, and IBD anti-inflammatory diet. Much of this information is conflicting, and many of these diets do not yet have enough scientific evidence to show they work. Even if you read or hear “success stories”, the experiences of other people do not mean these diets may be safe or applicable for you.



Australian Guide to Healthy Eating

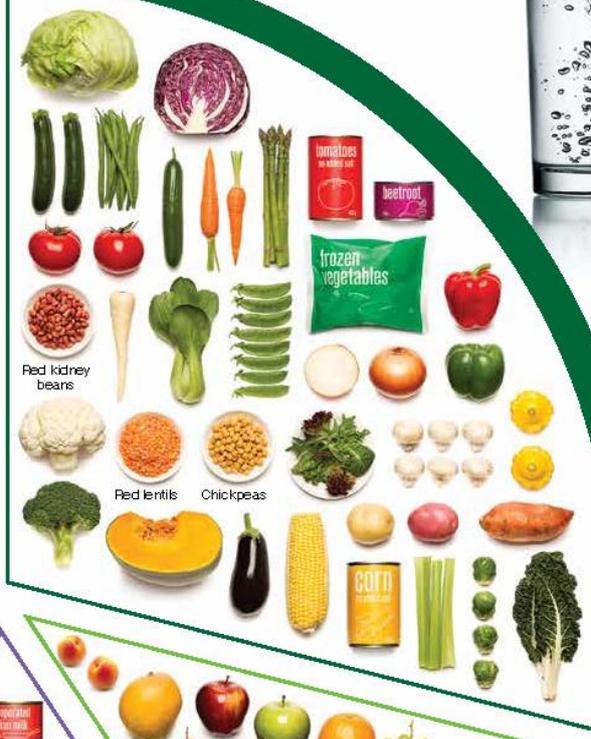
Enjoy a wide variety of nutritious foods from these five food groups every day.
Drink plenty of water.



Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties



Vegetables and legumes/beans



Lean meats and poultry, fish, eggs, tofu, nuts and seeds and legumes/beans



Milk, yoghurt, cheese and/or alternatives, mostly reduced fat



Fruit



Use small amounts



Only sometimes and in small amounts



Source: National Health and Medical Research Council
https://www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/n55i_australian_guide_to_healthy_eating.pdf

Also, even if symptoms get better with these diets, this may not mean that inflammation in the bowel has gotten better. To accurately assess the effect of diet on inflammation, disease activity needs to be checked using endoscopy, imaging or blood and stool tests.

The risks with some of these diets are that they could cause more harm and delay remission, and lead to unnecessary dietary restriction and a shortage of necessary nutrients. This topic can be confusing, so please discuss this with your IBD team.

2. Diet when IBD is in remission

Research suggests that dietary factors may help maintain remission for longer in people with IBD. Many of these factors are in line with the **Australian Guide to Healthy Eating** (see page 2), which describes a well-balanced diet with few dietary restrictions beyond those recommended for general health and wellbeing. It's a good idea to include a good amount of fibre-containing foods in your diet, unless you need to eat less fibre because you have strictures (narrowing of the bowel) (see section 3).

Does general dietary guidance differ for Crohn's disease and ulcerative colitis?

The broad dietary recommendations for lifelong eating patterns are the same for both Crohn's disease and ulcerative colitis. However, some research suggests that eating a Mediterranean diet and only small amounts of red or processed meat, combined with medical therapy, may protect you from having disease flares, particularly for people with ulcerative colitis.

3. Dietary strategies to treat common complications of IBD

Diet can be used to treat problems that commonly arise in people with IBD. An IBD specialist dietitian can give you specific dietary education and support for the following complications.

Treating malnutrition (under- and overnutrition)

Both undernutrition (for example, being underweight) and overnutrition (for example, being overweight or

having obesity) are common in people with IBD. They can lead to fatigue, lower quality of life and depression and may weaken your response to medicines. People with malnutrition are more likely to get sick and take longer to recover. It can also lead to a higher risk of complications after surgery. People with active Crohn's disease often have an impaired ability to absorb nutrients from food, which can lead to nutritional deficiencies. Beyond eating a healthy diet, evidence doesn't generally suggest that people with IBD need nutritional supplementation, unless it's needed to fix specific nutritional deficiencies. Some people may need supplementation with iron (orally or intravenous), vitamin B12 or vitamin D.

If you are worried that you have malnutrition, it's recommended that you see a dietitian.

Managing symptoms of IBS

IBS is a condition with symptoms that are caused by gut sensitivity or changes in gut movement. It can be treated with dietary and non-dietary therapies, like a low- or modified-FODMAP diet, changing your eating behaviour, or gut-directed hypnotherapy to help control symptoms.

Preventing bowel obstruction

Bowel obstruction (partial or complete) can happen in people with small intestinal Crohn's disease with a stricture (narrowing of the intestinal space where food and stool pass through). If you have this or a doctor thinks you might, your gastroenterologist and dietitian can guide you on eating a modified-fibre, low-fibre or low-residue diet, and for how long you should do this.

Optimising nutrition before or after surgery

It's important to have good nutritional status before having surgery to help you get good surgical outcomes, like a short hospital stay, fast recovery of bowel function and a lower risk of postoperative complications. Medical nutrition drinks are often recommended for 10 days leading up to planned surgery to improve nutritional status and surgical outcomes. For people with Crohn's disease, a period of EEN (see section 1) before planned surgery may also be recommended to improve nutrition, lower the risk of surgical complications and lessen active disease. EEN may be used in preference to corticosteroids.

After surgery, your surgeon will gradually allow you to restart oral intake of food and fluids. Some patients may need a short-term low-fibre diet, if they have narrowing at the join of the bowel due to swelling, to allow this to heal and bowel movements to start. If this is needed, your surgeon and dietitian will guide you on the amount of fibre restriction and how long you need to do it. Please see the [Surgery for IBD information sheet](#) for more information.

Diet for people with a stoma

Most people with a stoma have an acceptable output and don't need to change their diet. Generally, it's recommended they follow the **Australian Guide to Healthy Eating** (see page 2). One of the roles of the large intestine is to reabsorb water, so ensuring you have good hydration by drinking plenty of fluid is important. You may benefit from seeing a specialist dietitian if your stoma output is too much, too watery or too gassy. Please see [the Life with a Stoma information sheet](#) for more information.

Supplementary therapies (prebiotics and probiotics, curcumin, vitamin D, fish oil and glutamine)

There is not much evidence to support the use of most commercially available prebiotic supplements (to stimulate growth of beneficial bacteria) or probiotic supplements (live bacteria) for most people with IBD.

Some research suggests that taking curcumin with or without Qing Dai (a traditional Chinese medicine) in combination with the anti-inflammatory drug mesalazine may be helpful for people with ulcerative colitis. These should be taken only under medical supervision and regular blood test monitoring, as rare cases of liver toxicity have been described. Although there are potential health benefits from taking vitamin D, fish oil and glutamine supplements, they are not likely to be helpful for treating IBD.

Please see the [Complementary and Alternative Therapies in IBD information sheet](#) for more information.

Useful sources of general dietary information

- To arrange a consultation with an IBD specialist dietitian, talk to your gastroenterologist or GP. Alternatively, check the [GI DREAM](#) (Gastrointestinal Dietitians for Research, Education, Advocacy and Mentoring) website to find an IBD specialist dietitian near you.
- The following websites provide useful information on healthy eating:
www.eatforhealth.gov.au
www.dietitiansaustralia.org.au

Acknowledgements:

This resource was developed in 2025 by the **GESA IBD Patient Information Materials Working Group** that included the following health professionals:

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The development of this resource was led and funded by GESA, independent from pharmaceutical or device companies. It is possible that the above listed contributors have received funding from pharmaceutical or device companies in a different capacity.

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