Diverticulitis: Diet

Description/Etiology
Diverticula are herniations that occur in the mucosa and submucosa of the colon. When diverticula are present, the condition is referred to as diverticulosis. Diverticulosis is a common, typically asymptomatic intestinal disorder associated with advancing age. About 10–25% of individuals with diverticulosis develop diverticulitis, which is inflammation of the diverticula. Diverticulitis can result in abscess, adhesion, fistula, and hemorrhage. Unlike diverticulosis, diverticulitis is accompanied by cramping, nausea, vomiting, abdominal distention, bleeding, fever, and general abdominal upset. (For more information on diverticulitis, see Quick Lesson About ... Diverticulitis: an Overview).

During an acute episode of diverticulitis, the patient is usually prescribed a clear liquid diet to allow for bowel rest. As the inflammation subsides, the patient adds fiber to the diet gradually in order to prevent abdominal cramping and distention. When the patient is able to consume a normal diet, it is recommended that he/she adopt a high-fiber diet that contains 18–30 g/day of fiber.

Facts and Figures
The risk of developing diverticulosis for persons over the age of 60 is about 40%, and 60% for individuals 80 years of age and older. Researchers who conducted a prospective cohort study of 47,033 adults living in England or Scotland concluded that a vegetarian diet is associated with a 31% lower risk of diverticular disease compared with a diet that contains meat (Crowe et al., 2011). In Asia, diverticulitis is more likely to effect the ascending colon and in Western countries, the descending colon is most commonly affected.

Risk Factors
All persons with diverticulosis are at risk of developing diverticulitis. Diverticulosis frequently occurs after many years of constipation and is believed to be the result of a diet that is high in fat and red meat. Obesity, inadequate fiber intake, alcohol consumption, age exceeding 60 years, and being a man are also factors associated with increased risk of diverticular disease.

Signs and Symptoms/Clinical Presentation
Signs and symptoms include abdominal pain (usually in the lower left quadrant), diarrhea, constipation, anorexia, nausea, vomiting, bleeding, and fever.

Assessment
› Patient History
• Ask about the following:
  – Medical conditions (e.g., hypertension, thyroid disorder, diabetes mellitus, heart or renal failure)
  – Symptoms (e.g., vomiting, diarrhea, constipation, pain), if any, including onset and characteristics, which can have a negative effect on dietary intake
  – Level and type of regular physical activity
• Conduct a diet analysis by asking the patient to complete a diet history
Useful tools for evaluating the patient’s dietary strengths and weaknesses include a food frequency questionnaire and a 3-day diet recall (i.e., patient recall of all foods and beverages consumed in a 3-day period that includes 1 weekend day).

Physical Findings of Particular Interest
- Chronic constipation frequently precedes diverticulosis

Laboratory Tests That May Be Ordered
- CBC with hemoglobin and hematocrit will be ordered to assess for anemia, malnutrition, and infection

Treatment Goals
Promote Symptomatic Relief and Educate
- Monitor vital signs, weight fluctuation, and laboratory test results; report abnormalities to the treating physician
- Evaluate for pain and other discomfort and provide analgesics and other prescribed medications, when appropriate, for relief
- Assess for anxiety and depression and provide emotional support
- Review the diet analysis results to assess dietary patterns
  - When appropriate, request referral to a dietitian for diet assessment and patient education about meal planning and making healthy food choices
  - Educate about the diagnosis of diverticulitis, strategies for reducing the risk of diverticulitis, the importance of gradually introducing fiber in the diet, and individualized prognosis

Food for Thought
- It used to be commonly thought that eating nuts, corn, popcorn, berries, or seeds could cause diverticulitis, but there is no evidence supporting this. The current recommendation is to consume a diet that includes a wide variety of fruits, vegetables, and whole grains to provide adequate fiber intake and reduce constipation
- Recent research doesn’t support the theory that dietary fiber is protective against developing diverticula; however, evidence does indicate that consuming adequate dietary fiber is associated with a lower risk of developing diverticular disease
- In general, persons who consume a diet high in fiber have the tendency to practice healthier lifestyle habits overall. They are frequently more physically active, eat a diet that is lower in fat and higher in fruits and vegetables, abstain from smoking, and consume less alcohol and caffeine

Red Flags
- Patients may be afraid to eat a high-fiber diet because they have been told to eat a low-residue diet with no nuts, seeds, corn, or berries. Providing dietary education regarding the importance of eating a high-fiber diet can help to alleviate these fears

What Do I Need to Tell the Patient/Patient’s Family?
- Achieve and maintain a healthy weight
- As tolerated, participate in regular physical activity for at least 150 minutes/week
- Eat a calorie-appropriate diet that includes fish and other lean proteins, unsaturated fats (including omega-3), complex carbohydrates (e.g., whole unrefined grains), legumes, nuts and seeds, and a variety of fruits and vegetables
  - Gradually increase daily fiber intake to prevent abdominal cramping and distention
- Drink adequate water to prevent or relieve constipation
- Limit alcohol consumption to 1 drink/day if female and two drinks/day if male
- Stop using tobacco if currently using

References


