

DIVERTICULAR DISEASE RESOURCE

What is Diverticular Disease?

Diverticular disease is the overarching name for diverticulosis and diverticulitis. Diverticulosis refers to having diverticula pockets that have not yet become infected and painful. This means that diverticulosis always occurs before diverticulitis; '-osis' refers to a medical condition, while 'itis' typically refers to inflammation or infection. The risk of diverticulosis increases as we grow older, to about 70% of people aged 80 and above. Fortunately, it only progresses to diverticulitis about 4% of the time.



Why do people get diverticular?

The short answer is that it is still uncertain what causes diverticula to develop. Researchers suspect it to be a combination of numerous dietary habits, aging and genetic predisposition. The most important risk factor is age. After the age of 40 it becomes more common. With increasing age about 2 out of 3 people will develop diverticula during their lifetime. A lot of interest has been placed on lifestyle factors, in particular overweight or obesity. Current data is conflicting for fiber intake and risk of developing diverticulosis. The idea that constipation causes the development of diverticula has also not been proven. Diverticular disease is associated with people who have a diagnosis of Ehlers Danlos Syndrome, William's Syndrome, and polycystic kidney disease. This is because these are diseases that occur in families and can affect the tissue make-up of the bowel.

Why do people get diverticulitis?

One reason could be a lack of fiber. One observational study found that those who ate 25g/~1oz or more of fiber per day had a 41% lower risk of being hospitalized for diverticulitis compared to those who ate less than 14g/0.5oz per day. A recent study in those with diverticulosis found those with the lowest vitamin D levels were significantly more likely to experience a diverticulitis flare up.

How is diverticular disease diagnosed?

Diverticular disease is typically diagnosed via colonoscopy and is often first diagnosed during a diverticular flare (diverticulitis). Diagnosis is based on a history of symptoms in addition to some medical tests. This can include blood tests, a colonoscopy or radiology as determined by your doctor.

Symptoms of diverticulitis

Symptoms can vary between individuals, but the most common are:

- Deep lower left sided pain
- Tender abdomen
- Cramping or bloating
- Fever
- Extremely painful bowel movements (diarrhea or constipation)
- Blood in stool
- Nausea and vomiting



How do we manage diverticulitis?

- Initial clear fluid diet for up to 3 days.
- Antibiotics (if prescribed).
- Soft, low fiber diet after fluid diet.
- Low FODMAP diet to reduce gas (which may exacerbate pain).
- Slowly increase fiber over multiple weeks after the flare and as pain subsides.
- Reintroduce FODMAPs and 'problematic' fibers once fiber is up to good levels and pain free for a few weeks.
- Studies show that a variety of different probiotic strains are effective in reducing symptoms of diverticulitis. Particularly those of *Lactobacillus casei* and *Lactobacillus paracasei*.

Medications

Diverticular medications should be taken under the strict supervision of your doctor/GI doctor. This includes frequency, dosage and duration of regimen. A dietitian can help optimize food choices around medication use, however prescription is out of a Dietitian's scope of practice. Commonly antibiotics will be prescribed for a flare up. Please let your dietitian know what medications and supplements you have used previously and are currently using so they can note this on your file.

What should I eat or avoid when recovering from diverticulitis?

Although the removal of some fibers is a traditional approach, it is controversial. However taking a prudent approach to recovery is often welcomed by diverticulitis sufferers who are seeking pain relief. Therefore our approach is to remove 'problematic' fibers including:

- Nuts (smooth peanut butter is ok)
- Seeds
- Pips
- Popcorn
- Skins (peel all fruit & veg)
- Pith/stringy fiber (eg green beans, celery, orange/mandarin peel)
-

The recommendations below are low fiber and low FODMAP to help ensure symptom relief as quickly as possible.

The best fruits to stick to initially are:

- Banana
- Papaya
- Kiwi (no skin)

The best vegetable choices are:

- Potato/sweet potato (no skin)
- Carrots
- Cucumber (no skin)
- Pumpkin (no skin)
- Tomato (scoop out the seeds/peel skin off)
- Spinach
- Pickled beetroot

The best grain choices are:

- White rice
- Gluten free pasta (Barilla brand is a good one)
- White sourdough bread

Good snacks include:

- Rice cakes with peanut butter
- Rice cakes with ham/cheese
- Sourdough bread with jam
- Rice bubbles/crispies cereal with milk
- Pancakes with gluten free flour
- Yoghurt (lactose free if lactose intolerant)
- A piece of dark chocolate (70% cocoa)

All protein sources are fine (e.g. chicken, fish, beef, lamb, protein powder, tempeh, tofu etc).

Where to start if you have diverticulitis

- Let your dietitian know as they can help.
- Track your symptoms as they occur and ensure you add descriptions (how soon after eating, pain severity, how long it lasts, bowel motion frequency and formation etc).
- Track your food intake in detail and as accurately as possible.
- Follow the lists above and reduce FODMAPs in your diet.
- Make swaps as recommended by your Dietitian.
- Pain should subside within days to weeks after an infection, so don't put pressure on yourself to achieve pain free living, it will come with time.