

Nutrition and Dietetics

Dietary advice for bile acid diarrhoea

This dietary sheet is for people diagnosed with bile acid diarrhoea who wish to explore changes to their diet. This sheet should only be followed with advice from a Dietitian or gastroenterologist. Bile acid diarrhoea may also be referred to as bile acid malabsorption or bile salt malabsorption.

What is bile acid diarrhoea?

Bile acids are produced by the liver and stored in the gallbladder. They're released into the gut after consuming a meal, particularly a meal containing fat. These bile acids break down and help you absorb the fats and vitamins from your food. After this process, bile acids are reabsorbed to be used again.

If this reabsorption is disturbed, it can result in bile acid diarrhoea. You will likely be prescribed medications including Colestyramine (Questran[®], Questran Light[®], Cholybar[®] or Olestyr[®]) Colestipol (Colestid[®] or Cholestabyl[®]) or Colesevelam (Cholestagel[®]).

Dietary advice

If you notice you're unintentionally losing weight after changing your diet, ask your GP or consultant to refer you to a Dietitian for further advice.



Fat

Some evidence suggests a lower fat diet could help improve symptoms if medicines are not fully effective. If reducing the fat in your diet is not helpful after **four weeks**, reintroduce higher fat foods into your diet.

High fat – choose less of these	Low fat – choose more of these
Puff pastry/shortcrust pastry	Filo pastry
Ice cream	Fat-free frozen yoghurts
Oil for frying	Use a spray bottle for the oil or coconut oil*
Visible fat on meat and skin-on meat	Use lean cuts, cut visible fat off and remove skins on meat
Whole milk	Skimmed or semi-skimmed
Cream cheese	Low-fat cheese spreads
Hard cheese	Reduced fat alternative or use less of a stronger hard cheese
Chocolate	Limit to fun-size bars or switch to boiled sweets (all in moderation)
Spreading fats (e.g. Butter and margarine)	Lower fat spreads (e.g. Those based on vegetable oils with less than 40g fat per 100g)
* As coconut oil does not require bile salts for digestion, it may not cause you symptoms like other oils and fats.	

When you are buying packaged foods, make sure to check the nutrition information labels for the fat content.

High (per 100g) - shown in red	Over 20g
Medium (per 100g) - shown in orange	Between 3g and 20g
Low (per 100g) - shown in green	3g or less

Lactose

You could try a low-lactose diet for **four weeks**. If symptoms continue after four weeks, reintroduce lactose-containing foods back into your diet.

High lactose – choose less of these	Low lactose – choose more of these
Animal milk e.g., cow’s milk, sheep’s milk, goat’s milk	Lactose-free milk
Evaporated or condensed milk	Alternative milk e.g., oat milk, rice milk, soya milk, coconut milk, hazelnut milk, almond milk, hemp milk, tiger nut milk *make sure these kinds of milk have added calcium
Cream	Soya desserts
Yoghurt or fromage frais	Dairy-free yoghurts
Custard, rice pudding, mousses	Lactose-free yoghurts
Cottage cheese, processed cheese, cheese spreads, ricotta, mascarpone	Hard cheese, e.g. cheddar, blue cheese, mozzarella, goat’s cheese, feta, halloumi, lactose-free cheese, brie, ripe/rind cheeses
Milk chocolate, white chocolate	Dark chocolate
Ice cream	Dairy-free ice cream, sorbet
White sauce	

Patient Information

If the dietary suggestions listed above are not effective and you wish to discuss further options, please request a referral to dietetics from your GP or gastroenterologist.

Produced by Coventry Dietitians, University Hospitals Coventry & Warwickshire NHS Trust.

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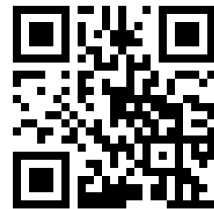
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