University Hospitals
Coventry and Warwickshire
NHS Trust

Nutrition and Dietetics

Dietary advice: 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 (BAM) or bile salt malabsorption.

What is bile acid diarrhoea?

Bile acids are produced by the liver and stored in the gallbladder. They are released into the gut after eating 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.

What causes bile acid diarrhoea?

There are three main causes:

Type 1: Damage or removal of your small intestine or ileum (the end part of the small bowel) e.g. due to inflammation or surgical removal due to Crohn's disease or cancer treatment.

Type 2: This type has no clear cause and is called 'primary bile acid diarrhoea'. It happens because the liver makes too much bile, more than the small bowel can absorb. It is not due to a problem absorbing bile.

Type 3: Other health problems in the abdomen can cause this type, such as:

- Gallbladder removal
- Coeliac disease
- Chronic pancreatitis
- Radiotherapy or chemotherapy
- Bacterial overgrowth in the small bowel
- Weight loss surgery (bariatric surgery)
- Microscopic colitis

Medication

You will likely be prescribed medications called ‘sequestrants.’ These medicines work by sticking to bile acids in your gut, like a sponge soaking up water. This reduces the bile acids from causing diarrhoea and other stomach problems. If you are struggling with the side effects or timings of taking the medications, please speak to your pharmacist or doctor for further advice.

Name	Common Brands	Form
Colestyramine	Questran® Questran Light® Cholybar® Olestyr®	Powder
Colestipol	Colestid® Cholestabyl®	Powder
Colesevelam	Cholestagel®	Tablet

Dietary advice

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

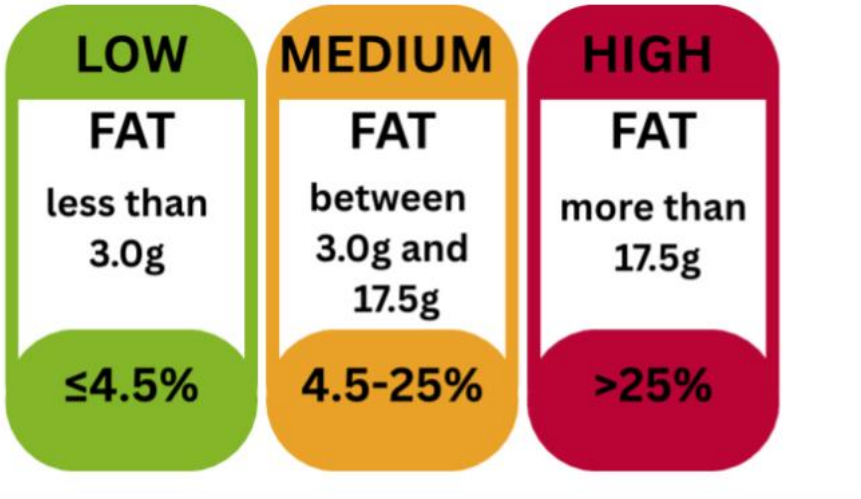
Fat

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 fewer of these	**Low fat – choose more of these**
Puff pastry/shortcrust pastry	Filo pastry (be mindful of added fats used in cooking or baking), choose low fat or small amounts instead
Ice cream	Fat-free frozen yoghurts, sorbet, light/low fat ice cream
Oil for frying	Use a spray bottle for the oil or coconut oil* Include other cooking methods: grill, bake, microwave, steam, boil, poach
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 or use dairy milk alternatives (soya, oat, rice coconut, almond milk)**
Full-fat cheese (Cheddar, Brie, Feta, cream cheese)	Low-fat cheese, low fat spreads, cottage cheese
Cream	Low-fat yogurt, evaporated skim milk
Chocolate	Limit to fun-size bars (around 20g) or switch to boiled sweets (all in moderation)
Spreading fats (e.g. Butter, ghee, 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 cause fewer symptoms for some people compared to other oils and fats; however, it is high in saturated fat, so use it in moderation	

** Most dairy alternatives are suitable for a low-fat diet but are low in protein, choose soy milk when higher protein is needed

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



as per 100g / % for adults Refence Intake

Lactose

If the low-fat diet does not improve your symptoms, you could try a low-lactose diet for **four weeks**. If you still experience symptoms after trying this for **four weeks**, slowly reintroduce lactose-containing foods back into your diet.

High lactose – choose fewer 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

	*Check the label to make sure these milks 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	Alternative milk-based sauces

Further information is also available on the Guts UK website: Bile acid diarrhoea (BAD) patient information - Guts UK.

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.

Contact number: 024 7696 6161

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