

DIETARY GUIDELINES IN CFS

Over the past 20 years many diets have been suggested for the management and even “cure” of CFS, but the truth is that there is no “magical” diet out there to fix this illness. There is nothing better than “Good Nutrition”, and this should be the aim of anyone with CFS. There is a wealth of information describing what should or should not be eaten, and most people now will have had a good nutritional education in school. The importance of trying to incorporate a good range of foods with a balance of proteins, fats and carbohydrates cannot be emphasised enough. It has been shown in research that minerals and vitamins are better absorbed if they are obtained through food rather than pills or potions. It stands to reason that the sight or smell of a delicious platter of food will immediately stimulate salivary and gastric juices, important for efficient breakdown and absorption, and it is very unlikely that one would salivate in response to a handful of pills.

Many with CFS will have a tendency to food intolerances, but this usually develops because of too much of a particular food over a short period of time. The approach therefore should be to have as much variety in the diet as possible, never having any one food in excess, and rotating the range of foods regularly. Everyone has a certain level of tolerance for each individual food, and when this is exceeded a reaction may occur, such as headache or skin rash. In CFS, the tolerance level maybe lowered. If a reaction does occur, avoiding that food for a short period of time and then re-introducing it in small quantities usually works well, so that the diet never needs to become too restrictive. Undoubtedly there will always be some people with true food allergies, but these are not as common as many imagine – and usually a person will be already aware of food allergy, which is very different to intolerance. Allergies are histamine mediated reactions to protein (eg shellfish, pork, peanuts etc), and are usually characterised by itchy rash, swelling, breathing difficulties and severe gastrointestinal reactions. Some foods and drugs can increase the risk or severity of allergic reaction (eg strawberries, aspirin).

Some with CFS feel extremely bloated and unwell after a meal, and in the past issues such as food reactions or candidal infection have been blamed. There is however now clear evidence that for some people, it is the large quantity of food which may be too much for the stomach to handle. Overload is a bit like sending the stomach on a marathon run, and can be likened to the effects on the leg muscles if one did try to run a long way. Exhaustion and abdominal pain may therefore result. It is also likely that frequently, the metabolism is very slow and the stomach contents move on very slowly, so that drinking a large quantity during the meal may cause the stomach contents to swell up and give a feeling of bloating, and move forward even more slowly. It is very important to drink plentifully, but it may be useful to try drinking mainly between meals rather than with the meal.

There is no evidence that candida in the gut is implicated in CFS. In fact it is very unlikely, because the gastrointestinal tract is a very acidic environment and candida does not survive well in acidity. However for those with problems of reflux and indigestion, it is possible another bug maybe residing in the stomach creating problems. This is called *Helicobacter pylori*, and is the bug now implicated in the development of stomach ulcers. So if a person has these symptoms, it is worth investigating for *H.pylori*, as this is a very treatable condition, and while it is unlikely to be the cause of CFS, it maybe aggravating the illness. Similarly, symptoms suggestive of irritable bowel may be due to a residual infection, such as *campylobacter* or *giardia* rather than food aggravation. Further investigations may therefore be appropriate.

There are probably some foods which can aggravate CFS. Caffeine and alcohol are both hard work for the system to deal with. Both also can interfere with an already poor sleep pattern. It is not necessary to avoid these altogether, but intake should be minimised, and they are best avoided towards evening. A high fat intake is also hard on the liver, which is sometimes implicated in the initial illness (eg glandular fever, hepatitis) and often remains vulnerable. A certain amount of fat is needed in the diet, but vegetable or fish oils are the most appropriate. There is good evidence that the omega 3 fish oils are helpful in improving brain function, and incorporating a regular intake of oily fish (salmon, tuna, sardines etc) seems worthwhile. It has been suggested that in some CFS patients, cholesterol is too low, and for these people, increasing the dietary cholesterol maybe helpful, as all cells need a certain amount of cholesterol to function efficiently.

There are also those whose blood pressure is very low with accompanying symptoms of light-headedness, pallor and palpitations. For these people increasing salt intake can be helpful, and this should be done regularly through the day, not just with the evening meal, as the body turns salt over quite rapidly or loses salt, particularly in hot weather or during exercise. If salt intake is increased, and this maybe as much as by 3 teaspoons daily (though blood pressure should be regularly checked), extra potassium should be incorporated in the diet by eating more bananas or kiwifruit.

Some with CFS cut right back on sugar intake, but this may deplete the energy even further. A regular intake of carbohydrate is important, and as long as sudden excesses are avoided and sugars are in as simple form as possible (such as in fruit) they can help with energy. It is unlikely that sugar restriction will be beneficial. There is however no firm evidence that glyconutrients, currently being aggressively marketed, are helpful in this illness

Dairy products are a very important part of good nutrition, and low fat milk or yogourt will provide good calcium intake. This is particularly important for those unable to exercise fully, adolescents and women who are over 45 or pregnant. Checks can be done for lactose intolerance and there are blood tests to check for wheat intolerance.

General Guidelines for Nutrition in CFS

1. Eat as much variety as possible
2. Choose foods which are as fresh and natural as possible
3. Do not overcook, as this may destroy important nutrients
4. Rotate foods to avoid excesses
5. Eat little and often to avoid stomach overload (graze like a sheep)
6. Drink minimally with the meals, drinking mainly in between meals
7. Have medical checks for gastro-intestinal symptoms, particularly if onset is recent.
8. Minimise caffeine and alcohol intake
9. Increase salt regularly if blood pressure is low, but remember to increase fruit intake.
10. Use vegetable or fish oils in cooking, but increase cholesterol intake if blood level is low.
11. Supplements are usually only necessary if there is a proven deficiency on blood testing, or if the diet is restrictive in certain components (eg vegetarians may need extra iron)
12. Allergic individuals should avoid known foods which may cause serious allergic reaction.
13. Avoid diets which are very restrictive, as nutritional deficiencies can easily occur.
14. Avoid diets and supplements which are very expensive or promise a "cure"