

Dietary advice for bile acid malabsorption (BAM)

Nutrition and Dietetics

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Information for Patients

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Who is this information for?

This diet sheet is for people diagnosed with bile acid malabsorption (BAM). This condition is also referred to as bile acid diarrhoea or bile salt diarrhoea.

What is BAM?

Bile acids are made in the liver and stored in the gallbladder. They are released into the small intestine after eating and help to digest and absorb dietary fats. Most of the bile acids are then reabsorbed and recycled.



In bile acid malabsorption, this process does not work properly. Too much bile goes into the large bowel (colon). This causes symptoms like watery diarrhoea.

What are the causes of BAM?

There are 3 types of BAM:

- **Type 1:** This is caused by damage or disease to part of the small bowel called the ileum. This happens in Crohn's disease or when part of the bowel is removed during surgery.
- **Type 2:** The body makes more bile than it can absorb. Why this happens is not known.
- **Type 3:** This is caused by other conditions like coeliac disease, chronic pancreatitis, gallbladder removal.

Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

What are the symptoms of BAM?

- **Diarrhoea:** watery, loose stools.
- **Urgency:** a sudden need to use the toilet.
- **Stomach pain:** cramps and tummy pain
- **Wind:** lots of gas that may smell bad.
- **Stools:** may be pale, greasy and hard to flush.
- **Bloating:** feeling of fullness or swelling of the tummy.

Diagnosis of BAM

BAM is diagnosed using the SeHCAT scan to measure how well your body absorbs bile acids. We do this over 2 appointments in the nuclear medicine department. You will need to be referred by your consultant or GP to have the scan. The SeHCAT scan is not always needed and some doctors may want to start you on a trial of treatment to see if your symptoms improve.

For more information visit: yourhealth.leicestershospitals.nhs.uk/ and search for 'Having a SeHCAT test to measure bile acid' or leaflet number 340.

What are the treatments for BAM?

There are medicines that can help with symptoms of BAM.

- **Bile acid sequestrants:** This medicine sticks to the bile in the gut so less of it reaches the large bowel. This helps reduce diarrhoea. There are 2 main types of bile acid sequestrant available:
 - **Cholestyramine:** This comes in a powder form. You often mix this with 150ml of fluids or sprinkle it into foods such as smoothies or yogurts. It is often taken 1, 2 or 3 times a day depending on how bad the symptoms are.
 - **Colesevelam:** This comes in a tablet form. It is commonly used off-label to treat BAM diarrhoea. You usually take 2 to 6 capsules a day with a meal.

Bile acid sequestrants can affect other medications. You should try taking it 1 hour after or 4 hours before taking any other medications.

- **Anti-diarrhoeal medications:** Medicines like Loperamide (Imodium®) or Codeine Phosphate can be helpful in people with mild bile acid diarrhoea. They are best taken 30 to 60 minutes before main meals.

Diet:

Dietary changes can also help to improve symptoms of BAM. Before making any changes to your diet, please speak with a registered dietitian. This is to make sure that you do not become deficient in important nutrients. You can ask your GP or consultant to refer you to a dietitian for more advice.

Low fat diet:

Some people find that a low fat diet can help to improve their symptoms. This means having no more than 40g of total fat per day. A low fat diet should be trialled for a period of 4 weeks. If your symptoms improve, it can be followed long term. If your symptoms do not improve, you can reintroduce higher fat foods back into your diet.

Tips for a low fat diet:

- Choose lean cuts of meat like chicken, turkey, 5% fat mince or fish. Avoid meat or fish in pastry, batter or breadcrumbs as these tend to be higher in fat and salt.
- Avoid frying during cooking. Try grilling, steaming, baking, poaching, microwaving or air-frying where possible.
- Limit processed meats like sausages, bacon and cured meats.
- Choose a lower fat spread instead of butter and use sparingly (no more than 1 teaspoon).
- Choose low fat dairy products. Grate cheese instead of slicing to avoid using more than you need. Choose low fat yogurts instead of cream or crème fraiche.
- Include more beans, pulses and lentils as a low fat source of protein and fibre.
- If using oil, consider using a spray bottle to avoid over pouring.
- Use traffic labelling to help aid your choices. If a food is 'green' for fat then it is a good choice. Not all foods display the traffic light labels. Below is a handy guide to use when reading the back label.

Per 100g	Low	Medium	High
Fat	3g or less	3.1 to 17.5g	17.5g or more
Saturated fat	1.5g or less	1.5 to 5g	5g or more

Fat:

Eat less of these high fat foods	Eat more of these lower fat alternatives
Whole milk	1% fat milk, semi-skimmed or skimmed milk.
Cheese	Reduced fat cheddar, cottage cheese, ricotta, feta or mozzarella.
Cream	Plain yogurts or lower fat fromage frais.
Butter, lard, ghee, coconut and palm oils	Unsaturated spreads and oils such as olive, rapeseed or sunflower.
Fatty or processed meats	Lean cuts of meat, chicken (without skin), turkey, 5% fat mince, un-breaded and un-battered fish.
Puff pastry or shortcrust pastry	Filo pastry.
Savoury snacks like crisps, crackers, sausage rolls, pork pie	Plain popcorn, plain rice cakes, bag of baked crisps, unsalted nuts (no more than 1 tablespoon), vegetable sticks with/without low fat dip.
Chocolate, cakes, biscuits	Small teacake, slice of fruit loaf or malt loaf, fresh fruit, plain yogurt.
Ice cream or puddings	Fat-free frozen yogurt, fresh fruit, baked or stewed fruits with low-fat custard, sugar free jelly, low fat yogurt.
Creamy dressings	Non-creamy dressings like vinaigrette or homemade dressings from ingredients like balsamic vinegar, lemon juice, olive oil, herbs.
Croissants and pastries at breakfast	Porridge oats, wholegrain breakfast cereals or wholegrain toast with unsaturated spread.

Nutritional deficiencies in BAM

BAM can make your levels of some vitamins and minerals low. For example vitamin B12 and those that need fat to be absorbed. You may need to have regular blood tests to monitor your vitamin levels.

- **Vitamin B12:** This is an important nutrient absorbed in the ileum. If this area of the small bowel is not working properly (often in type 1 BAM), this may lead to vitamin B12 deficiency. This causes you to feel tired and weak.
- **Fat-soluble vitamins (A, D, E, K):** Bile acid sequestrant medications can affect the way your body absorbs fats. This can lead to deficiencies in fat-soluble vitamins. If you are taking these medicines, we recommend a multivitamin and vitamin D supplement.



Tracking your symptoms:

The most effective way to track your symptoms of BAM is to keep a detailed diary. This can help give your doctor important information to help monitor your condition. Green, yellow and orange stools are often seen in BAM. If you have any concerns you should contact your GP or consultant, particularly if your stools are black or grey/silver in colour.

Date and time:	Description of food/drink:	Symptoms like bloating, cramps, wind, urgency, stool colour, consistency and frequency:

Stool colour:



More information is available from:

Guts UK: <https://gutscharity.org.uk/advice-and-information/conditions/bile-acid-diarrhoea/>

Contact Details: If you want more information or have any questions, please call Dietetic team on: **0116 258 5400**.

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