

in aggravating the disorder, and the foods that must be restricted. It is difficult to maintain a diet indefinitely when the child has no symptoms and temporary transgressions result in no difficulties. However, the majority of individuals who relax their diet will experience a relapse of their disease.

Although the chief source of gluten is cereal and baked goods, grains are frequently added to processed foods as thickeners or fillers. To compound the difficulty, gluten is added to many foods as hydrolyzed vegetable protein, which is derived from cereal grains. The nurse must advise parents of the necessity of reading all label ingredients carefully to avoid hidden sources of gluten.

Many of children's favorite foods contain gluten, including bread, cake, cookies, crackers, donuts, pies, spaghetti, pizza, prepared soups, some processed ice cream, many types of chocolate candy, milk preparations such as malts, hot dogs, luncheon meats, meat gravy, and some prepared hamburgers. Many of these products can be eliminated from an infant's or young child's diet fairly easily, but monitoring the diet of a school-age child or adolescent is more difficult. Luncheon preparation away from home is particularly difficult because bread, luncheon meats, and instant soups are not allowed. For families on restricted food budgets, the diet adds an additional financial burden because many inexpensive and convenient foods cannot be used.

In addition to restricting gluten, other dietary alterations may be necessary. For example, in some children who have more severe mucosal damage, the digestion of disaccharides is impaired, especially in relation to lactose. Therefore, these children often need a temporarily lactose-free diet, which necessitates eliminating all milk products. In general, dietary management includes a diet high in calories and proteins with simple carbohydrates such as fruits and vegetables but low in fats. Because the bowel is inflamed as a result of the pathologic processes in absorption, the child must avoid high-fiber foods, such as nuts, raisins, raw vegetables, and raw fruits with skin, until inflammation has subsided.

It is important to stress long-range complications and to remind parents of the child's physical status before dietary treatment and the dramatic improvement after treatment. The nurse can be instrumental in allowing the child to express concerns and frustration while focusing on ways in which the child can still feel