

Inflammatory Bowel Disease Linked to Elevated Risk of Psychiatric Disorders

Analysis by [Dr. Joseph Mercola](#)

October 29, 2026

STORY AT-A-GLANCE

- › Inflammatory bowel disease is linked to a higher risk of depression, anxiety and substance misuse, with mental health problems emerging years before IBD is diagnosed
- › Psychiatric risk remains elevated for up to 10 years after an IBD diagnosis, showing that mental health deserves attention throughout the course of the disease
- › Crohn's disease and unclassified IBD showed stronger psychiatric associations than ulcerative colitis, with one additional psychiatric disorder for every 24 people with Crohn's disease over 10 years
- › Inflammation, an unhealthy gut microbiome, a weakened intestinal barrier and psychological stress could help explain why digestive and mental health problems develop alongside each other
- › Supporting gut health starts with reducing linoleic acid from seed oils and ultraprocessed foods, rebuilding beneficial gut bacteria and butyrate production, managing stress and optimizing vitamin D

If you have inflammatory bowel disease (IBD), the effects reach well beyond your digestive tract, and they may have started sooner than you realize. A Swedish study published in *Clinical Gastroenterology and Hepatology* reveals that the mental health burden tied to IBD is larger, earlier and more persistent than most clinical conversations acknowledge.^{[1](#)}

IBD is a chronic immune-driven disease of your gastrointestinal tract that includes Crohn's disease, ulcerative colitis and unclassified IBD. It's characterized by gastrointestinal problems that include abdominal pain and problems related to bowel movements and bowel control, which interfere with daily life and social activity. In this study, researchers required both an IBD diagnostic code and a biopsy consistent with the condition, a stricter standard than some earlier research.

What makes this research stand out is its timeline. The psychiatric connection doesn't begin when someone receives an IBD diagnosis; it starts years earlier and remains elevated long afterward. That timeline challenges the assumption that mood and anxiety problems in IBD are simply a reaction to living with a chronic illness.

Instead, it points to something deeper going on inside the body well before a gastroenterologist gets involved, and the data show how that pattern unfolds across different forms of IBD, different age groups and even among siblings.

IBD Is Linked to Mental Health Problems Years Before Diagnosis

The Clinical Gastroenterology and Hepatology study examined psychiatric diagnoses both before and after **IBD** was identified.² Researchers also analyzed prescriptions for antidepressants, **antianxiety drugs**, sleep medicines, sedatives, antipsychotics, mood stabilizers and ADHD medications.

This gave them another way to detect mental health problems that might not have resulted in a specialist psychiatric diagnosis. For the medication analysis, the researchers followed prescription patterns from five years before IBD diagnosis through five years afterward. That broader view matters because relying only on hospital or specialist records misses some people with milder symptoms.

- **Antidepressant and antianxiety medication use was already higher years before IBD was identified** — People who eventually developed IBD were more likely than matched individuals to use **antidepressants** as well as antianxiety, sleep and

sedative medications even five years before their bowel disease diagnosis.

Medication use rose around one year before diagnosis, reached its highest point shortly afterward and remained elevated five years later.

The increase wasn't seen across every psychiatric drug category. Antidepressants and medications for anxiety, sleep and sedation drove the pattern, while antipsychotics, mood stabilizers and ADHD medications did not show the same clear rise.

- **Crohn's disease showed a stronger psychiatric connection than ulcerative colitis —** Although the overall pattern appeared across all forms of IBD, researchers found that the association tended to be stronger in people with **Crohn's disease** and unclassified IBD than in those with ulcerative colitis.

Over 10 years, the difference in psychiatric disorder incidence was 4.23 percentage points for Crohn's disease, 2.43 points for ulcerative colitis and 4.69 points for unclassified IBD. That represented one additional psychiatric disorder for every 24 people with Crohn's disease, compared with one additional case for every 41 people with ulcerative colitis and every 21 people with unclassified IBD.

- **Age changed when psychiatric risk appeared —** Adults showed increased psychiatric risk both before and after their IBD diagnosis, whereas people whose IBD began in childhood showed a clear increase only after diagnosis. Yet the absolute 10-year psychiatric burden was highest among those with childhood-onset IBD.

Higher long-term absolute risk also appeared among people with nine years or less of education, frequent health care visits and a parent with a psychiatric disorder. These differences help identify groups who deserve particularly close attention to changes in mood, anxiety or behavior after an IBD diagnosis.

- **Family background didn't account for the entire association —** Researchers separately examined 26,807 people with IBD who had at least one full sibling without the disease. After diagnosis, 15.6% of those with IBD developed a

psychiatric disorder compared with 12.6% of their IBD-free siblings.

Comparing siblings is useful because brothers and sisters share many genes and early-life environmental influences. The association became somewhat weaker in this comparison but remained present, indicating that inherited and shared family factors alone don't account for what researchers observed.

- **Changes inside the body could start before an IBD diagnosis is made** — The study didn't prove the biological cause of the psychiatric connection, but the researchers offered several explanations for why it appears so early. They pointed to a preclinical phase, a period when **inflammation**, microbial shifts and intestinal barrier changes are already underway even though IBD hasn't been formally diagnosed.

Researchers also discussed earlier evidence of changes in inflammatory proteins, increased intestinal permeability and gut dysbiosis, meaning an unhealthy shift in the communities of microbes living in your digestive tract. Importantly, they noted that the usual delay between symptom onset and IBD diagnosis is less than one year, making diagnostic delay alone unlikely to account for a psychiatric pattern that begins years earlier.

Support Your Gut if You Have IBD

If you have IBD, start with the gut environment itself rather than treating digestive symptoms, anxiety and depression as completely separate problems. The research points to inflammation, gut dysbiosis, increased intestinal permeability and digestive symptoms as changes that develop before IBD is formally diagnosed.

Your goal is to remove the factors that damage your gut, support cellular energy and gradually rebuild a healthier intestinal environment — steps that research suggests may also help support your mental well-being.

1. Lower linoleic acid (LA) intake first to reduce stress on your gut and mitochondria

— **LA is a polyunsaturated fat** found in seed oils, ultraprocessed foods, nuts and seeds. Excess LA interferes with mitochondrial energy production and increases oxidative stress, creating an environment that makes gut recovery more difficult. Keep your LA intake below 5 grams a day, ideally closer to 2 grams.

Remove seed oils and ultraprocessed foods first, then use fats such as grass fed butter, ghee or tallow instead. Once you've reduced that burden, focus on getting enough carbohydrate to support cellular energy and gut repair. Most adults need 250 grams a day from whole-food sources such as fruit, white rice, potatoes and root vegetables.

If your gut is severely compromised, don't start with a large fiber load. Choose gentler carbohydrates such as whole fruit and white rice, along with gut-supportive foods such as bone broth. As your digestion improves, gradually introduce more fiber-rich foods rather than overwhelming an already irritated gut.

2. Build a gut environment that supports Akkermansia and butyrate production —

Akkermansia muciniphila is a beneficial gut bacterium that helps maintain your intestinal barrier and a balanced microbiome. Ideally, it accounts for roughly 3% to 5% of your gut microbial population. **Butyrate** is another important part of gut recovery. It's a short-chain fatty acid (SCFA) produced when beneficial gut bacteria break down certain carbohydrates.

A review of research suggests butyrate may help support gut health in IBD — animal studies point to reduced inflammation and a stronger gut barrier, though human clinical trials aiming to raise butyrate levels in people have so far produced mixed results.*³

A stronger barrier helps keep bacteria and other unwanted substances inside your intestines instead of allowing them to cross into tissues where they provoke an immune response. Once your digestion tolerates them, gradually introduce foods that nourish beneficial bacteria and support natural butyrate production.

Blueberries provide polyphenols, while garlic, asparagus, bananas and leeks contain fermentable carbohydrates that feed your gut microbes. If you have a severely compromised gut, take this slowly. Start with gentler carbohydrates, then expand your fiber intake as your digestive health improves.

A postbiotic Akkermansia product is another option some people consider as part of a general gut-support routine, but talk to your healthcare provider before adding any new supplement. Give your body about six months away from seed oils first. This allows time for mitochondrial recovery while you create a healthier intestinal environment for beneficial microbes and the compounds they produce.

- 3. Restore your microbiome after necessary antibiotics** — Antibiotics sometimes become necessary for a dangerous bacterial infection, but they don't discriminate perfectly between harmful and beneficial organisms. That disruption leaves your microbiome depleted and increases the risk of digestive problems afterward.

If you need an antibiotic, some research suggests *Saccharomyces boulardii*, a probiotic yeast, may help support microbial recovery and may help reduce the risk of antibiotic-associated diarrhea in some people,⁴ though this is not a substitute for medical guidance.

The larger goal is to avoid unnecessary antibiotic exposure while taking deliberate steps to rebuild your intestinal ecosystem when treatment is unavoidable. Your microbiome is an ecosystem, and recovery takes time rather than one quick intervention.

- 4. Pay attention to stress because your gut and brain constantly communicate** — IBD doesn't exist in isolation from your brain and nervous system, and the study's findings reinforce that connection. The study identified psychological stress and disrupted gut-brain communication as factors that could contribute to the connection between IBD and psychiatric disorders.⁵

Chronic digestive symptoms themselves also create stress, especially when you're dealing with abdominal pain, unpredictable bowel movements or fear of losing bowel control.

Build deliberate periods of recovery into your day. Take a walk outside, practice slow breathing, spend quiet time in nature or choose another calming activity that reliably helps your body shift out of a high-stress state. You don't need an elaborate routine. Even short periods that you repeat consistently give you a practical way to address the stress side of the gut-brain relationship.

If you notice that digestive flare-ups consistently occur alongside periods of intense stress, poor sleep or emotional strain, treat that pattern as useful information. Track it alongside your digestive symptoms so you can identify triggers and make changes earlier rather than waiting until your symptoms become severe.

5. Optimize vitamin D while protecting your skin during recovery — Vitamin D supports immune regulation and intestinal barrier health, and sunlight is the preferred source. Exposure around solar noon provides the strongest UVB rays needed for your skin to produce vitamin D efficiently. There's an important timing issue if your diet has been high in LA, however.

Avoid intense midday sun until you've eliminated seed oils for about six months. LA becomes incorporated into your tissues, including your skin, where ultraviolet exposure increases oxidative stress and leaves your skin more vulnerable to damage.

Once you've reduced your LA burden, gradually build your sun exposure instead of forcing long sessions. Your goal is to support vitamin D and cellular energy while avoiding sunburn. Test your vitamin D levels every six months to determine if you're in the optimal range.

Talk to your healthcare provider about whether this testing is appropriate for you. Aim for a blood level between 60 and 80 ng/mL (150 to 200 nmol/L). If you're low in vitamin D, adjust your sunlight exposure or consider vitamin D3 supplementation.

**These findings are from laboratory or animal research and may not directly apply to human health.*

This article is for informational purposes only and does not constitute medical advice. Consult a qualified healthcare provider before making changes to your health regimen.

FAQs About IBD and Mental Health

Q: How is inflammatory bowel disease connected to mental health?

A: IBD is associated with a higher risk of psychiatric disorders, particularly depression, anxiety and substance misuse. The connection starts before IBD is diagnosed and continues for years afterward, indicating that mental health changes aren't simply a reaction to receiving an IBD diagnosis.

Q: Does psychiatric risk differ depending on the type of IBD?

A: Yes. The association appeared across different forms of IBD but tended to be stronger with Crohn's disease and unclassified IBD than with ulcerative colitis. Over 10 years, there was one additional psychiatric disorder for every 24 people with Crohn's disease, 41 with ulcerative colitis and 21 with unclassified IBD.

Q: Why could mental health problems start before IBD is diagnosed?

A: Researchers pointed to a preclinical period when inflammation, digestive symptoms and psychological stress are already present before IBD receives a formal diagnosis. Changes in the gut microbiome and intestinal barrier could also contribute to the gut-brain connection, although the study didn't establish a specific biological cause.

Q: What dietary changes support gut health if you have IBD?

A: Start by minimizing LA from seed oils, ultraprocessed foods, nuts and seeds. If your gut is severely compromised, focus first on gentler carbohydrates such as whole fruit and white rice, then gradually add more fiber-rich foods as your digestion improves.

Q: How do beneficial gut bacteria and butyrate support your intestinal barrier?

A: Beneficial microbes help maintain a healthier intestinal environment, while butyrate, an SCFA produced by certain gut bacteria, has been studied for its potential to help reduce intestinal inflammation, ease IBD symptoms and strengthen the gut barrier — largely in animal research, with human trials so far showing mixed results.* Gradually adding tolerated foods that nourish beneficial bacteria supports this process.

Sources and References

- ^{1, 2, 5} [Clin. Gastroenterol Hepatol. 2026 Jul 15:S1542-3565\(26\)00485-4](#)
- ³ [Clinical Nutrition. 2023;42\(2\):61-75](#)
- ⁴ [Aliment Pharmacol Ther. 2015 Jul 27;42\(7\):793-801](#)