



# Managing the symptoms of IBS with a low FODMAP diet

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An exciting new future lies ahead for managing patients with IBS and other Functional Bowel Disorders which moves treatment on from current dietary guidelines and examines the negative impact that high FODMAP foods can have on IBS patients. These high FODMAP foods trigger symptoms of IBS because they are poorly absorbed leading to fermentation by gut bacteria and osmotic changes in the bowel.

It's worth clarifying that a regular balanced diet consumed by a healthy individual would contain a moderate-to-high level of these fermentable carbohydrates (FODMAPs). But due to increased gut hypersensitivity in IBS patients, the fermentation and osmotic changes in the gut caused by these foods can begin to trigger and exacerbate symptoms such as pain, bloating, flatulence, diarrhea and constipation. *These symptoms can have an exceptionally debilitating effect on patients' lives, especially as IBS is a condition that can go untreated for years – or patients enter a cycle of 'self-treatment' rather than seeking a referral to a dietitian.*

It tackles the symptoms of IBS head-on, by eliminating the high FODMAP foods for a period of 4-8 weeks, or until such a point when the patient becomes symptom free. Successful reintroduction of FODMAP foods should be managed under the careful supervision of a FODMAP-trained dietitian, who will use well practiced and industry-accredited tolerance testing techniques to identify which FODMAPs are triggering the patient's symptoms; and at which dose a 'trigger food' causes problems, or becomes 'safe'. This balanced approach – when adhered to – will ensure that the patient begins to enjoy a more balanced diet that consists of foods that are more varied and healthy.

GPs can be truly confident that there is a new solution to offer patients who may have been struggling with symptoms for years. Research has shown that a low FODMAP diet can alleviate symptoms in three out of four cases.

The solution for many could be the new FODMAP diet



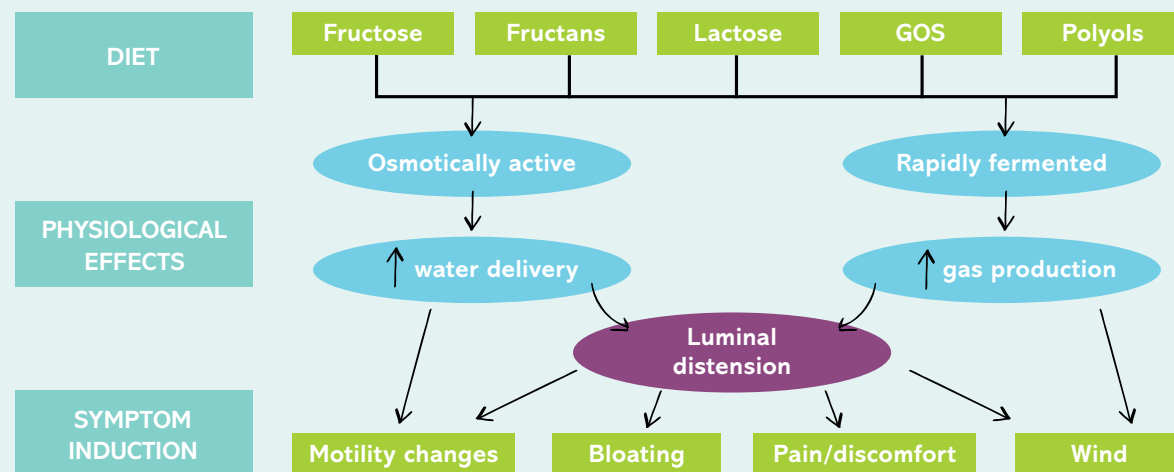
## So what exactly are FODMAPs?

And which foods do they represent?

OLIGO	DISACCHARIDES	MONOSACCHARIDES	POLYOLS
<p><b>FRUCTANS</b> Wheat, rye, garlic, onion</p> <p><b>GOS</b> Beans, pulses, Pistachio nuts</p> 	<p><b>LACTOSE</b> Milk and dairy products such as yoghurt, cheese and ice cream</p> 	<p><b>FRUCTOSE</b> Honey, mango, apple, fruit juice</p> 	<p><b>SUGAR ALCOHOLS</b> Sorbitol, Xylitol, Mannitol</p> <p><b>NATURALLY OCCURRING</b> Peach, avocado, pear</p> 

NB: Please note that this is not a comprehensive list

## How do they trigger symptoms?



## Summary | Why choose a low FODMAP diet?

- Cost effective patient management – **IBS costs the NHS in the region of £45m each year**
- Patient symptoms can be controlled in up to 75% of cases.\*
- A FODMAP-trained dietitian can alleviate symptoms in three out of four patients in an average of three consultations.
- Patients can begin to regain confidence and trust in food.
- The FODMAP diet is complicated and requires lengthy patient consultation so it can be implemented, monitored and evaluated correctly.
- Food tolerance testing needs to be introduced by an expert, so the patient achieves a comfortable resolution and a balanced diet.
- Specialist advice and support will ensure that the patient can eventually reintroduce the higher FODMAP foods and enjoy food again without any pain or bloating.
- The dietitian will ensure that patients' nutritional requirements are met. A low level of fermentable carbohydrates (FODMAPs) is likely to offer more effective symptom control to patients than the standard dietary advice proposed by the NICE guidelines.

## Documented results of the benchmarking exercise:

SYMPTOM	GROUP	IMPROVED	P*
Bloating	Standard	17/35 (49)	0.002
	FODMAP	32/39 (82)	
Abdominal pain/discomfort	Standard	20/33 (61)	0.023
	FODMAP	29/34 (85)	
Flatulence/wind	Standard	14/28 (50)	0.001
	FODMAP	33/38 (87)	
Diarrhoea	Standard	18/29 (62)	0.052
	FODMAP	30/36 (83)	
Constipation	Standard	10/22 (45)	0.161
	FODMAP	10/21 (67)	
Nausea	Standard	4/14 (29)	0.04
	FODMAP	10/15 (67)	
Energy levels	Standard	11/30 (37)	0.042
	FODMAP	20/32 (63)	
Composite score	Standard	19/39 (49)	<0.001
	FODMAP	37/43 (86)	

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### References:

\*Shepherd and Gibson 2006: Fructose malabsorption and symptoms of irritable bowel syndrome: guidelines for effective dietary management. *J Am Diet Assoc*106:1631-1639.

\*\*Staudacher et al 2011: Comparison of symptom response following advice for a diet low in fermentable carbohydrates (FODMAPs) versus standard dietary advice in patients with irritable bowel syndrome.

Staudacher HM, Whelan K, Irving PM, Lomer MC. Source: King's College London, Nutritional Sciences Division, London, UK.