




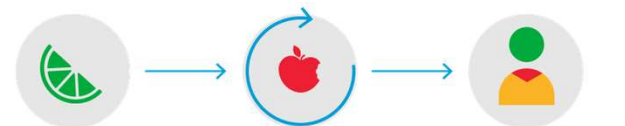
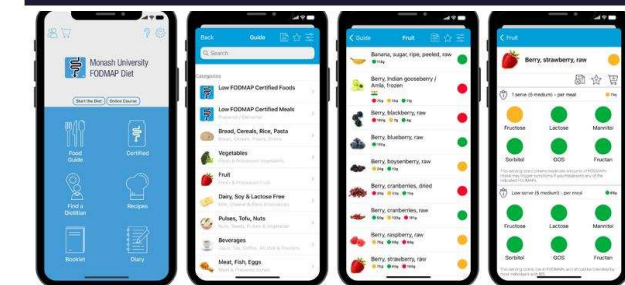


# “Low FODMAP means avoiding all high-FODMAP food forever”

- Low FODMAP is second line treatment for IBS
- Around 60% efficacy for symptom relief
- 3 phases
- Goal is to expand the diet as much as possible, and **avoid unnecessary restrictions**
- **Dietician involvement** have higher success rates and better nutritional outcomes

Fermentable	Process through which gut bacteria ferment undigested carbohydrate to produce gases.	
Oligosaccharides	Fructans & GOS - found in foods such as wheat, rye, onions, garlic and legumes/pulses.	
Disaccharides	Lactose - found in dairy products like milk, soft cheeses and yogurts.	
Monosaccharides	Fructose - found in honey, apples, high fructose corn syrups, etc.	
And		
Polyols	Sorbitol and Mannitol - Found in some fruit and vegetables and used as artificial sweeteners.	



## 1. Low FODMAP Diet

For 2-6 weeks - swap high FODMAP foods for low FODMAP alternatives.

All food groups and nutrients are included.

## 2. FODMAP Reintroduction

Over 8-12 weeks reintroduce:

- one FODMAP at a time
- one food at a time
- over 3 days

Increase serving size each day and monitor tolerance.

## 3. FODMAP Personalization

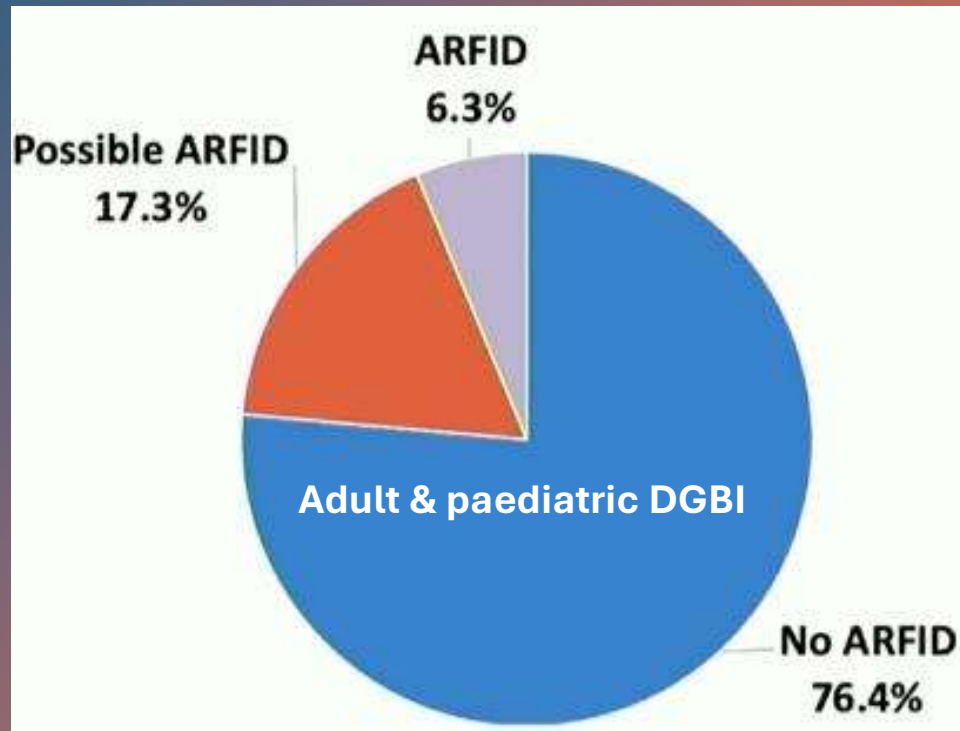
Eventually people will know what they can tolerate and what they cannot.

In the long-term it's a balance between tolerated FODMAP-rich foods and the avoidance of others.

Eswaran et al – Am J Gastro 2016

O’Keefee et al – Journal of Gastroenterology and Hepatology 2018

# Why a dietitian?



- Low FODMAP diet is challenging
  - Monitoring is required to avoid nutritional deficiencies and overly restrictive eating habits
- **Avoidant/Restrictive Food Intake Disorder (ARFID)**
  - Not an eating disorder
  - Maladaptive generalized over-restriction of food from fear of aversive consequences (e.g. exacerbating DGBI symptoms)
  - Around 25% of DGBI presentations
  - 3x risk with prior exclusion diets
  - NIAS screening tool

# Summary

## Myths Debunked

- ✘ "IBS is all in the head": DGBI involves gut-brain axis dysfunction.
- ✘ "Leaky gut/SIBO causes IBS": No proven causal link; SIBO is a comorbidity, not root cause.
- ✘ "Food allergy tests diagnose IBS": IgG, hair analysis lack validity and doesn't guide therapy
- ✘ "Gluten-free diets cure IBS": Often FODMAP intolerance; gluten free not always better

## Clinical Takeaways

 **Epidemiology:** 1/3 of IBS sufferers are male; significant burden

 **Management:**

*Second-line therapies:* Rifaximin (IBS-D), TCAs (pain), peppermint oil (bloating).

*Probiotics:* NNT 7, but strains unclear; not universally recommended.

*FMT:* Inconsistent efficacy; reserve for research.

 **Diet:**

Prioritize **soluble fiber** (oats, chia); reduce insoluble fiber.

**Low FODMAP:** 60% efficacy; Dietitian-led to avoid nutritional complications.

## Guidelines

 **ACG/BSG:** Avoid non-validated tests (SIBO breath tests); focus on evidence-based therapies.



# Thank you

Any questions? Get in touch!

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# Guidelines IBS

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American college of  
Gastroenterology 2021

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American Gastroenterology  
Association 2022

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British Society of  
Gastroenterology 2022

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## AG Clinical Guideline: Management of Irritable Bowel Syndrome

E. Lacy, PhD, MD, FACG<sup>1</sup>, Mark Pimentel, MD, FACG<sup>2</sup>, Darren M. Brenner, MD, FACG<sup>3</sup>,  
A. Keefer, PhD<sup>5</sup>, Millie D. Long, MDMPH, FACG (GRADE Methodologist)<sup>6</sup> and Baha M.  

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Gastroenterology 2021

### **GUIDELINES**

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#### **AGA Clinical Practice Guideline on the Pharmacological Management of Irritable Bowel Syndrome With Constipation**

Lin Chang,<sup>1,\*</sup> Shahnaz Sultan,<sup>2,3,\*</sup> Anthony Lembo,<sup>4</sup> G. Nicholas Verne,<sup>5</sup> Walter Sma  
Joel J. Heidelbaugh<sup>7</sup>

## British Society of Gastroenterology guideline on the management of irritable bowel syndrome

Richard H. Vasant <sup>1,2</sup>, Peter A. Dainoff <sup>3</sup>, Christopher I. Block <sup>4</sup>