

Dietary Advice for Irritable Bowel Syndrome (IBS)

Precision
Biotics

There are many factors which can trigger IBS symptoms, including illness, hormonal changes, menstruation, stress and anxiety^{1,2}. Not least, the diet can be a trigger for symptoms of IBS. Below are some general dietary recommendations for people with IBS^{3,4}. Dietary changes should be based on the type of symptom which is experienced. Remember the gut may need time to adjust to any dietary changes that are made.



Establish a regular meal pattern

Eating regularly can help the gut to establish a routine. Some people find that eating smaller meals works better for them. Avoiding skipping meals or eating late at night may also help.



Take time to eat

Eating too quickly can cause too much air to be swallowed, leading to wind, bloating and discomfort. Sitting down to eat, and concentrating on slowing down and chewing food well can help to avoid this.



Drink at least 8 cups of fluid per day

Good hydration helps to support normal gut function and transit. Water and other non-caffeinated drinks are most beneficial. Caffeine is a stimulant which is found in tea, coffee and some soft drinks. It can speed up transit in the gut, which can trigger some symptoms of IBS such as diarrhoea. Intake of caffeinated drinks should be limited to three cups per day, and fizzy drinks should be avoided. Alcohol can irritate the gut. Intake of alcohol drinks should be limited to less than two units per day, with at least two alcohol-free days per week.



Limit intake of high fat foods

People with IBS are often more sensitive to fatty foods. Eating too much of these can trigger symptoms. Choosing lean cuts of meat, lower-fat dairy options and limiting treats such as pastry, cakes, biscuits and fried foods may help.



Spare the spice

Spicy foods may trigger symptoms of IBS, such as abdominal pain, bloating and diarrhoea. Avoiding chilli peppers and choosing milder flavours of soups, curries and stir-fries may help to prevent this.



Review fibre intake

Fibre helps to support normal gut function and transit. However, for some people with IBS, certain fibres can trigger symptoms. Changes to fibre intake should be made gradually and should be based on the main IBS symptom which is present. People with IBS and constipation may benefit from gradually increasing their dietary fibre intake, which helps to soften stools and make them easier to pass. They should aim to eat a wide variety of fibre-rich foods including wholegrains, oats, fruits and vegetables. Linseeds may also help. One to two tablespoons can be taken per day, each with 150ml of fluid. Some people enjoy mixing this into porridge or yogurt. Increasing intake of wheat-bran, found in high-fibre cereals and wholemeal bread, is not recommended. People with IBS and diarrhoea may benefit from reducing their dietary fibre intake, such as that from wheat-bran, and avoiding sorbitol, mannitol and xylitol. These are artificial sweeteners used in sugar-free drinks, yogurts and sweets. Fresh fruit should be limited to three portions per day.



Reduce intake of gas-producing foods

Those experiencing wind and bloating may benefit from reducing their intake of gas-producing foods such as legumes (peas, beans, lentils), cruciferous vegetables (cabbage, cauliflower, brussels sprouts, broccoli) and foods containing artificial sweeteners. Gradually introducing oats, such as porridge, and linseeds may also help.



Limit processed foods

Resistant starches, found in processed or re-cooked foods such as frozen pizzas and ready-meals, can make IBS symptoms worse. Limiting intake of processed foods and cooking from fresh ingredients whenever possible can help.



Lactose

Some people with IBS may be intolerant or sensitive to lactose, the sugar found in milk and dairy products, leading to worsening symptoms. Those with lactose intolerance may benefit from trying a low lactose diet. This is not the same as a 'dairy free' diet. In fact, most people with lactose intolerance can eat 12-15g of lactose per day without issue, possibly more if intake is spread out over the course of the day. People wishing to try a low lactose diet should speak to a specialist healthcare professional, such as a dietitian.



Lifestyle changes

IBS symptoms can be triggered by other factors, such as stress and physical activity. Finding ways to relax and reduce stress, as well as staying active, can be helpful.



Take care of the gut microbiota⁵

Research has shown that people with IBS may have a different gut microbiota composition compared to that of people without IBS⁵. Probiotics are widely recognised as helping to manage IBS symptoms. However, as all probiotic strains are different, it is important to try one with clinical evidence in IBS⁶. *Bifidobacterium longum* 35624[®] has been acknowledged by experts as the probiotic with the best clinical evidence of IBS symptom management⁷. Probiotics should be trialled for at least 4 to 12 weeks while monitoring their symptoms. If symptoms improve, the probiotic should be continued on a daily basis for continued benefits.

What's next?

If IBS symptoms still persist after following general dietary advice, other dietary options such as the low FODMAP diet may need to be explored.

See overleaf for more information >>>

Low FODMAP Diet for IBS

If IBS symptoms are not completely managed by other diet and lifestyle changes, more specialist dietary changes such as the low FODMAP diet may be considered. The low FODMAP diet has been found to help manage the symptoms of IBS⁴. However, it can be difficult to follow. As the low FODMAP diet involves dietary restrictions, it should only be attempted under the guidance of a specialist FODMAP trained dietitian.

What are FODMAPs?

FODMAPs are fermentable carbohydrates found in many foods that can trigger symptoms in people with IBS. The acronym stand for:

Fermentable **O**ligosaccharides **D**isaccharides
Monosaccharides **A**nd **P**olyols

How do FODMAPs influence IBS symptoms?

Unlike other carbohydrates, FODMAPs are not easily absorbed in the small intestine. Instead, they pass through to the large intestine (the bowel) where they are fermented by bacteria. This can result in the production of gas and fluid shifts in the bowel, leading people with IBS to experience pain, bloating and altered bowel habits, such as diarrhoea.

Do all FODMAPs cause IBS symptoms?

There are different types of FODMAPs, and it is very unusual for a person with IBS to react to all of them. Everyone is different, and it is possible to be sensitive to some types of FODMAPs but not others. Similarly, it is possible that FODMAPs which trigger

symptoms may be tolerated in small quantities. Establishing the type and quantity of FODMAPs which trigger symptoms can be done by following the low FODMAP diet and monitoring symptoms.

What are the steps of the low FODMAP diet?

- 1 Elimination phase:** FODMAPs are restricted for up to 6 weeks or for a shorter period if good symptomatic control is achieved. This is done by substituting high FODMAP foods with lower FODMAP options.
- 2 Re-introduction phase:** Small amounts of FODMAP foods are reintroduced via a series of food challenges. The aim is to determine the type and quantity of FODMAP foods individuals are sensitive to. This is a very important stage and should not be skipped.
- 3 Personalisation stage:** After completing the reintroduction stage, it will be possible to follow as normal a diet as possible, avoiding/reducing only the FODMAP foods individuals are sensitive to.

What foods are FODMAPs found in?

There is a long list of high and low FODMAP foods to consider before starting. A registered dietitian can provide guidance on this and ensure a nutritionally adequate diet is maintained throughout. There are also a number of reliable apps and books to help get people started. The table below gives examples of high and low FODMAP foods⁸.

Food category	High FODMAP foods	Low FODMAP food alternatives
Vegetables	Asparagus, artichokes, onions (all), leeks, garlic, pulses, sugar snap peas, beetroot, celery, sweet corn.	Aubergine, bean sprouts, green beans, bok choy, capsicum (bell pepper), carrot, chives, fresh herbs, choy sum, cucumber, lettuce, tomato, courgette.
Fruits	Apples, pears, stone fruits (e.g. plums, prunes, peaches, nectarines and apricots), mango, watermelon. Fruit juice concentrates.	Banana, orange, mandarin, grapes, melon.
Milk & dairy	Products containing lactose such as cows' milk, yoghurt, soft cheese, cream, custard, ice cream. (Note – this may only apply to people who are lactase deficient.)	Lactose-free milk, lactose-free yoghurts, hard cheese.
Protein sources	Legumes/pulses.	Meat, fish, chicken, tofu, tempeh.
Breads and cereal	Rye, wheat-containing breads, wheat-based cereals with dried fruit, wheat pasta.	Gluten-free bread and sourdough spelt bread, rice bubbles, oats, gluten-free pasta, rice, quinoa.
Biscuits and snacks	Rye crackers, wheat-based biscuits. Sorbitol (found in chewing gum and sugar-free mints). High fructose corn syrup (used as a sweetener in some drinks and ready meals).	Gluten-free biscuits, rice cakes, corn thins.
Nuts and seeds	Cashews, pistachios.	Almonds (<10 nuts), pumpkin seeds.

Looking after the gut microbiota when following a low FODMAP diet:

Restricting FODMAP foods can lower the level of 'good' bacteria in the gut and over time can lead to an imbalance in your gut microbiome. In particular, research has shown that levels of

bifidobacteria (beneficial gut bacteria) are low in people who follow the low FODMAP diet.⁶

What can individuals with IBS do?

Consider taking a *Bifidobacterium* probiotic strain that has been clinically tested in people with IBS symptoms.

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