

Food for thought: decoding diets for IBS

People living with IBS often perceive food as a trigger of their digestive symptoms and prefer nutritional intervention as first line treatment^{1,2}.

- * **84%** of patients with IBS stated³ eating any food triggered gastrointestinal distress
- * Carbohydrates were the most common trigger including FODMAP sources (dairy products, beans, lentils, apple, flour and plum), followed by foods rich in histamine (wine, beer, salami and cheese), fatty foods and caffeine^{3,4}



- * The more severe the symptoms, the greater the food avoidance, reduced quality of life and poor nutrient density⁵




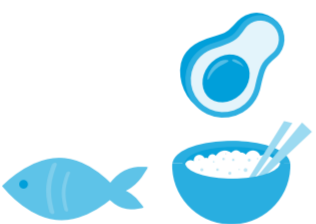
Before recommending diet therapy to an individual with IBS, the gastrointestinal provider should:

- * Screen for an eating disorder or disordered eating
- * Ensure the patient desires nutritional intervention
- * Confirm that eating triggers gastrointestinal symptoms (if not, a diet change is unlikely to help)
- * Ensure patient has the lifestyle and financial means to follow a restrictive diet

Ideally, nutritional interventions should allow for the most liberal and nutritious diet while offering good symptom control.



Evidence-based diets for IBS

DIET	PROS	CONS
<p>Healthy eating habits (NICE and BDA guidelines)^{1,6}</p> 	<ul style="list-style-type: none"> • It may be as effective as the low FODMAP diet and gluten-free diet for non-constipated IBS • It costs less and it is more well accepted compared to restrictive diets 	<ul style="list-style-type: none"> • Not all patients respond to healthy eating advice
<p>Low FODMAP diet^{7,8,9,10,11,12}</p> 	<ul style="list-style-type: none"> • Shown to offer IBS symptom management in 50-70% of individuals with IBS • Shown to be superior to a spasmolytic agent for IBS • Research is emerging that certain gut microbiota signatures may help identify low FODMAP diet responders • Digestive enzymes such as lactase and alpha-galactosidase may allow a less restrictive low FODMAP diet 	<ul style="list-style-type: none"> • Non-intuitive • Potential negative shifts in the gut microbiota composition, which can be reversed by a high-dose multi-strain probiotic used daily
<p>Flexible approach to low FODMAP diet or FODMAP gentle¹³</p> 	<ul style="list-style-type: none"> • Useful for patients with mild IBS symptoms • This less restrictive approach may be more suitable for individuals with malnutrition, are pregnant or have multiple other diet restrictions in place, or those with lower capacity to follow a strict low FODMAP elimination diet 	<ul style="list-style-type: none"> • This diet approach has not been formally studied, but based on clinical observation can offer symptom benefit
<p>Mediterranean diet pattern^{14,15}</p> 	<ul style="list-style-type: none"> • Intuitive and patient-friendly • Improves gastrointestinal and psychological symptoms • A modified low FODMAP diet enriched with Mediterranean diet foods could help managing IBS symptoms 	<ul style="list-style-type: none"> • Large clinical trials are needed, to date data has been mixed

*NICE: National Institute for Health and Care Excellence, United Kingdom; BDA: British Dietetic Association; FODMAPs: fermentable, oligo-, di-mono-saccharide and polyols.



For overall gut health benefits, eat a diverse plant rich diet, minimize alcohol and ultra-processed foods when possible and avoid restrictions as much as possible.

This content has been developed in collaboration with gastrointestinal dietitian Kate Scarlata MPH, RDN, microbiome-based interventions science and medical writer Andreu Prados PharmB, RDN, PhD, and Dr. Andrea Costantino MD, specialist in Gastroenterology.

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