



LOW FODMAP DIET – HELPING LIVE POSITIVELY

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OBJECTIVES

- What is Irritable Bowel Syndrome?
- History of the Low FODMAP Diet
- What is the Evidence?
- Implementing the Low FODMAP Diet

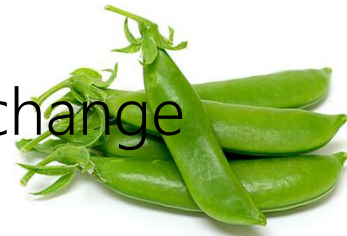


WHAT IS IRRITABLE BOWEL SYNDROME?



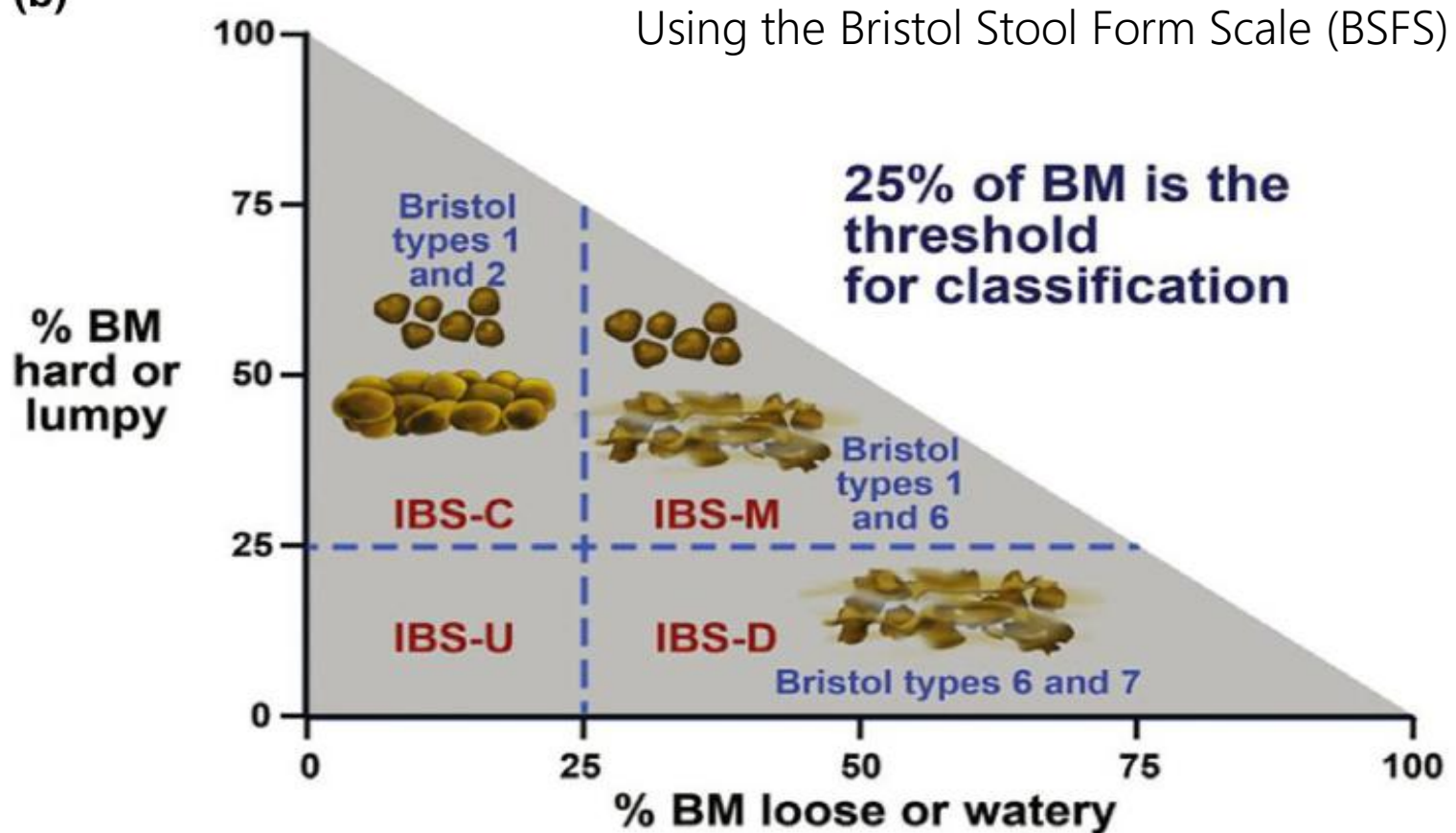
➤ It is a functional gastrointestinal disorder (FGID)^{1,2-3, 29}

– Abdominal pain, bloating, excessive flatulence, change in bowel habits or disordered defecation.



IBS – SUBTYPES^{1-3,10}

(b)



IBS - PREVALANCE

➤ Global prevalence of 7%-15%⁴⁻⁶



Ref: Sperber, A.D., et al., The global prevalence of IBS in adults remains elusive due to the heterogeneity of studies: a Rome Foundation working team literature review. Gut, 2016

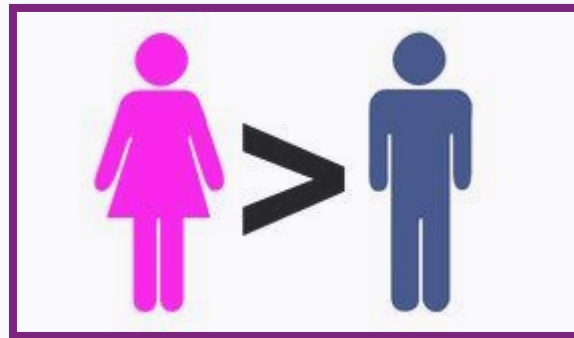
IBS - PREVALANCE



Ref: Hewawasam S. P., Iacovou M., Muir J. G. & Gibson P. R., Dietary practices and FODMAPs in South Asia: Applicability of the low FODMAP diet to patients with irritable bowel syndrome, J Gastro Enter 2018. 33(2): p.365-374

PREVALANCE^{1, 4-6, 12}

> 50 years



1.5-2 times more in women



Can occur in childhood, adolescence or adulthood

SYMPTOMS^{1-3, 16-17}

Abdominal
Pain

Excessive
Flatulence

Anxiety,
Stress

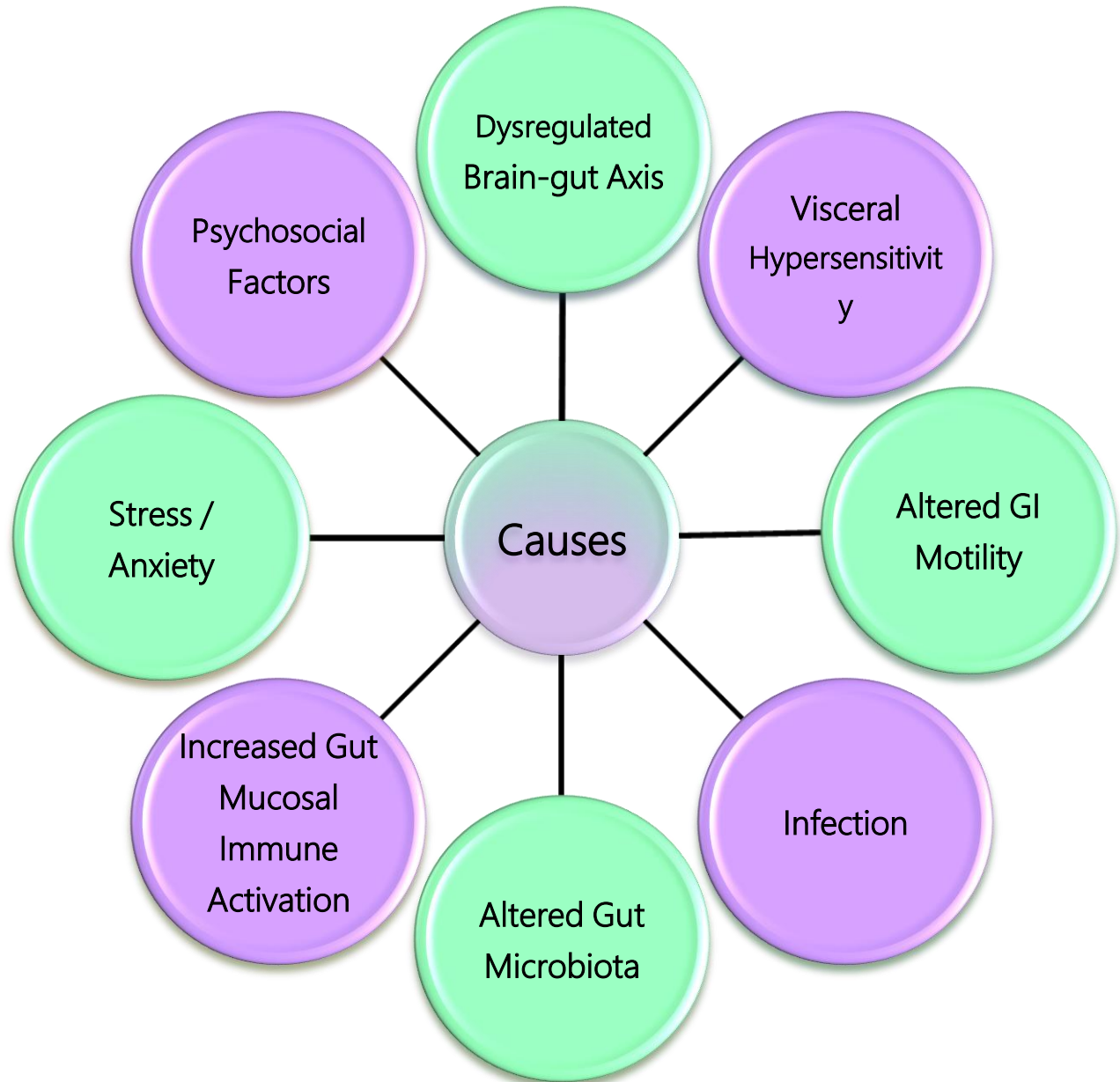
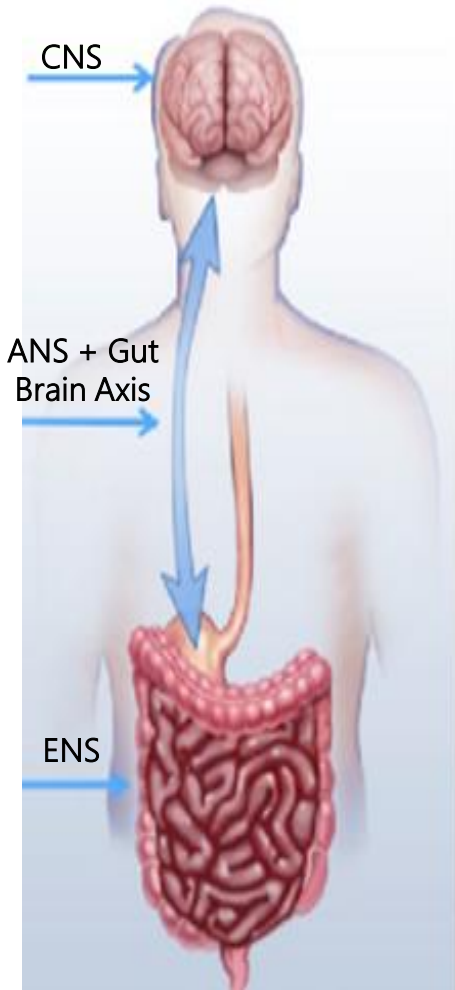
Combination of Symptoms

Bloating

Nausea

Altering
Bowel
Habits

PATHOGENESIS^{10-11, 13-14, 26}



DIAGNOSIS



➤ Rome IV Criteria

Abdominal pain on average of 1 day per week in the last 3 months and associated with 2 or more:

- Related to defecation
- Change in stool frequency
- Change in stool form (based on BSFS)



➤ Red Flags –Differential Diagnosis

Clinical diagnosis –Symptom based criteria +
Diagnosis of Exclusion



TREATMENT

- Pharmacotherapy
- Diet therapy
- Lifestyle change
- Supplements
- Biofeedback therapy
- Psychological therapies



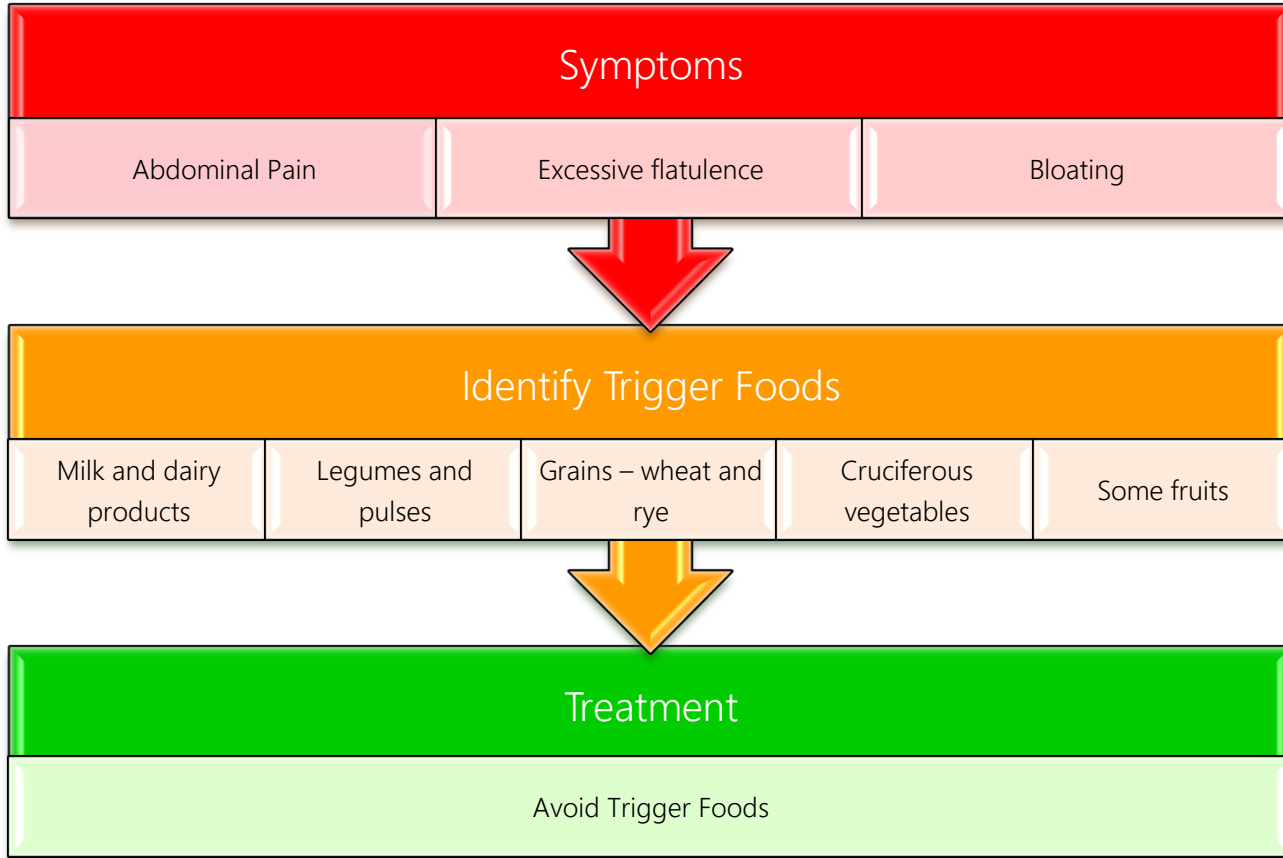


DIET THERAPY

- History
 - Development of the low FODMAP diet
- Evidence
- Low FODMAP Diet



LOW FODMAP DIET – HISTORY²¹



LOW FODMAP DIET – HISTORY²¹⁻²⁵



➤ Late 1990's

- Dr Sue Shepherd (and Monash Team) began researching the trigger foods
- Fructose Malabsorption Diet

➤ 2000's

- Research was underway, work was being published
- Oligosaccharides and Polyols were added
- 2004-2006: FODMAP was coined and the Low FODMAP Diet was prescribed to clients.





EFFICACY OF THE LOW FODMAP DIET^{24-26, 39-41}

- How effective is the low FODMAP diet?
 - 2006-Current : Several intervention studies - **Low FODMAP Diet leads to clinical response in 70%–80% of patients with IBS**



- The Low FODMAP Diet was favoured over usual IBS dietary interventions
- Prolonged response in those who remained adherent to LFD



WHAT ARE FODMAPs?^{1,21-30}



F

O

D

M

A

P

Fermentable Oligosaccharides Disaccharides Monosaccharides And Polyols

Fermentable –
Degrade undigested
carbohydrate to
produce gas

FOS –
Wheat, Rye, Onion,
Garlic, Artichoke,
Watermelon

GOS –
Legumes, Beans,
Beetroot Nuts

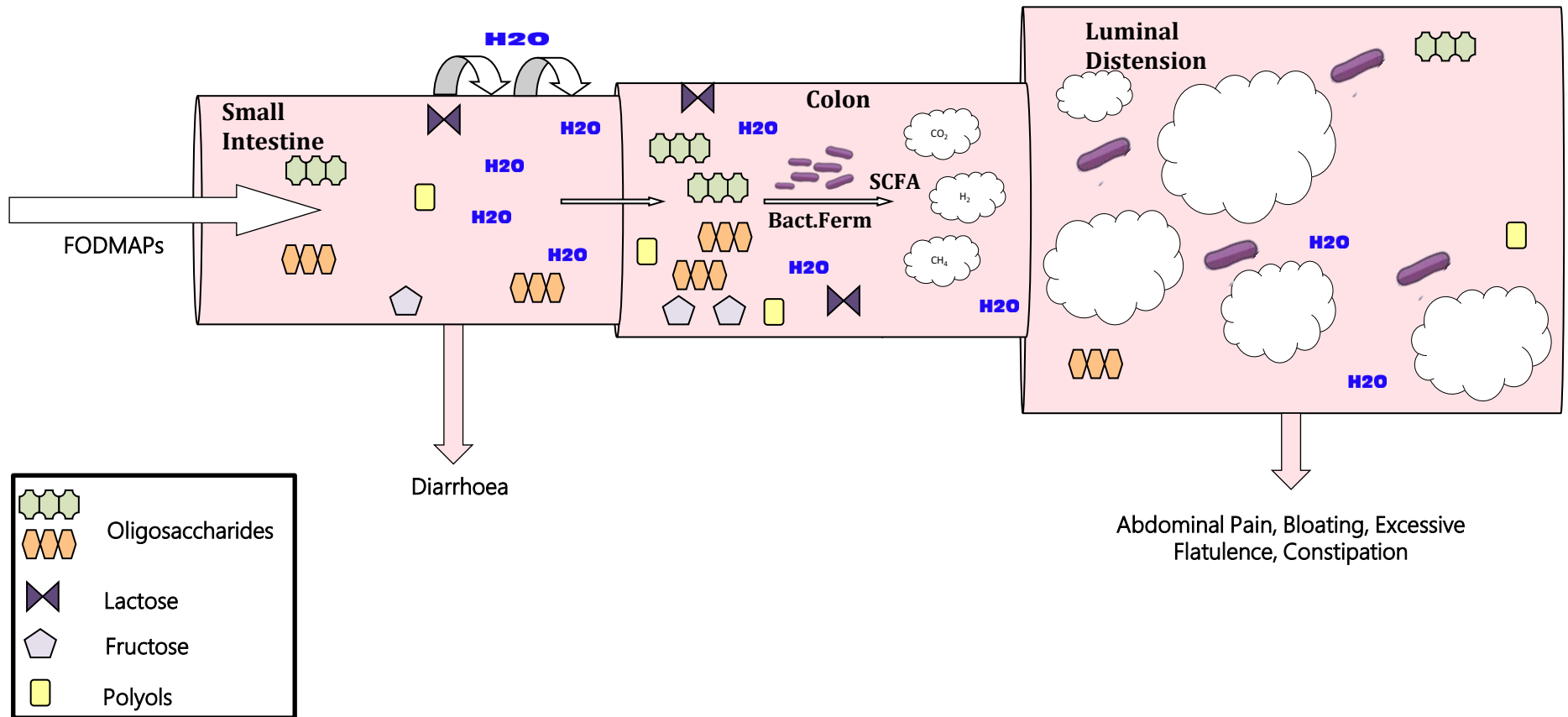
Lactose –
Dairy products, such as
milk, soft cheese,
yoghurts, ice cream,
custard

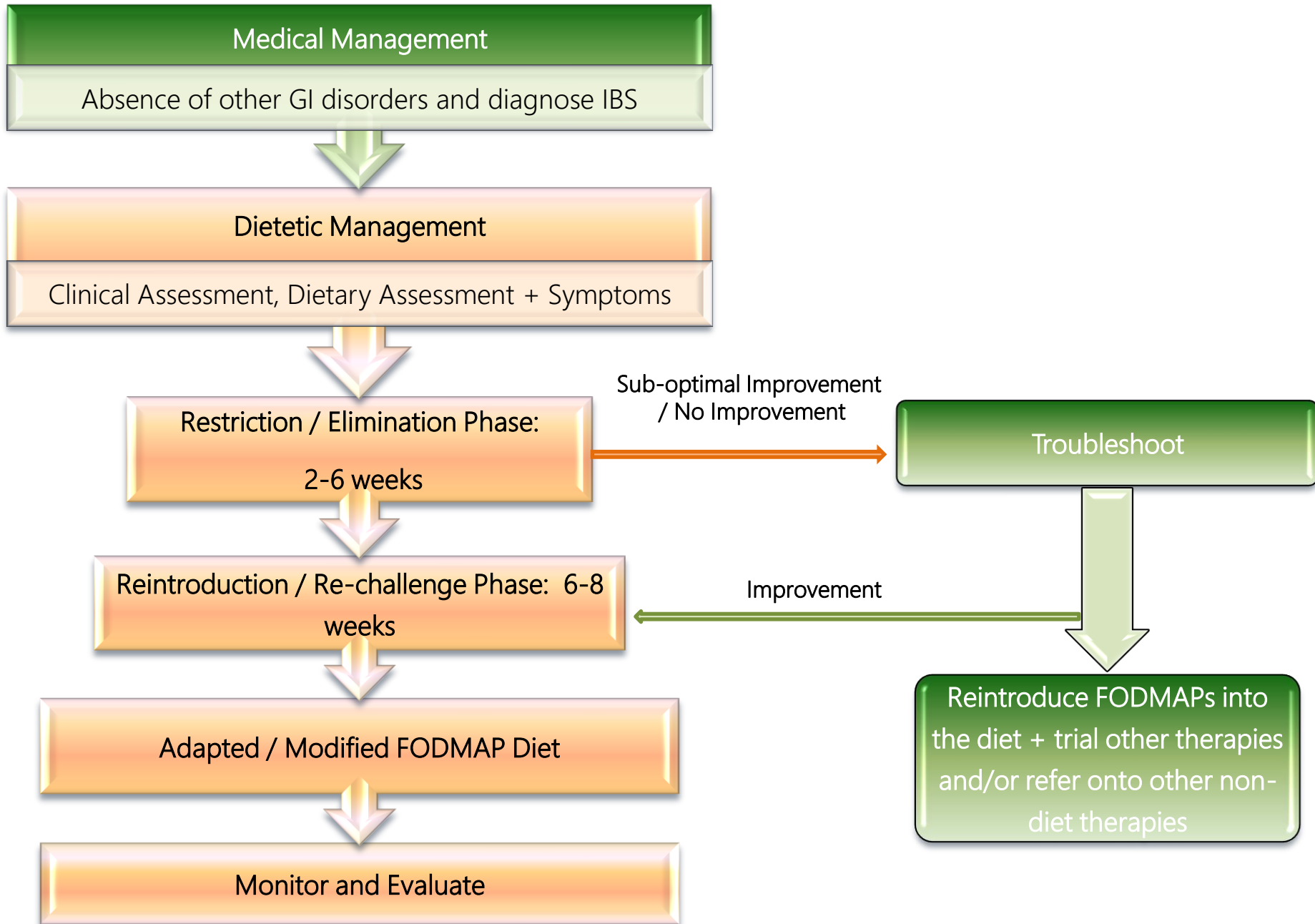
Fructose –
Honey, Apples, Pears,
Mangoes, High
fructose corn syrups

&

Sorbitol, Mannitol –
Sweet Corn,
Blackberries, Stone
fruit, Cauliflower, Sugar
free gums, Lollies

FODMAPs – ROLE IN IBS SYMPTOMS^{1,26-28}







IMPLEMENTING THE LOW FODMAP DIET

– AIM:

- To achieve a balance between the restriction of some high FODMAP foods and the reintroduction of other FODMAP-rich foods that are better tolerated.



– OBJECTIVE:

- Manage symptoms
- Achieve healthy dietary habits
- Improve QoL

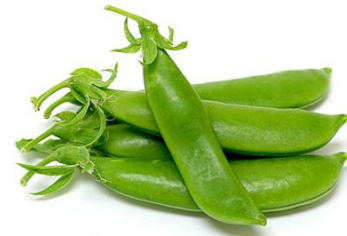


IMPLEMENTING THE LOW FODMAP DIET

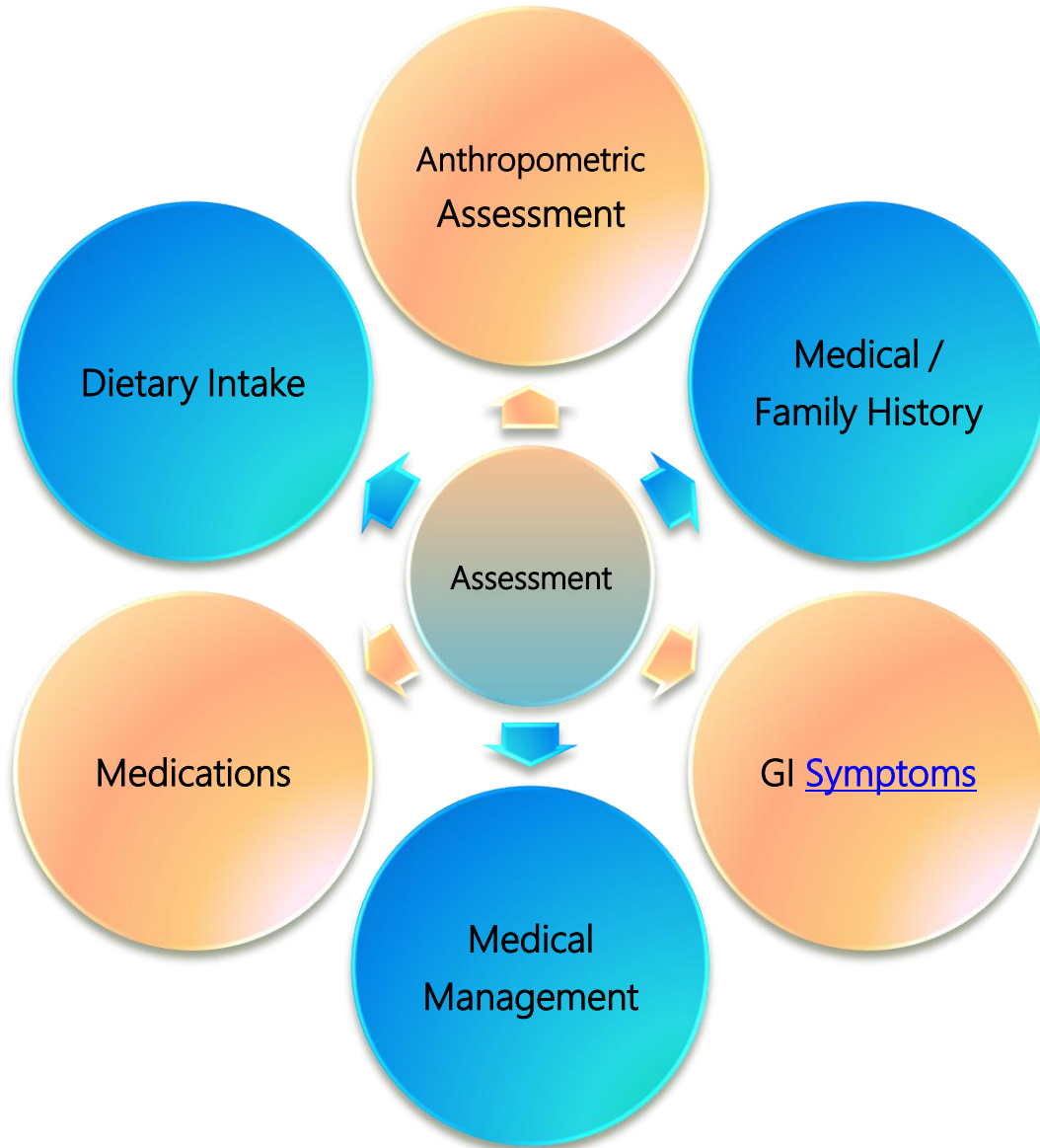


➤ Nutrition Care Process - ADIME

- ASSESSMENT
- DIAGNOSIS
- INTERVENTION
- MONITORING and
- EVALUATION



IMPLEMENTING THE LOW FODMAP DIET



IMPLEMENTING THE LOW FODMAP DIET



➤ DIAGNOSIS

PES Statement:

Excessive intake of high FODMAP foods related to food and nutrition knowledge deficit regarding effect of FODMAPs on IBS, as evidenced by symptoms of abdominal pain, bloating and excessive flatulence.





IMPLEMENTING THE LOW FODMAP DIET

➤ INTERVENTION^{1,26-28, 32-34}

– Restriction Phase: 2-6 weeks



– Re-introduction / Re-challenge Phase: 6-8 weeks

– Adapted / Modified FODMAP Diet: Long-term

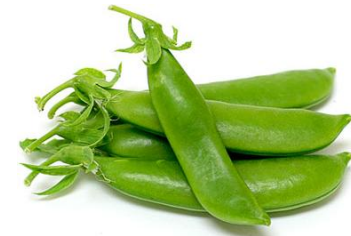


IMPLEMENTING THE LOW FODMAP DIET



➤ Restriction / Elimination Phase^{1,26-28, 32-34}

- **Rationale** – To know if symptoms improve when fodmaps are removed.
- Duration: 2-6 weeks
- Explain FODMAPs
- Individualise the Low FODMAP diet.
- Accurate resources
- Menu plans + ideas

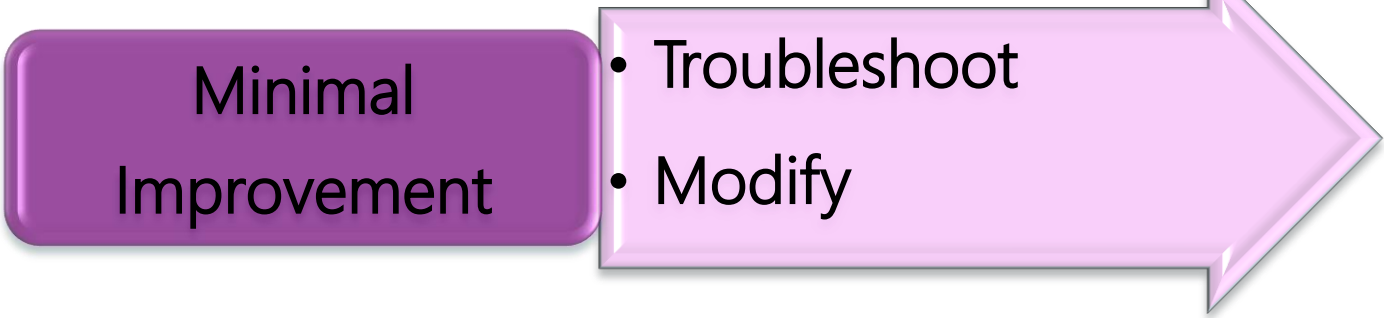
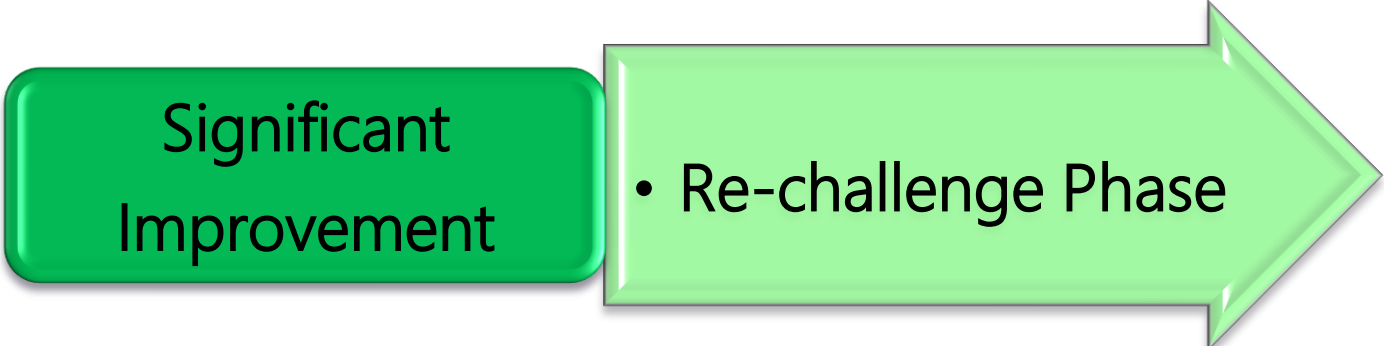




IMPLEMENTING THE LOW FODMAP DIET



- Review^{1, 26-28}
 - After 4-6 weeks
 - Symptom Improvement



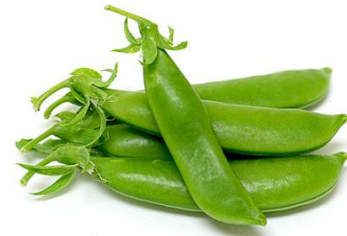
IMPLEMENTING THE LOW FODMAP DIET



➤ Re-introduction / Re-challenge Phase^{1, 26-28, 32-34}

– Rationale:

- Identify specific foods and FODMAPs that trigger IBS symptoms
- Identify those that are well tolerated
- Ensure / Improve nutritional adequacy
- Gut Health
- Maintain QoL





IMPLEMENTING THE LOW FODMAP DIET

➤ Re-introduction / Re-challenge Phase:

– What is the [evidence](#)?



- Limited data to support a specific protocol
- Based on clinical experience
- Monash University Low FODMAP Guide and other books.



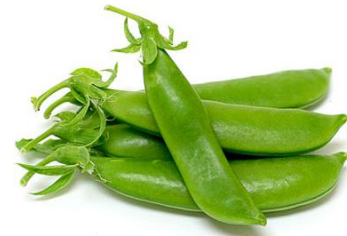
IMPLEMENTING THE LOW FODMAP DIET



IMPLEMENTING THE LOW FODMAP DIET



- Re-introduction / Re-challenge Phase^{1, 26-28, 31-34}
 - 4-8 weeks (or up to 10 weeks)
 - Re-challenge [Schedule](#) (diff methods)
 - Patient centred approach





IMPLEMENTING THE LOW FODMAP DIET



➤ Review: Interpreting Re-challenge Responses



Well Tolerated

- Suitable for re-introduction, trial larger serves, increase the frequency, combinations



Manageable

- Re-introduce small quantities, less frequently



Severe Symptoms

- Avoid for now, re-challenge small quantities at a later stage





IMPLEMENTING THE LOW FODMAP DIET

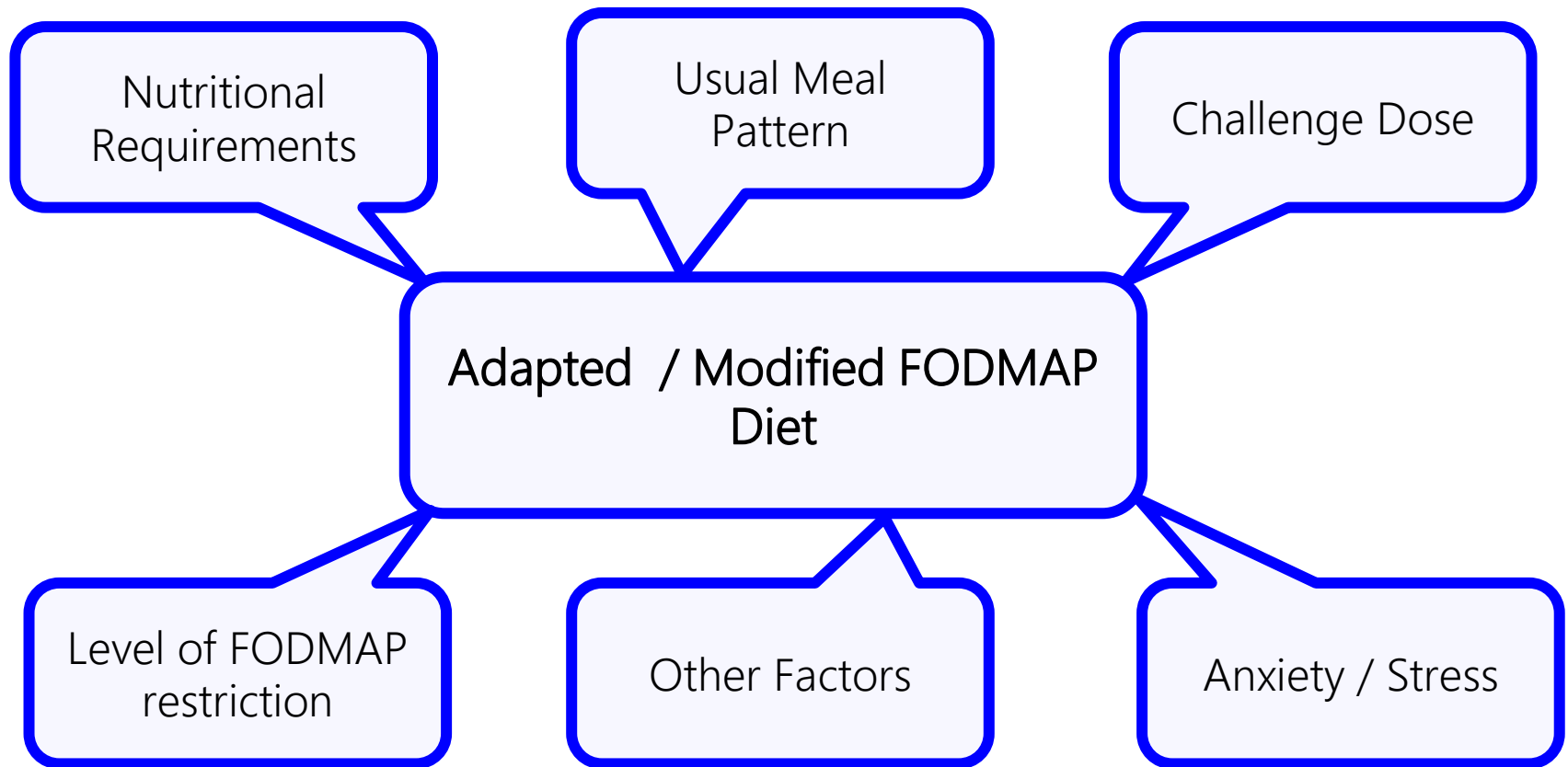
➤ Adapted / Modified FODMAP Diet¹:

- Long-term
- Nutritionally adequate



IMPLEMENTING THE LOW FODMAP DIET

Individualize the Re-challenge Phase



IMPLEMENTING THE LOW FODMAP DIET



➤ MONITORING & EVALUATION

- Anthropometry
- Medications, Symptoms, Stool output, QoL
- Reviewing their progress / response to the low FODMAP Diet
- Compliance to the diet, changes in nutrition knowledge
- Recent changes in client history





SUMMARY / TAKE HOME MESSAGE

➤ EDUCATION

- Helping clients understand IBS



➤ ENABLE

- Helping them take control of their symptoms

➤ ENSURE

- They maintain healthy food choices
- Enhance QoL



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