

What is Irritable Bowel Syndrome?

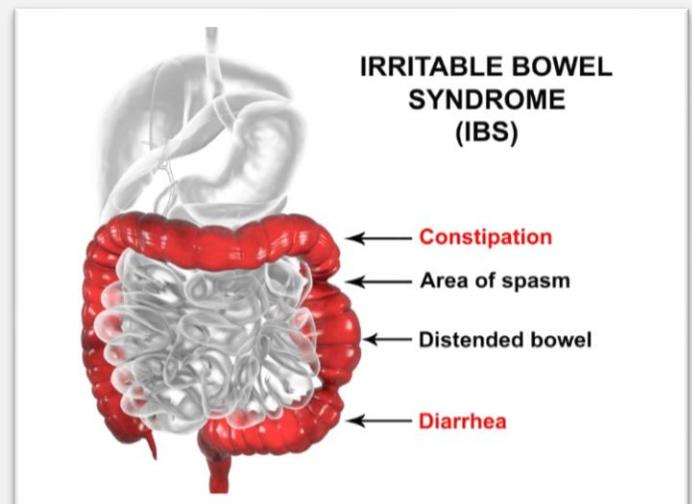
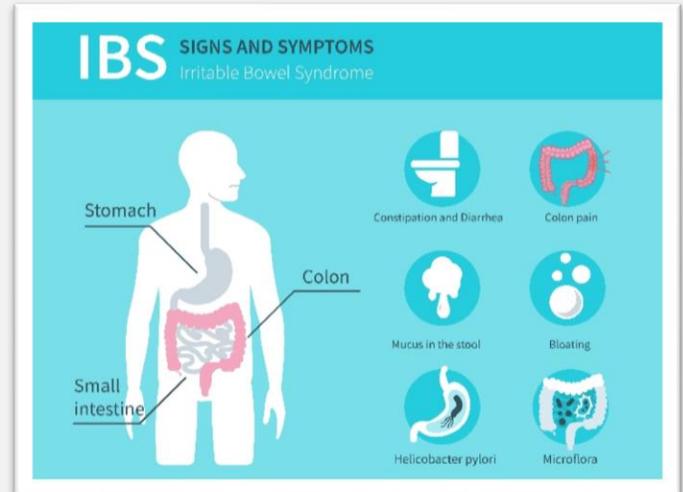
Simone Karafilis, OSCAR Hospitality Dietitian

Irritable Bowel Syndrome (IBS) is a common & chronic (long lasting) disorder affecting the large bowel (intestines). Characterised by episodes of abdominal pain and discomfort, IBS affects approximately 1 in 5 Australians. IBS is most common in women & younger individuals; however it can be present at any age.

Although the cause of IBS is not entirely understood, it is thought to be related to increased sensitivity in the bowel area, leading to changes in bowel functioning and movements.

These changes can lead to sufferers experiencing the following symptoms:

- Abdominal pain, which is relieved by emptying bowels or passing wind
- Constipation and/or diarrhoea
- Bloating, which can increase gut circumference by more than 10cm during the day
- Wind
- Mucus in stools
- Nausea
- Depression



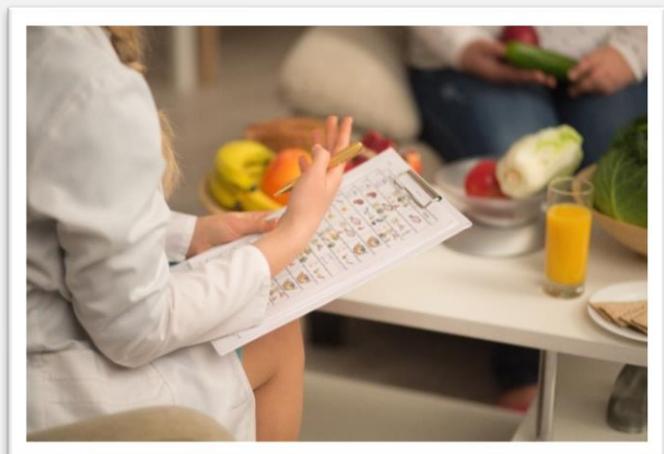
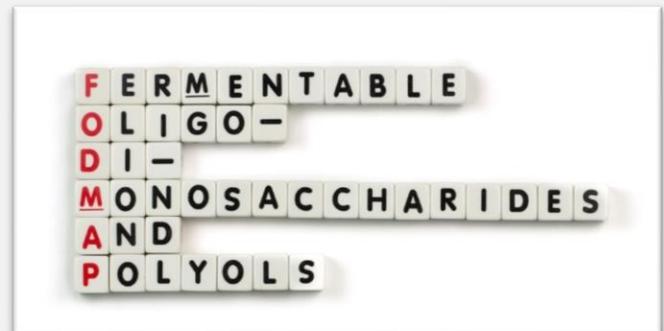
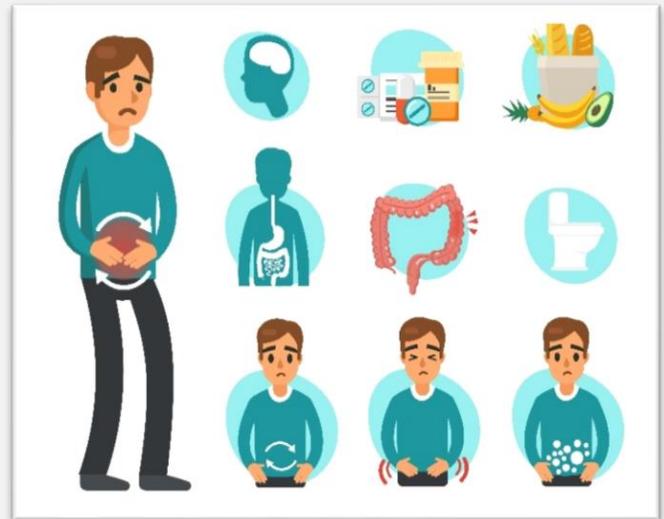
Prescribed medications may be required to manage these in severe cases; however changes made to the diet and stress management have been shown to significantly improve the management of symptoms in sufferers.

What are FODMAPS & How does a low FODMAPS diet help with the management of IBS?

Nutrition management is used to help the frequency and severity of IBS symptoms, thus improves the individual's quality of life. A low FODMAPS (fermentable oligo-, di- and monosaccharides and polyols) diet has been shown to be successful for the management of IBS.

FODMAPS are small chain carbohydrates (sugars) that are poorly absorbed in the small intestine; therefore continue along the digestive tract into the large intestine. Bacteria naturally present here can now use these FODMAPS as a food source, producing the gas commonly experienced by sufferers.

Furthermore, water follows these FODMAPS into the digestive tract, leading to bloating, changes in bowel movements and discomfort. These increases in water and gas are responsible for many of the symptoms characteristic of IBS; therefore a diet low in FODMAPS is expected to reduce the frequency and severity of these symptoms occurring.



It should be noted that FODMAP foods and IBS symptoms have a 'dose-response' relationship, meaning that all patients with IBS will have different FODMAP tolerance levels. For example, the more FODMAP foods consumed in the diet may cause more IBS symptoms to occur.

As individuals with IBS differ in their symptoms, the foods consumed to control these symptoms may also differ.

Overall foods high in FODMAPs, thus more likely to cause IBS symptoms, include those that tend to produce more gas in individuals such as cabbage, brussel sprouts, lentils and cauliflower.

Others include foods which contain lactose (a sugar found in dairy foods) such as milk, certain yoghurts and ice-cream. It is also recommended that sufferers consume lesser amounts of artificial sweeteners such as mannitol, sorbitol and aspartame, commonly found in soft drinks and chewing gum.

A low FODMAP diet is usually recommended for 2-6 weeks at a time and a dietitian should monitor progress. If symptoms are improving, certain foods may be gradually reintroduced back into the diet. During this time, it is still important to eat the recommended number of serves from the five food groups everyday to maintain a healthy diet.

Please consult with a dietitian prior to starting any dietary restriction of FODMAPs.





REFERENCES:

Gastroenterological Society of Australia (GESA) – Digestive Health Foundation. (2010). *Information about Irritable Bowel Syndrome (IBS)*. Retrieved from http://www.gesa.org.au/files/editor_upload/File/Consumer%20Brochures/2014/IBS.pdf

Marieb, E.N., & Hoehn, K. (Ed.). (2010). *Human Anatomy & Physiology – Eighth Edition*. San Francisco, California: Pearson Benjamin Cummings

Gandy, J. (Ed.). (2014). *Manual of Dietetic Practice – Fifth Edition*. Oxford: Wiley Blackwell.

Marcason, W. (2012). What is the FODMAP diet? *Journal of the Academy of Nutrition and Dietetics*, 12(10), 1696. doi: 10.1016/j.jand.2012.08.005

Gibson, P. R., and Shepherd, S. J. (2009). Evidence-based dietary management of functional gastrointestinal symptoms: The FODMAP approach. *Journal of Gastroenterology and hepatology*, 25, 252-258. doi: 10.1111/j.1440-1746.2009.06149.

Dietitians Association of Australia. (n.d). *Irritable Bowel Syndrome*. Retrieved from <http://daa.asn.au/for-the-public/smart-eating-for-you/nutrition-a-z/irritable-bowel-syndrome/>

Gastroenterological Society of Australia (GESA). (2013). *Information about Low FODMAP Diet – To improve Irritable Bowel Syndrome (IBS) symptom control*. Retrieved from http://www.gesa.org.au/files/editor_upload/File/Consumer%20Brochures/2014/Low%20FODMAP%20Diet.pdf



Need help with creating a well-balanced diet or IBS information?

This article was written by OSCAR Hospitality Dietitian, Simone Karafilis.

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