

IN THE NAME OF GOD



IBS CME Isfahan

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Session 8 dietary therapy

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Scenario 22

- A 57-year –old overweight housewife presents with diffuse abdominal bloating and distension .
- The symptoms began about 5 years ago and come and go ,but are never gone for more than 4 or 5 days in a row .The bowel habit is very irregular ,and changes from 3to 5 consecutive days with hard pellet like stools and straining ,to loose watery stools(3 to 4 bowel movement per day) mainly in the morning with some urgency lasting 1 or 2 days.

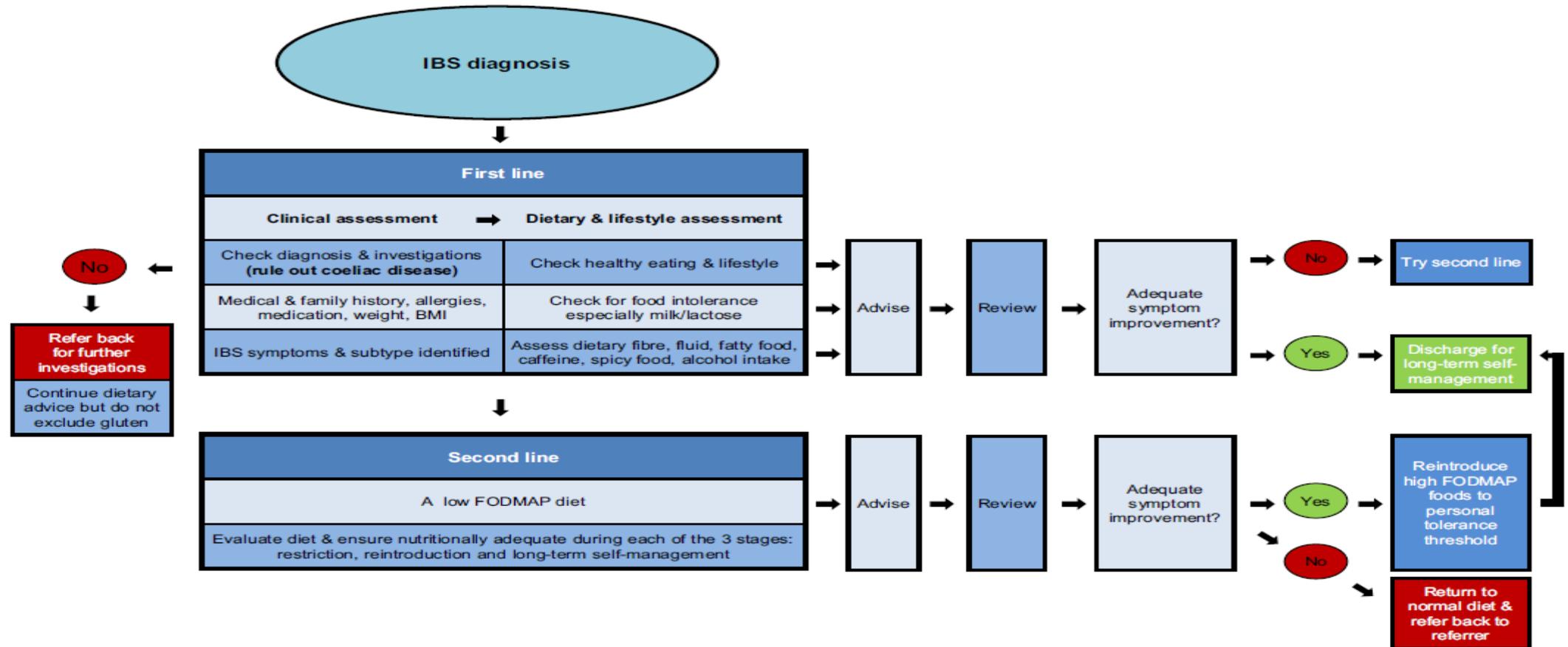
Scenario 22

- Pain is related to defecation.
- PH: -
- FH of GI disease: -
- DH: -
- Dietary history: fiber intake: 15 to 20 g daily
- PH/EX: NL
- Lab test:NL
- CSC:NL
- Having abdominal pain and unpredictable bowel habits moderately impair her family and social activities.

Question 22: Dietary Habit and Contents

- 22-1 Nutritional Assessment and general recommendations
- 22-2 Personalized Tailoring of FGID diet
- 22-3 Low-FODMAP diet
- 22-4 Eating Disorder

22-1 Nutritional Assessment and general recommendations



ارزیابی رژیم غذایی

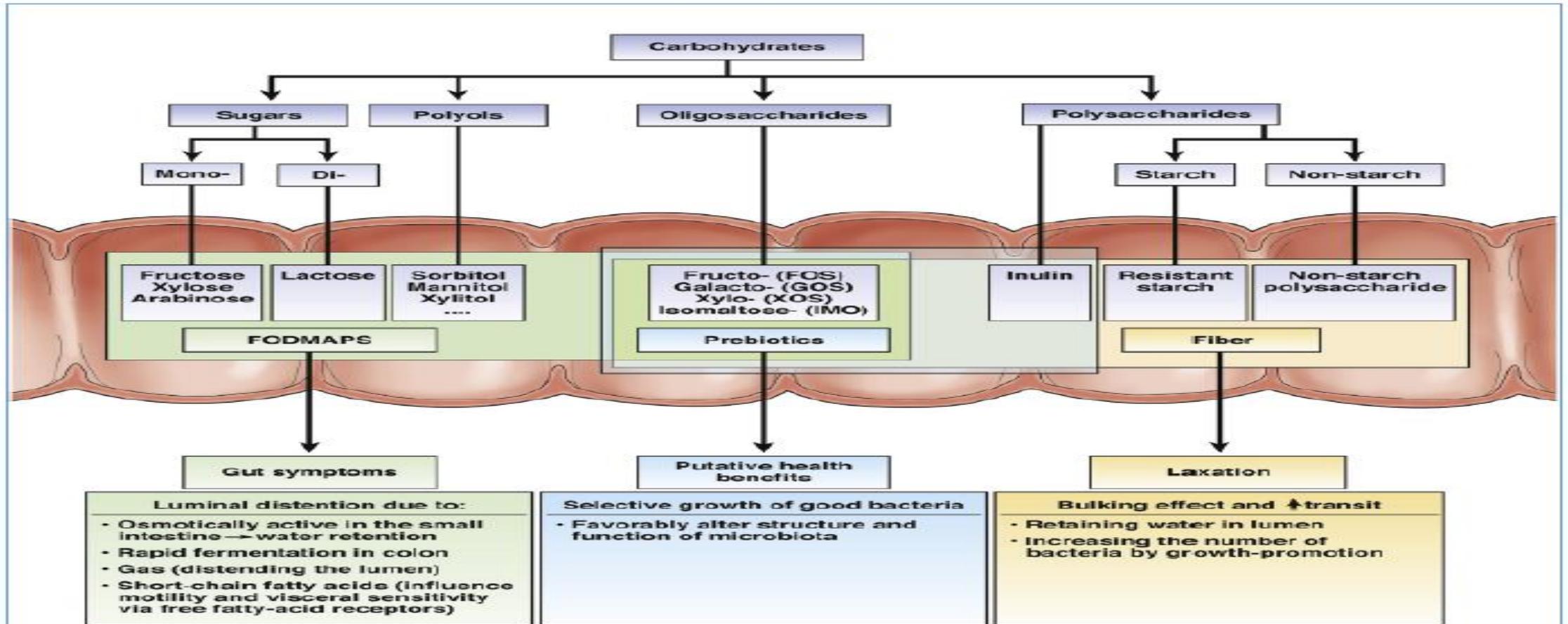
الف: یادآمد خوراک

روز سوم	روز دوم	روز اول	
			صبحانه
			میان وعده صبح
			ناهار
			عصرانه
			شام
			میان وعده آخر شب

22-2 Personalized Tailoring of FGID diet

Recommendation	PEN Grade ⁽¹⁴⁾	
1 Healthy eating & lifestyle		
Alcohol	Assess intake and screen for signs of binge drinking. Ensure alcohol intake is in keeping with safe national limits (2016)	C
Caffeine	Insufficient evidence to make a recommendation (2016)	D
Spicy food	If related to symptoms assess spicy food intake and trial restriction (2016)	C
Fat	If related to symptoms during or after eating, assess fat intake and ensure it is in line with national healthy eating guidelines (2016)	C
Fluid	No evidence to make a recommendation (2016)	
Dietary habits	Insufficient evidence to make a recommendation (2016)	D
2 Restricting milk and dairy products		
	In individuals with IBS where sensitivity to milk is suspected and a lactose hydrogen breath test is not available or appropriate, a trial period of a low lactose diet is recommended. This is particularly useful in individuals with an ethnic background with a high prevalence of primary lactase deficiency (2012)	D
	Use a low lactose diet to treat individuals with a positive lactose hydrogen breath test (2012)	D
3 Dietary fibre modification		
	Avoid using dietary supplementation of wheat bran to treat IBS. Individuals should not be advised to increase their intake of wheat bran above their usual dietary intake from (2012)	C
	For individuals with IBS-C, try dietary supplementation of linseeds of up to 2 tablespoons/day for a 3 month trial. Improvements in constipation, abdominal pain and bloating from linseed supplementation may be gradual (2016)	D
4 Fermentable carbohydrates		
	For individuals with IBS, consider a low FODMAP diet to improve abdominal pain, bloating and/or diarrhoea for a minimum of 3 ⁽⁸⁸⁾ or 4 weeks ^(87,91) . If no symptom improvement occurs within 4 weeks of strict adherence to the diet, then the intervention should be stopped and other therapeutic options considered (2016)	B
	There may be individual tolerance levels to FODMAPs. A planned and systematic reintroduction challenge of foods high in FODMAPs will identify which foods can be reintroduced to the diet and what individual tolerance levels are (2016)	D
5 Gluten		
	At this time no recommendation can be made to treat IBS symptoms with a gluten-free diet (2016)	D
6 Probiotic products to improve IBS symptoms		
	Advise that probiotics are unlikely to provide substantial benefit to IBS symptoms. However, individuals choosing to try probiotics are advised to select one product at a time and monitor the effects. They should try it for a minimum of 4 weeks at the dose recommended by the manufacturer (2016)	B
	Taking a probiotic product is considered safe in IBS (2016)	B
7 Elimination diets/ food hypersensitivity		
	Non-specific elimination diets are no longer valid to improve IBS symptoms (2016)	D

22-3 Low-FODMAP diet



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.



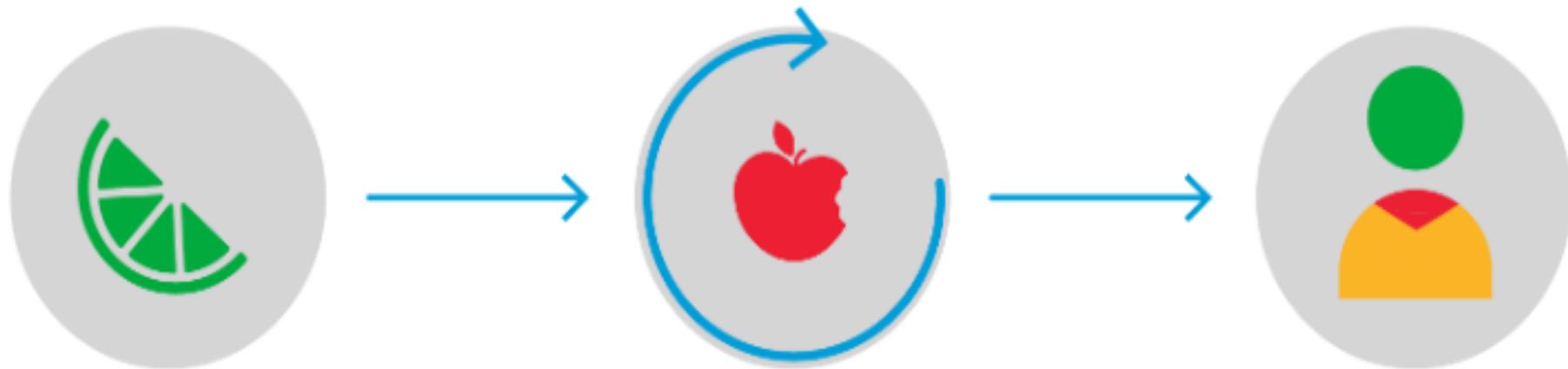
And

Polyols

Sorbitol and Mannitol - Found in some fruit and vegetables and used as artificial sweeteners.



The 3 steps of the FODMAP diet



1. Low FODMAP Diet

2. FODMAP Reintroduction

3. FODMAP Personalization

Food group	Richest sources of FODMAPs	Suitable alternatives
Fruit	Apples, apricots, cherries, blackberries, boysenberries, mango, nashi pears, nectarines, peaches, pears, persimmon, plums, watermelon	Banana, blueberry, cantaloupe, grapefruit, grapes, lemon, lime, mandarin, orange, passion fruit, raspberry, rhubarb, strawberry
Vegetables	Artichokes, asparagus, cauliflower, garlic, mushrooms, onion, shallots, snow peas, spring onion (white part)	Carrot, chili, chives, cucumber, eggplant, ginger, green beans, lettuce, olives, parsnips, peppers, potato, spinach, tomato, zucchini
Protein sources	Legumes/pulses	All fresh beef, chicken, lamb, pork, veal
	Pistachio nuts	Macadamia, peanut, walnut, and pine nuts
	Cashews	Eggs, tempeh, tofu
Breads and cereals	Wheat, rye, barley	Buckwheat, corn, oats, polenta, quinoa, rice, spelt
Dairy	Condensed or evaporated milk, cottage or ricotta cheese, custard, ice cream, milk, yogurt	Butter, lactose-free milk, lactose-free yogurt, other cheeses, rice milk
Other	Honey, sorbitol or mannitol, high-fructose corn syrup, fructose	Golden syrup, maple syrup, regular sugar (sucrose), glucose

22-4 Eating Disorder

Anorexia nervosa (AN)

Bulimia nervosa (BN)

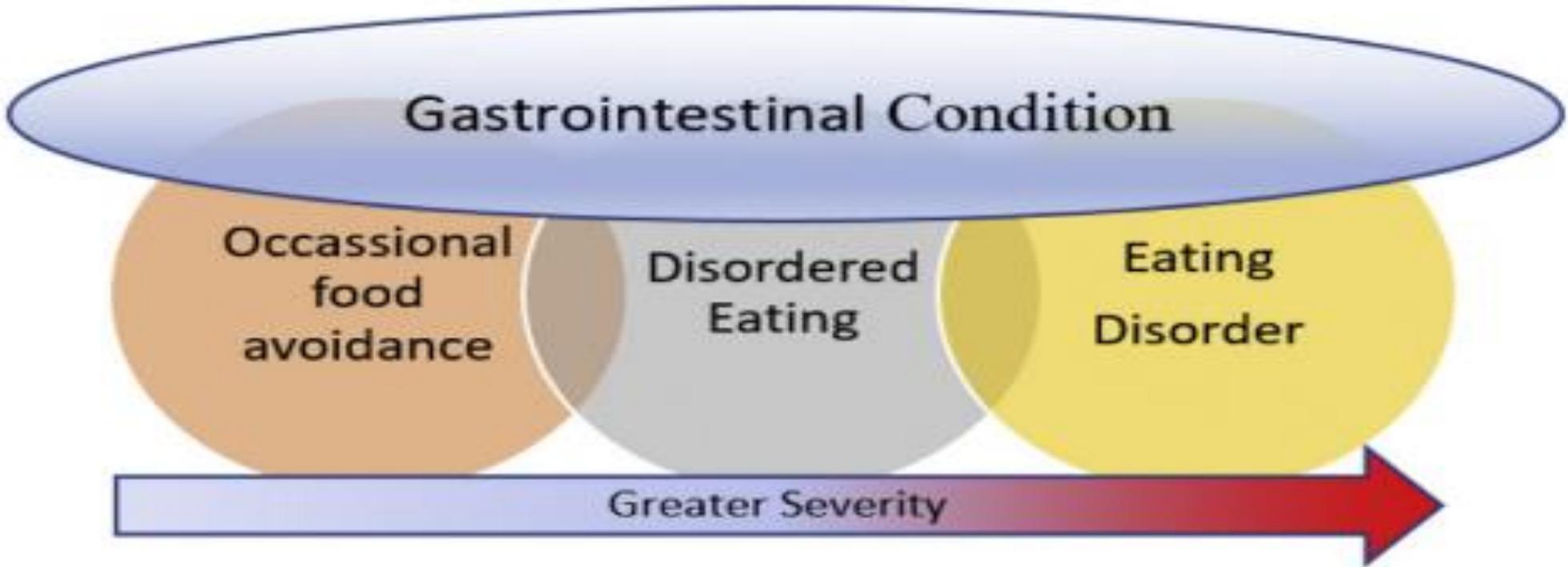
Binge eating disorder (BED)

Unspecified feeding or eating disorder →

Avoidant/restrictive food intake disorder (ARFID)

Pica

Rumination disorder



Thanks for your attention

