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AJG "How I Approach It" Low FODMAP Diet: What Your Patients Need to Know

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➔ **FOOD INTOLERANCE IS REPORTED IN ABOUT TWO-THIRDS OF INDIVIDUALS WITH IRRITABLE BOWEL SYNDROME (IBS).**^[1] The majority of IBS patients are interested in holistic approaches to treatment such as nutritional interventions, probiotic supplements, and hypnotherapy.^[2] One such therapy that is gaining traction in the IBS community is the low FODMAP diet. The low fermentable oligo-saccharides, di-saccharides, mono-saccharides, and polyols (FODMAP) diet is a novel three-phase nutritional approach shown to be effective in managing symptoms in 50 to 70 percent of IBS patients.^[3,4] FODMAP carbohydrates are abundant in many everyday foods.

The low FODMAP diet has three discrete phases, which are elimination, reintroduction, and personalization. This "learning diet" is utilized to help identify personal food triggers. The end goal of this nutritional approach is to consume as liberal a diet as possible to meet nutrient needs, maintain quality of life, and adequately manage digestive symptoms.

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Food-related fears are exhibited in the IBS population. A GI dietitian can help patients sort through the hype versus the science and deliver individualized nutrition guidance to enhance food-related quality of life. Given the restrictive nature of the low FODMAP diet, it is important to select patients for this intervention that are most likely to benefit.

TABLE 2: Checklist to Help Identify Appropriate Low FODMAP Diet Candidates

- No evidence or history of eating disorder, maladaptive eating, or extreme food fears
- Diet recall reveals foods high in FODMAP content
- Eating exacerbates symptoms
- IBS diagnosis is present
- Nutritional approach treatment is desired
- Celiac serology testing has been completed with adequate gluten intake

The diet is not suitable for those with an active eating disorder; simply handing every patient with IBS a one-sheet low FODMAP diet handout may do more harm than good. Referring patients with IBS for nutritional guidance to a GI dietitian is recommended.

Myths about the low FODMAP diet abound. The low FODMAP diet is not gluten-, dairy-, or wheat-free. Low lactose dairy such as hard and semi-soft cheeses, butter, lactose-free milk, lactose-free yogurt, and lactose-free cottage cheese are acceptable on the diet. These dairy foods can help meet daily calcium needs.

The low FODMAP diet does reduce the protein, gluten—as it minimizes fermentable carbohydrates found in wheat, barley, and rye (gluten sources). Small amounts of wheat, however, in traditional soy sauce or in a handful (portion size matters) of many wheat-based crackers or pretzels are typically low enough in FODMAP carbohydrates.

➔ **READ** the article: bit.ly/ScarlataAJG

References

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3. Eswaran S, Chey WD, Han-Markey T, et al. A randomized controlled trial comparing the low FODMAP diet vs. modified NICE guidelines in US adults with IBS-D. *Am J Gastroenterol*. 2016;111:1824-32.
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TABLE 1: Sample of high FODMAP food sources

Lactose	Excess Fructose	Fructans	GOS	Polyols
<ul style="list-style-type: none"> • Milk • Custard • Cottage Cheese • Ice Cream • Ricotta Cheese • Yogurt 	<ul style="list-style-type: none"> • Agave • Apples • Asparagus • Figs • High Fructose Corn Syrup • Honey • Mango • Pears • Sugar Snap Peas • Watermelon 	<ul style="list-style-type: none"> • Garlic • Onion • Wheat, Barley, Rye • Artichoke • Chicory Root Extract • Dried Fruit • Inulin Additives • Watermelon 	<ul style="list-style-type: none"> • Legumes • Pistachios • Cashews 	<ul style="list-style-type: none"> • Apples • Apricots • Blackberries • Nectarine • Peach • Pears • Cauliflower • Mushrooms • Sugar Alcohol Additives: Isomalt, Mannitol, Sorbitol, Maltitol