
Treatment for functional gastrointestinal symptoms using the low FODMAP diet

The low FODMAP diet is a relatively new three phase dietary treatment. Phase one involves reducing the dietary intake of fermentable carbohydrates (FODMAPs) for 4-8 weeks. This short term reduction in FODMAPs has been shown to be effective for improving symptoms of bloating, wind, abdominal pain, diarrhoea and constipation associated with IBS or other functional bowel conditions in approximately 50-80% of people. Phase two involves a systematic reintroduction of FODMAPs back into the diet to personal tolerance levels. About 80% of people are able to successfully reintroduce FODMAPs back into their diet without increasing their symptoms. The third and final phase of the diet involves the long term self-management of symptoms often with a modified low FODMAP diet and other lifestyle adaptations. The diet was originally developed 10 years and has good quality research supporting its efficacy worldwide for those with functional gastrointestinal disorders such as IBS. Lee Martin MSc RD has been directly involved in researching the low FODMAP diet, please see the homepage www.rmdietetic.com for links to important research papers.

Before you start the low FODMAP diet

Before you start the low FODMAP diet treatment it is extremely important that you have a confirmed diagnosis of a functional gastrointestinal disorder such as irritable bowel syndrome. 'Functional' basically means that there is no organic cause of your symptoms such as inflammatory bowel disease or coeliac disease. To rule out organic causes of your symptoms certain investigations need to be completed. Different countries will have different guidelines regarding this but all recommend the same investigations. Here in the UK the guidelines for investigations are recommended by The National Institute for Health and Care Excellence for the management of IBS in adults 2016 ([found here](#)). Usually a diagnosis of IBS is made according to presenting history and symptoms and then this diagnosis is confirmed via further investigations.

As part of your consultation with us we will check these important investigations and advise you accordingly on what action you need to take. For clarity and to help you prepare for a possible low FODMAP dietary treatment we have outlined the 'red flags' and investigations in the table below that should always be undertaken by a medical professional to help confirm and diagnose a functional gastrointestinal disorder.

You can make a note of your investigation results on the table if for example you need to check your medical records or speak to your GP or consultant.

Rule out red flags and organic causes of symptoms

The following investigations should be completed and the results return normal before commencing the low FODMAP diet treatment (*NICE Guidelines 2016 IBS*)

| Investigations | Red flags and investigation should be normal |
|---|--|
| Red Flag prompts * | |
| Full blood count (FBC) | |
| Erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) | |
| Coeliac antibodies ¹ (endomysial EMA) or Tissue transglutaminase (TTG) | |
| Faecal calprotectin (inflammatory marker) | |
| Over 60 – ensure other causes of abdominal symptoms have been ruled out | |
| ¹ TTG preferred test for coeliac disease. Check coeliac screening completed when gluten was in diet for 6 weeks (otherwise a false positive result could be found) | |

* pain or diarrhoea that awakens/interferes with sleep, blood in stool, unintentional weight loss, fever, family history of bowel or ovarian cancer

Final considerations before starting a low FODMAP diet

Finally it is worth remembering that a low FODMAP diet is not suitable for everyone. Your suitability will depend on your symptom profile and the practical ability to adapt the low FODMAP diet into your current lifestyle. A consultation with us will help determine this and greatly improve your chances of a successful treatment. Remember there are several lifestyle and dietary changes that can be tried before embarking on a restricted diet like the low FODMAP diet. We have written an article on our blog entitled [‘Managing IBS. Problems with GP’s, national guidance and the low FODMAP diet’](#). Follow the link [here](#) for the article which provides further information on pre-low FODMAP dietary options, problems accessing qualified and experienced low FODMAP dietitians and ensuring it is the right option for you. The [Consultations page](#) on our website also provides other options.