

# What dietary advice can I give patients with irritable bowel syndrome?

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What dietary factors can influence symptoms in patients with irritable bowel syndrome? Here, Dr Andrew Taylor outlines his advice for dietary assessment and modification.

## Remember

- Irritable bowel syndrome is a heterogeneous condition. Patients have varying combinations of abdominal pain and bloating, diarrhoea and constipation.
- Identical symptoms can occur with organic diseases such as colorectal cancer, inflammatory bowel disease, coeliac disease and lactose intolerance.
- A high fibre diet is beneficial for many patients with irritable bowel syndrome. However, it is not consistently effective for pain, bloating or diarrhoea, and may even worsen these symptoms.
- Patients with irritable bowel syndrome may find manipulation of several dietary factors helpful – these

include fibre, lactose, fluid, alcohol, wheat products and gas producing foods.

## Assessment

- Features that suggest irritable bowel syndrome are: symptoms that are chronic and variable, onset in the second or third decade, pain relieved by defaecation, and visible abdominal distension.
- Features that do not suggest irritable bowel syndrome are: onset at more than 40 years of age, severe or worsening symptoms, nocturnal diarrhoea, weight loss and rectal bleeding.
- For most patients, routine investigations include a full blood count, stool microscopy and sigmoidoscopy. For patients with atypical clinical features or test abnormalities, special investigations are colonoscopy, duodenal biopsy or small bowel barium follow-through.
- A careful dietary history should be taken to assess intake of fibre, fluid and alcohol, caffeine, dairy products and gas producing foods (such as legumes and carbonated drinks). Note any specific foods that the patient feels are exacerbating symptoms.
- Lactose intolerance can be assessed simply by recording symptoms after drinking one litre of milk and then avoiding dairy products for one week.

## Management

- In all patients with irritable bowel syndrome, aim for a fibre intake of at least 30 grams daily, spread across meals. Higher levels of fibre intake may be beneficial in patients with irritable bowel syndrome if constipation is the predominant symptom.
- Patients with lactose intolerance should avoid taking more than one glass of milk or large amounts of ice

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cream, cream or soft white cheese. Small quantities of milk, hard cheeses and most yoghurts should not cause symptoms.

- Consider a trial of exclusion of specific foods suspected of exacerbating symptoms due to food intolerance or allergy (wheat products, eggs, dairy products, amines and salicylates).
- If constipation is the predominant symptom of irritable bowel syndrome, patients should drink at least 1.5 L of fluid daily.
- Moderating caffeine and alcohol (particularly beer) may reduce diarrhoea. Patients should avoid large quantities of artificial sweeteners (such as sorbitol) which may cause diarrhoea.
- Although there is no convincing evidence that 'probiotics' are beneficial in irritable bowel syndrome, it is reasonable to try yoghurts containing live cultures of organisms such as *Lactobacillus* spp.
- Patients who feel they have excessive flatus production may benefit from reducing intake of foods that produce gas, such as legumes, fruit and carbonated drinks.

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