



# Digestive health and IBS

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Adapted from “Eating Well with IBS” from Niagara FHT by Rose Arizpe  
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# Discussion

- What is IBS?
- Symptoms & Diagnosis
- Common lifestyle triggers
- Common food triggers
- Managing symptoms
- GI friendly meal ideas
- Dietitian follow-up



# IBS (Irritable Bowel Syndrome)

- Common functional gastrointestinal disorder characterized by abdominal pain or discomfort and altered bowel habits
- IBS can cause significant discomfort and distress but **does not** cause harm to intestines or lead to a serious disease such as cancer
- Common reason for seeking medical care
- Affects about 13-20% of Canadians at any given time
- More common in females

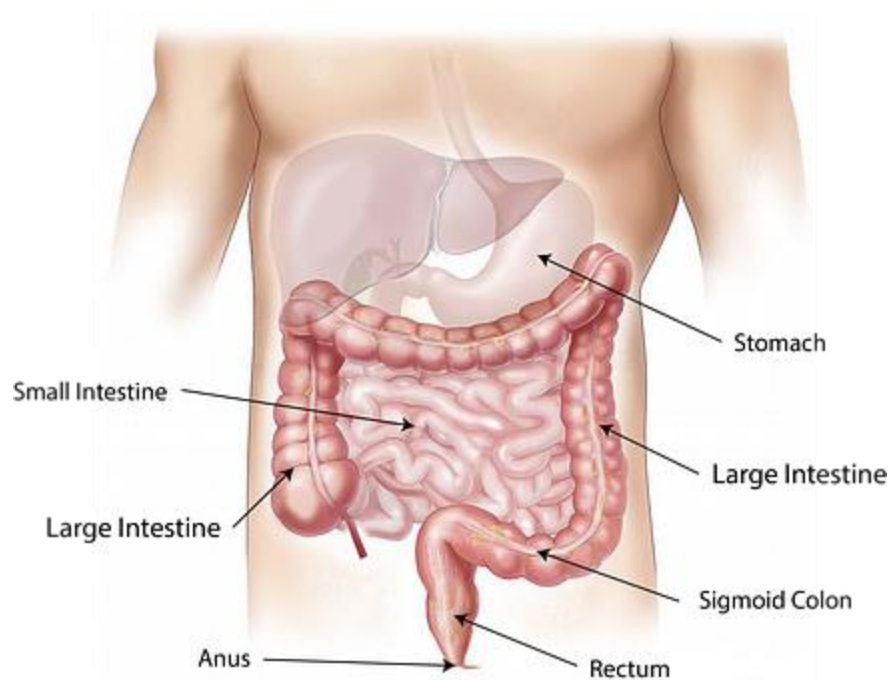
# IBS (Irritable Bowel Syndrome)

- Video from Badgut.org:
- [https://www.youtube.com/watch?time\\_continue=290&v=Ve6eWR8nivU&feature=emb\\_title](https://www.youtube.com/watch?time_continue=290&v=Ve6eWR8nivU&feature=emb_title)



# Symptoms of IBS

- Abdominal pain
- Constipation
- Diarrhea
- Bloating
- Gas





# How is IBS diagnosed?

- IBS is diagnosed based on symptom criteria after the exclusion of all other gastrointestinal disorders
- Your health care provider may recommend tests (ie. blood test, stool test, x-rays, colonoscopy, etc) to rule out other possible causes (celiac disease, lactose intolerance, infection, etc)



# Diagnostic Criteria

- Rome IV criteria can be used for diagnosis:
  - Recurrent abdominal pain or discomfort on average at least 1 day per week in the past 3 months associated with one or two of the following:
    - Related to defecation
    - Associated with change in the frequency of stool
    - Associated with a change in the form (appearance) of stool

Brian E. Lacy and Nihal K. Patel. Rome Criteria and a Diagnostic Approach to Irritable Bowel Syndrome J Clin Med. 2017 Nov; 6(11): 99.



# IBS subtypes

- IBS with predominant constipation (IBS-C)
- IBS with predominant diarrhea (IBS-D)
- Mixed bowel habits (IBS-M)



# What causes IBS?

Exact cause is unknown but may be related to:

- GI motor problems (ie. slow transit, spastic colon)
- Bacterial gastroenteritis (ie. H.Pylori)
- Small intestinal bacterial overgrowth (SIBO)
- Body chemicals (ie. neurotransmitters, hormones)



# What causes IBS?

- Brain-gut signal problems (ie. Vagus nerve)
- Hypersensitivity (ie. low pain tolerance)
- Mental health problems (anxiety, depression, PTSD)
- Food intolerances / sensitivities
- Genetics



# Common Symptom Triggers for IBS

- Triggers do not cause IBS but may increase the frequency or severity of symptoms
- Triggers are different for everyone
- Response to triggers may change over time
- Symptoms of IBS can be triggered by:
  - Foods
  - Medications
  - Herbal Supplements
  - Emotions & Stress



# Common Lifestyle Triggers

- Skipping meals
- Long periods of time between meals
- Eating too quickly
- Eating too much
- Talking while eating
- Not chewing food well
- Drinking beverages with a straw
- Consuming carbonated beverages
- Chewing gum
- Smoking





# Common Food Triggers

- Specific foods do not cause IBS but may promote or exacerbate symptoms in 60-70% of people with IBS
- Some people find temporary reduction or avoidance of certain foods may reduce symptoms
- Tolerance to foods/beverages can change over time





# Common Food Triggers

- **High fat**, fried or greasy foods
- **Caffeine** (coffee, tea, colas, energy drinks, chocolate)
- **Alcohol** (wine, beer, spirits)
- **Dairy** products containing lactose (milk, yogurt, some cheeses)
- Sugar-free foods containing **sugar alcohols** (sorbitol, maltitol, etc)





# Common Food Triggers

- Foods high in sugar, especially **fructose** (soft drinks, fruit juice, etc)
- **Gassy foods** (legumes, cabbage, broccoli, cauliflower, onions, garlic, brussel sprouts, wheat, red meat, eggs)
- **Acidic foods** (citrus, tomato) – *associated with heartburn*
- **Spicy foods** – *associated with heartburn*

\*Caution with restaurants as many food triggers may be present





# Treatment for IBS

- Treatment is aimed at symptom reduction
- Consider your triggers (individualized)
- Focus on lifestyle changes:
  - Manage your stress
  - Get physically active
  - Consider diet changes
- Some medications may help
  - Talk with your health care provider
    - Bulking agents, antispasmodics, etc





# Treatment for IBS

- Another video from Badgut.org:
- [https://www.youtube.com/watch?time\\_continue=14&v=dSSXOcGG\\_HE&feature=emb\\_title](https://www.youtube.com/watch?time_continue=14&v=dSSXOcGG_HE&feature=emb_title)



# Stress Management

- Consider your sleeping habits
  - Quantity & quality of your sleep?
  - Any trouble falling asleep or staying asleep?
- Avoid unnecessary stress (eg. scary movie, negative people in your life, etc.)
- Find stress-reducing techniques that work for you
  - Movement
  - Expression
  - Relaxation
  - Connections





# Stress, mood and emotions

- In some cases, gastrointestinal symptoms can mostly be related to stress levels and mental health
- In this case, consider talking to a healthcare professional
- Options available through our clinic
  - Social workers
  - Clinical Psychologists



# Physical Activity

- Regular exercise can help improve IBS symptoms
- Adults should aim for 30 minutes of activity daily
  - Speak with your doctor before starting a new activity
  - Choose an activity that you enjoy





# Medications & Supplements

- Consider side effects of current medications, supplements or vitamins
- Discuss any changes with your health care provider
- If making changes, only change one thing at a time





# Initial diet changes

- Adjust your meal pattern
  - Eat at least 3 meals daily at regular times
  - Small frequent meals are easier to digest than large meals
  - Avoid long periods of time between eating
- Reduce ingested air
  - Eat slowly, and chew food well with your mouth closed
  - Avoid carbonated beverages, chewing gum and straws
  - If you smoke, consider reducing or quitting
- Consider reducing/eliminating common trigger foods (i.e. coffee, dairy, high sugar or fat foods, etc.)



# Secondary diet changes

- Consider probiotics
- Try gas-reducing products like Beano® or Digesta®
- Keep a symptom journal for 1-2 weeks to find triggers
  - Onset, duration and severity of symptoms
  - Types & amounts of foods or beverages consumed
  - Timing & duration of meals & snacks
  - Sleep / activity / mood / stress / anxiety
  - Other information that you think may be helpful



# Secondary diet changes

- Try removing trigger food from diet for 2-4 weeks (elimination phase)
- Remove only one potential trigger food at a time
- If symptoms improve, consider avoiding/limiting
- You can re-introduce triggers by gradually increasing the quantity to see if you can tolerate small amount (reintroduction phase)
- If your symptoms don't improve after removing a potential trigger, you can add it back into your diet



# Probiotics

- Live organisms that provide health benefit to host
- May be associated with improvement in IBS symptoms
- Listed by genus, **species** and *strain*
  - Example: Lactobacillus **plantarum** 299v (aka: Tu Zen)
  - Specific probiotic will have specific functions in the body (similar to medications)
  - For IBS, need at least a trial of 4 weeks to see improvements and if none noted may benefit to try another probiotic





# Probiotics

- Probiotics can also be found in fermented foods:
  - Yoghurt, kefir, cheese, miso, tempeh, sauerkraut, kimchi
  - Sometimes added to food items
  - Difficult to determine concentration / amount of bacteria present
- May improve certain gastrointestinal issues including those associated with IBS
  - Benefits can vary from one person to another and will depend on the quantity and type consumed over a period of time





# Prebiotics

- Prebiotics

- Are non-digestible carbohydrates that act as a food source for probiotics. Consuming prebiotics may help the probiotics multiply and remain in your digestive system
- More research needed to see if prebiotics provide other specific benefits. However prebiotic foods are often high in fiber and other healthy nutrients
- Examples include: onions, garlic, barley, whole grains, rye, bananas, tomatoes, in a fiber supplement (containing inulin), etc.



# Fibre

- Insoluble fibre
  - Roughage that helps food move faster through GI tract
  - Sources: bran fibers, bulking agents, whole grains, wheat bran, corn bran, nuts, seeds, skins of vegetables & fruits, legumes
- Soluble fibre
  - Absorbs water to form “gel” that slows digestion
  - Sources: oats, barley, bananas, beans, flaxseed, psyllium
  - May be better tolerated (especially for IBS-C)
- Take home message: encourage a wide variety of high fiber foods and assess symptom changes (tolerance can vary with IBS)



# Low FODMAP diet

- If you don't notice a pattern or if you identify many potential "triggers", consider a Low FODMAP diet
  - **F**ermentable
  - **O**ligosaccharides
  - **D**isaccharides
  - **M**onosaccharides
  - **a**nd
  - **P**olyols
- FODMAPs are fibres, sugars, and sugar alcohols digested by bacteria in the bowel, as a normal part of digestion
- For people with IBS, eating foods high in FODMAPs may trigger symptoms - excess gas, bloating, abdominal pain



# Low FODMAP diet

- Video from Monash University:
  - <https://www.monashfodmap.com/blog/the-fodmap-grand-tour-down-under-ibs/>



# Low FODMAP diet

- Everyone is different in terms of the types of sugars that may not be tolerated (see list with some examples):
  - Fructose: honey, mango, asparagus
  - Lactose: milk products
  - Sorbitol: apricot, avocado, peach, blackberries
  - Galacto-Oligo-saccharide: chickpeas, almonds, green peas
  - Mannitol: cauliflower, celery, sweet potato
  - Fructans: garlic, onions, wheat, barley



# Low FODMAP fiber foods\*

- Banana
- Broccoli
- Carrots
- Brussel sprouts
- Passion fruit
- Okra
- Lentils
- Oatmeal
- Flaxseed
- Sunflower seed
- Turnip
- Chickpeas

\*Tolerance can vary depending on quantity consumed



# Low FODMAP diet

- Consider the Monash University website and application
  - [www.monashfodmap.com](http://www.monashfodmap.com)
  - <https://www.monashfodmap.com/ibs-central/i-have-ibs/get-the-app/>





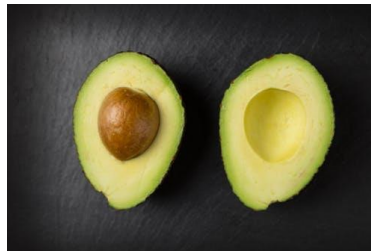
# Low FODMAP diet

- 3 phases:
  - Low FODMAP diet (around 4 weeks)
  - Reintroduction phase
  - Assess for nutrient balance (done with help of a Registered Dietitian)



# Reintroduction phase

- No specific strategy recommended
- Trial of a 4 day reintroduction phase per FODMAP group can be useful
  - Example for avocados (sorbitol)
    - Day 1:  $\frac{1}{4}$
    - Day 2:  $\frac{1}{2}$
    - Day 3:  $\frac{3}{4}$
    - Day 4: we don't eat any of the trial food, but we stay aware of any potential symptoms





# Low FODMAP diet

- Speak with a Registered Dietitian if you are interested in learning more about a Low FODMAP diet
- Can book a follow-up appointment after attending today's session



# Gluten versus fructans

- Current research does not support routine gluten-free diet to help IBS symptoms
  - Note that gluten is found in similar foods containing fructans
  - Try removing fructan rich foods instead





# Peppermint Oil

- Peppermint oil has several beneficial properties:
  - **Analgesic** – alleviates abdominal pain and distension by interfering with or blocking pain receptors
  - **Anti-spasmodic** – relaxes smooth muscle in GI tract by interfering with calcium channels
  - **Anti-bacterial & Anti-fungal** – inhibits growth of some bacteria
  - **Digestive**- Stimulates bile secretion to aid digestion of fats
- Dosage: 0.2–0.4 mL enteric coated caps 3 times per day between meal
  - Enteric coated can minimize heartburn



# Some GI Friendly Meals & Snacks

- Breakfast
  - Oatmeal with blueberries and slivered almonds
  - Scrambled eggs in a corn wrap with mild salsa
- Lunch
  - Tuna tostada with green lettuce, shredded carrot & cucumber
  - Grilled cheese (low-lactose) with pickles and baby tomatoes
- Dinner
  - Roast Chicken with mashed potatoes , green beans and squash
  - Grilled Salmon with quinoa & spinach
- Snacks
  - Rice cake or celery sticks with nut butter
  - Grapes and a handful of walnuts
  - Low-lactose yogurt and slice of pineapple





# How can a dietitian help?

A dietitian can provide **individualized** nutrition therapy

- Review your diet to make sure it's well-balanced & healthy
- Recommend vitamins or supplements if necessary
- Review lifestyle habits that may be triggering symptoms
- Show you how to keep a symptom/food journal and review it together to identify food triggers
- Provide suggestions about how to manage your symptoms
- Provide meal ideas and recipes to suit your needs & tastes
- Help you to develop better eating habits



# Summary

**YOUR GUT IS NOT LAS VEGAS...**

**...WHAT HAPPENS IN THE GUT DOES NOT STAY IN THE GUT.**

**-THE GUT STUFF, TWITTER**



# Summary

- Eat small meals and snacks at regular times
- Eat a variety of healthy foods at your meals & snacks
- Include foods with soluble fibre for optimal digestive health
- Chew food well and avoid talking while you eat
- Eat in relaxed atmosphere / avoid distractions like TV/computer
- Listen to your body's hunger & fullness signals to avoid overeating



# Summary

- Avoid chewing gum, carbonated drinks, and drinking with straws
- Drink plenty of fluids (water is your best choice!)
- Consider using probiotics
- Find ways to manage or reduce your stress
- Be physically active
- May consider low FODMAP diet
- A dietitian is a great resource if you have questions about IBS



Thank you!  
Any questions?



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