



Digestive health and IBS

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Adapted from “Eating Well with IBS” from Niagara FHT



Discussion

- What is IBS?
- Symptoms & Diagnosis
- Common lifestyle triggers
- Common food triggers
- Managing symptoms
- 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

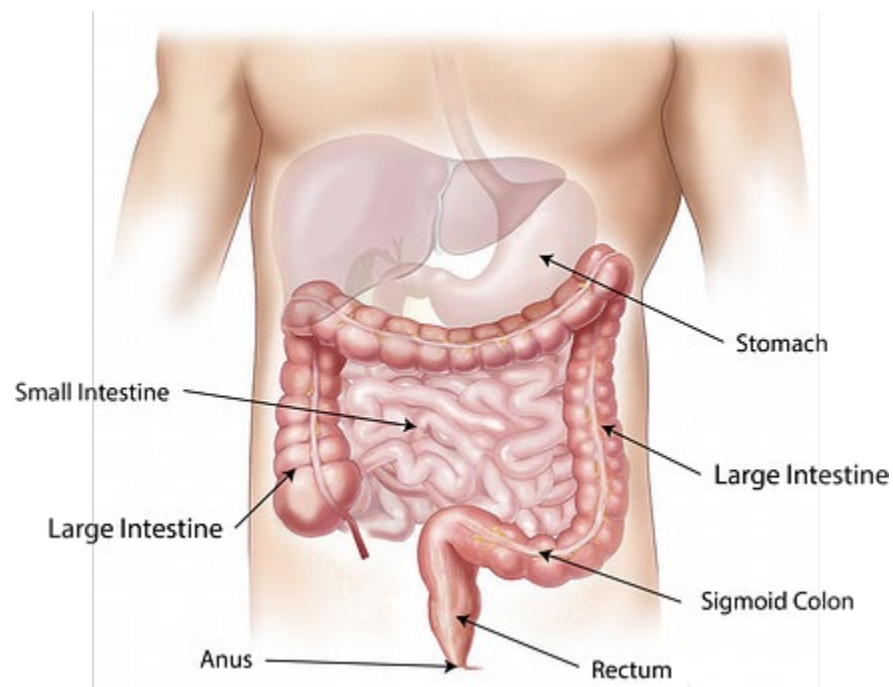
IBS (Irritable Bowel Syndrome)

- Video from Badgut.org:
- https://www.youtube.com/watch?time_continue=290&v=Ve6eWR8nivU&feature=emb_title



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)
- 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, mixed drinks)
- **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



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
 - Start small – try 5-10 minutes
 - Gradually increase duration / frequency
 - Meet with a Registered Kinesiologist at our clinic



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, whole grains, wheat bran, corn bran, nuts, seeds, skins of vegetables & fruits
- Soluble fibre
 - Absorbs water to form “gel” that slows digestion
 - Sources: oats, barley, bananas, legumes, 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
 - **and**
 - **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 diet

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





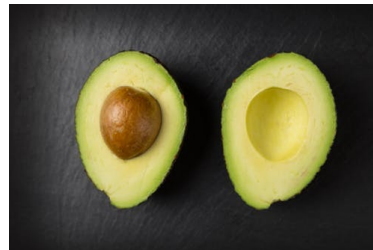
Low FODMAP diet

- 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



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





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 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



Thanks for listening!