Ms Helen Gibbs

Dietitian

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Dunedin

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(Room 1)

14:00 - 14:55 WS #28: Before FODMAP - IBS in General Practice

15:05 - 16:00 WS #38: Before FODMAP - IBS in General Practice (Repeated)

IBS – everything before FODMAP

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Why FODMAP is not an easy option

- It requires a high level of food knowledge
- It costs approx. 1/3 more than regular eating patterns
- It requires dietetic input – depending on number of foods permanently excluded, the diet can be incomplete (especially if there are other concurrent diets)
- It won't work well if there is an element of anxiety in the presentation as dietary implementation can be anxiety provoking.

IBS – definition (Rome IV)

The Rome IV criteria for the diagnosis of irritable bowel syndrome require that patients have had recurrent abdominal pain on average at least 1 day per week during the previous 3 months that is associated with two or more of the following :

- Related to defecation (may be increased or unchanged by defecation)
- Associated with a change in stool frequency
- Associated with a change in stool form or appearance

Supporting symptoms include the following

- Altered stool frequency
- Altered stool form
- Altered stool passage (straining and/or urgency)
- Mucorrhoea
- Abdominal bloating or subjective distention

Not IBS – RED FLAGS

- New onset after age 50
- Nocturnal symptoms
- Bowel Bleeding
- Unplanned Weight loss
- Fever
- Acute onset
- Painless diarrhoea

Tips for talking about bowel functions

- Use the Bristol Stool Chart
- Explanations about peristalsis, mass movement and transit time are all helpful to client in understanding their bowels.
- Talk about BO frequency and define “normal”
- Clarify urgency – is it normal mass movement?
- Ask the obvious:
  - About current diet choices to elicit fibre and fluid intake
  - About stress/anxiety inducing lifestyle changes
- If asking about FODMAP clarify why?

Could it be constipation?

Recent research has shown that patients and doctors talk a different language about constipation

- Your patient may think their normal is “normal” when in fact it is constipation
- Most people are unaware of the possibility of overflow diarrhoea

Could it be constipation?

FIBRE

- In NZ the typical diet has 15-18g fibre c/w 25-30g as recommended
- Increasingly people are avoiding grains – to get the recommended fibre intake from vegetables and fruit would take the consumption of between 900 and 1200g daily OR supplement fibre.
- 2 serves fruit, 3 serves vegetables and 4 serves of whole grain or high fibre carbs will achieve recommended intake of fibre.

Could it be constipation?

FLUID

- Conscious or unconscious fluid restrictions are increasingly common especially if lifestyle or employment limits access to toilets
- Urinary incontinence is worsened by constipation but is often dealt with through fluid restrictions.
- Regular alcohol consumption can result in chronic dehydration
- One way of increasing fluid is “big cup or glass” each time drinking
- Need to explain that there will be 3-7 days of bladder adjustment to increased fluid

Could it be constipation?

PRIORITY AND PHYSICS

- Insufficient time and/or routine can result in the urge diminishing and bowel stretching
- Reestablishing sensation and bowel shape will take 12 months of toilet retraining.
- Position matters: consider the use of a squat stool.

Could it be lactose intolerance?

- Although Pakeha are less likely to develop lactose intolerance the frequency increases with age
- Maori and Pacific people can have quite high likelihood of lactose intolerance
- Assume Asian clients will have some degree of lactose intolerance

- Milk, ice cream and yogurt contain lactose but cheese doesn't
- Most people can take some lactose – determine threshold after exclusion
- Lactase tabs and calcium fortified non dairy plant milks are helpful

Could it be Coeliac Disease?

- Don’t assume weight loss or low body weight are a necessary precursor for coeliac disease.
- Prior to blood test must be consuming equivalent of 4 slices of bread daily
  - This must continue until biopsy
  - There is a possibility of false negative test via blood test, so people with symptoms (esp. Low iron) and negative should be discussed with gastro team.
- Gluten free is notoriously low fibre so dietetic advice is helpful to avoid problems from reduced fibre
- Lactose (and sucrose) intolerance may persist, but often resolves after going GF.

Could it be an infection or post-infective problem?

- Screening for parasites and treatment needs to be considered even for domestic rural travel.
- IBS is surprisingly common after treatment with antibiotics for conditions such as appendicitis and diverticulitis
- Most people get better spontaneously but may benefit from increasing prebiotic foods and adding in some probiotic foods.
- No evidence for probiotic tablets – may actually be detrimental

Could it be the effect of long term PPI use?

- Low stomach acid over time can result in small intestinal bacterial overgrowth (SIBO)
- Does the PPI remain necessary?
- After stopping PPI, encourage the use of pre- and pro-biotic foods to encourage balancing of gut microflora.
- Consider referral to dietitian if not resolving within 3 months.

Anxiety related bowel symptoms

Psychological interventions

- Counselling (CBT, brief intervention) and hypnotherapy are better than no intervention
- Relaxation therapy no benefit
- Mindfulness????

"My symptoms are less distressing now I understand; shit happens – or rather doesn't, when I am particularly stressed!"

First Line in GP settings

- Manage expectations – IBS is chronic and relapsing.
- Manage health anxiety – discuss fears of pathology.
- Do exclusions prior to any referral to rule out pathology.
- Give consistent advice on fibre, fluid, priority and physics.
- Consider use of brief intervention to learn anxiety management
- With dietary intervention, ask the dietitian to see to evaluate best approach to dietary management rather than FODMAP specifically – makes the clinical conversation a lot easier

And if they have received FODMAP advice

- Make sure they have eliminated and checked for tolerance. It is not enough to just eliminate.
- Make sure they understand that FODMAPs generally have a threshold level – exceed the threshold and get the symptoms.
- Highlight that even temporary use of a FODMAP diet can help reduce symptoms when there are other factors precipitating a worsening of IBS – some people can use FODMAP intermittently.
- Signpost to the Monash FODMAP site and app – the best $10 ever spent to help stick with FODMAP