



Dietary Aspects of Irritable Bowel Syndrome (IBS)

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Many patients with irritable bowel syndrome (IBS) comment that their symptoms appear to deteriorate following a meal. In many individuals this is merely a nuisance but in others it can be much more of a problem. For instance, some sufferers find it easier to go without a meal altogether in order to get through a day where they have a commitment which is outside their normal routine.

Not surprisingly, this apparent relationship between food and symptoms leads to patients concluding that they must have some form of dietary allergy or intolerance. However, they also often notice that a food appears to upset them one day but not another, which causes further confusion. As a consequence, many patients go looking for a diet or a test that might help sort all this out and unfortunately, especially with the advent of the Internet, there is a bewildering amount of often conflicting advice available, frequently associated with a considerable cost.

Fortunately, it is usually reasonably easy to tackle the dietary aspects of IBS as long as you understand a few basic principles. Firstly, it is important to realize that a whole variety of factors affect IBS – and diet is just one of these. Therefore if other factors, such as stressors or hormonal changes, are more active on a particular day, then diet is more likely to push your symptoms “over the edge” than on a day when the other factors are absent. Secondly, it needs to be realized that parts of a “healthy diet” may actually make the symptoms of IBS worse. Thirdly, simply eating (smelling, tasting, or chewing food) can

activate the gut even before the food is swallowed. In this particular instance it is the *process* of eating that is causing symptoms rather than what you eat.

Four common food offenders

For those who suspect food is a factor in their symptoms, there are 4 foods that most often seem to be involved. These foods are fiber, chocolate, coffee, and nuts. By taking a systematic approach you should be able to sort out which, if any, has an affect on your symptoms. Make a list and, one at a time, eliminate a food from your diet for about 12 weeks to see if you notice improvement. If you do *not* notice improvement after 12 weeks, begin eating that food again and try eliminating the next food on your list.

Begin with fiber. We showed, many years ago, that the food which most commonly upsets IBS is fiber. There are two types of fiber – *soluble* which is found more in fruit and vegetables, and *insoluble* which is mainly derived from cereal. It seems to be the *insoluble* variety that causes most problems and therefore the simple maneuver of removing cereal fibers (commonly found in brown bread, whole grain bread, some breakfast cereals, cereal bars, and crispbreads) from the diet may be helpful. On the other hand, some patients do find cereal fiber improves their symptoms. If so, continue it. But if it does not improve your symptoms or appears to upset you, be bold and completely exclude it for several weeks to see if your symptoms improve. If there is no change after 12 weeks, there is no point in continuing as it is obviously not the right approach for you.

Next move on to one of the other foods to be wary of: chocolate, coffee, and nuts. As explained above, it is important to leave them out of your diet one at a time, otherwise you will not be able to identify which one is causing the problem. With regard to coffee, it does not necessarily seem to be the caffeine that causes the problem, as tea can usually be continued without affecting symptoms. Caffeine containing drinks may cause problems, more because they are gassy rather than a result of their caffeine content. Somewhat surprisingly, spicy foods do not necessarily cause a great deal of trouble although not everyone can tolerate them.

It may not be the food source

What do you do if it is the process of eating rather than what you eat that is upsetting you? This is a more difficult question to answer. It is worth considering different patterns of eating. Some patients find their symptoms are not as bad if they eat little and often rather than eating larger and fewer meals. If you are constipated, try to make sure you have breakfast, as this is the meal that is most likely to stimulate the colon and give you a bowel movement. Another approach is to try and reduce the “reactivity” of your gut with medication. An antispasmodic (e.g., Bentyl, Levsin, Librax) taken before eating is worth trying; or if your problem is diarrhea after meals, try taking a small dose of loperamide (e.g., Imodium, Pepto Diarrhea) before meals. The tricyclic antidepressants are particularly

good at “calming the gut down” and quite often reduce the over-reactivity associated with eating. However, they need to be taken on a long-term basis. It is noteworthy that at the low doses required to calm the gut (much less than used to treat depression), they do not cause much in the way of side effects.

Summary

In conclusion, diet can be important in IBS but is not always the answer. Try the various dietary manipulations mentioned here for a reasonable length of time, about 12 weeks. If they do not work there is little point in continuing with them. In general, it is worth remembering that if you have to question whether a particular approach has helped your problem, it probably has not worked and should be discontinued.

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