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Hello and welcome to our video to look at 1st line dietary advice for Irritable Bowel Syndrome (IBS). I would like to introduce myself and my colleague who will be leading you through this advice today. My name is Kerry Yuill and this is Leone Bissett. We are both experienced dietitians working in NHS Lothian. We have a keen interest in gastroenterology and, in particular, IBS.

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This video will last around 20- minutes and it will progress using the following format:

Firstly, we will take you briefly through IBS symptoms and diagnosis.

We will discuss the diet for IBS in greater detail and consider some straightforward lifestyle changes which can be put into practice.

We will then clearly present these dietary measures for specific symptoms.

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What is IBS?

IBS is the most common functional gastrointestinal (GI) disorder, affecting around 10-20% of the adult population. It is not harmful to the gut – like coeliac disease or inflammatory bowel disease conditions such as Crohns disease and ulcerative colitis, but, for some people, the symptoms can be debilitating and negatively affect many aspects of their life. Symptoms of IBS may include abdominal pain, bloating, burping/flatulence/wind, diarrhoea and/or constipation, stomach gurgling. IBS is a very individual condition and you may have a combination of these symptoms.

As you are watching this video, this should mean you have been diagnosed with IBS. Having a diagnosis of IBS means that your symptoms started six months ago, or so, perhaps even longer. You may have noticed that your symptoms seemed to occur more regularly in the few months before diagnosis, e.g. weekly.

You should have had certain tests to rule out other diagnoses, for example: blood tests for coeliac disease; full blood count; thyroid function tests; and, if you are <50 years old, a stool sample to look for Inflammatory bowel disease.

It is extremely important to have any warning/red flag signs checked.

So, let's look at the warning/red flag signs.

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What do we mean red flags? They are a warning sign. For example, if you notice blood in the toilet bowl or on the toilet paper when you have had a bowel movement.

Unexplained/involuntary weight loss. This is quite different from weight loss that you may be deliberately trying to achieve by increasing exercise or changing your diet.

The warning/red flag signs also include frequent symptoms overnight, strong family history of ovarian or colon cancer or a rectal/abdominal mass or lump. Individuals 50 years old and over may also require further investigations before confirming diagnosis.

We have now looked at what warnings signs actually are and emphasised the importance of discussing these with your GP.

You will, almost certainly have been asked about your bowel movements in the past, e.g. colour/consistency/amount.

Some people find this uncomfortable.

So, let's talk about an easy way to describe bowel motions.

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It is important to be aware of what is normal with regard to your bowel and symptoms.

Normal digestion does produce some wind and bloating. Also, a normal bowel habit can differ from person to person. One person can have their bowels open once per day, and another, perhaps, 2 or 3 times/day, and another can have their bowels open once every second day. All of these can be entirely normal.

Looking at the Bristol stool chart, you can see pictures of stools which are classified into different types. You may be able to identify which type of stool you currently pass. Type 1 and 2 tend to be more on the constipation side, 6 and 7 indicate diarrhoea and 3, 4 and 5 would be a desirable stool consistency.

Ok, so we talked about normal bowel habits but you probably want to know more about IBS.

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The focus of this video is the 1st line dietary advice for IBS.

Diet is not a cure for IBS, but it may reduce your symptoms and make them more manageable.

The first step to improve your symptoms may simply be to follow a healthy balanced diet. And, depending on the symptoms you are experiencing, there are specific changes you can make.

What do you mean by first line?

First line advice is really just what it says, it should be the very first advice that is given. These changes may actually be all that is required for some people. Research has found that first line advice has improved symptoms in around half of people referred for IBS dietary advice.

For the remainder of people who don't have satisfactory relief of their symptoms from first line advice, we would then assess to see if they are suitable to go onto the next stage, which would be the low FODMAP process.

The low FODMAP process is really quite complex, not suitable for all, and should be supported by a FODMAP-trained, registered dietitian.

But, first things first, back to our 1st line advice.

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The areas which we are going to discuss as part of the 1st line advice include:

Regular meals

Fluid

Caffeine

Alcohol

Fibre

Linseeds

Resistant starches or processed foods

Fatty foods

Sorbitol

Spicy foods

Probiotics

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To improve your IBS symptoms it is very important to ensure you have a regular meal pattern. This should consist of a regular intake of three meals per day; breakfast, lunch and evening meal, and snacks, as appropriate. Some people find eating smaller, more frequent meals may ease symptoms.

It is also important not to miss meals, avoid long gaps between meals or avoid eating late at night.

We have very busy lives and many people tend to eat on the run, however, for your IBS symptoms, it is helpful to sit down, and take time to chew your food well.

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Fluid

Drinking adequate fluid is important for everyone. It is very important for someone with IBS, whether you have constipation (to improve stool frequency) and also with diarrhoea (to replace fluid losses). It is important to have at least 8 cups of non-caffeinated fluid per day, aim for about 1.5-3 litres. The types of fluid you drink is also important. It would be preferable to reduce your intake of drinks containing caffeine.

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Caffeine can make your symptoms worse, especially if you suffer from diarrhoea. Drinks containing higher amounts of caffeine include tea, coffee, and certain fizzy drinks such as cola, irn bru. Energy drinks such as red bull, rockstar or monster can also contain caffeine.

You can reduce your intake of caffeine by:

- Restricting your intake of cola, irn bru and energy drinks. It's actually best to limit fizzy drinks in general.
- Reduce tea and coffee to maximum of 3 cups per day.
- Please note, some people prefer stronger coffee and tea than others. The stronger the coffee /tea the higher the caffeine content.
- Replace caffeinated drinks with other drinks, such as water or decaffeinated varieties.

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The other drink we are going to discuss is alcohol. To keep general health risks from alcohol to a low level it is **safest not to drink more than 14 units a week**.

A unit of alcohol depends on the size and strength of the drink.

This picture gives you a rough guide as to what a unit of alcohol is. So 14 units would be approximately 6 pints of 4% beer or 6 small glasses of 12.5% wine.

To work out how many units you are drinking, you can check on the website, where you can select the alcohol you drink and it calculates the units for you.

It is also recommended to also distribute units throughout the week, to avoid binge drinking.

As well as increasing general health risks, alcohol can also affect your IBS symptoms, especially if you suffer from diarrhoea.

To reduce your intake of alcohol:

Reduce the size of your alcoholic drink

Swap for lower alcohol strength varieties

Alternate alcoholic drinks with water/soft drinks

And Have several drink free days each week

That's the fluid sorted, now, what about foods...

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Fibre

Fibre is found in wholegrain cereal, oats, wholemeal bread and pasta, beans, lentils, pulses, fruit and vegetables, nuts and seeds. Fibre and the other nutrients these foods provide are important as part of a healthy balanced diet.

However, depending on the symptoms you are experiencing, altering the fibre content of your diet may help your symptoms.

If you have constipation... gradually increase your fibre content. We say gradually to minimise any wind and bloating. What do you mean by gradual? You could do this by introducing an extra portion over a 2 day period. Examples of good sources of fibre to include for IBS constipation would be oats and linseeds, which help to soften the stool and make it easier to pass. Linseeds will be discussed in more detail shortly. But please ensure that when you increase your fibre, you also increase your fluid intake at the same time.

If you have diarrhoea, trialling a reduction in the fibre content of your diet may help.

Limit wholegrain breads, cereals, and nuts. Instead choose lower fibre varieties include Rice Krispies, Cornflakes, and white bread. Avoid skins, pips and pith from fruit and limit your fruit intake to 3 portions a day. Fruit juice should be limited to 1 small glass per day. You can make up your '5 a day' with vegetables.

So what is a portion of fruit? A portion of fruit or vegetable is an apple, pear, orange, 2 plums, handful of grapes or berries, 1 tablespoon of dried fruit or 3 heaped tablespoons of vegetables.

Another good idea is to spread your fruit intake over the day, rather than having your day's allowance all at once.

If you are not able to meet your 5/day recommendations for fruit and vegetables, consider an age appropriate multivitamin/mineral supplement. You can purchase this from supermarkets or pharmacies.

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Linseeds

Linseeds can be helpful if you have constipation, or wind and bloating, or abdominal pain. They can be bought in the supermarket, usually in the baking aisle. It does not matter if they are brown or golden, whole or ground.

You can add these to yoghurt, breakfast cereal, soups, casseroles, or home-made bread.

Start with 1 teaspoon

And gradually build up to 2 tablespoons, if required

Ensure linseeds are always taken with fluid, the recommended amount is 150ml for every tablespoon

It is worth noting that symptom improvement is gradual, it can take up to 6 months to see the full benefits from linseeds.

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Resistant starches/processed foods

If you suffer from diarrhoea or wind and bloating you may find it useful to reduce your intake of resistant starches. Resistant starches are starches in food that are not completely digested in the small intestine, they continue along to the large intestine where they are fermented by bacteria, resulting in gas and bloating.

To alleviate this, try reducing your intake of the following foods:

- Pulses, wholegrains, sweetcorn, muesli that contains bran

- Potato salad or pasta salad.

- Undercooked or re cooked potato/maize/corn products

- Readymade meals containing pasta or potato

- Part-baked breads e.g. Garlic breads, part baked rolls and pizza bases

- Frozen potato products such as waffles, oven chips and croquettes

Home-made dishes, eaten fresh, not reheated, have less resistant starch. Fresh pasta may also be better tolerated than dried pasta.

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Fatty foods

Fatty foods can make your IBS symptoms worse, particularly pain, discomfort, and diarrhoea. If this is the case, you may want to avoid foods high in fat such as chips, fast food/takeaways, burgers, sausages, pastries, and crisps. You may want to replace these with lower fat alternatives.

Look at the cooking method you are using: consider grilling and poaching foods instead of frying.

Use less butter, oils and dressings, or choose lower fat alternatives

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Sorbitol

Diarrhoea can be caused by a sugar alcohol called sorbitol. Sorbitol is found in some sugar free sweets and chewing gum and also in some diabetic and slimming products. Sorbitol can have a laxative effect, so check the label and limit or/avoid these products.

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Spicy foods

Many people enjoy spicy food. Although there is limited evidence, if you find that your symptoms are made worse by spicy foods, trial a reduction of these. Men may be affected by spicy meals, more so than women.

Note, that spicy dishes may also contain other components that they may make symptoms worse, for example fat or garlic or onion.

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Probiotics

There is currently not enough evidence for probiotics in the management of IBS. There are many different probiotic products on the market, which include different strains. Once again, unfortunately, there is no clear guidance on which probiotic should be used for which particular symptom.

However if you would like to trial a probiotic:

Choose one to try for 4 weeks. Take it as per the manufacturer's instructions. If you have no improvement after 4 weeks – stop. You could then try a different product for the next 4 weeks, if you so desire.

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We have learned about foods and fluid that may affect symptoms. We are now going to summarise these under the main symptoms of:

wind and bloating

diarrhoea

constipation

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For wind and bloating

Eat regular meals

Take time over eating and chew your foods well.

Oats and linseeds may help

Limit fruit to 3 portions per day

And reduce your intake of resistant starches

You may wish to try probiotics.

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For diarrhoea,

Ensure regular meals, and take time over eating and chew your foods well.

Trial a reduction in fibre intake: change to lower fibre alternatives of cereals and bread. Reduce intake of nuts and seeds and limit fruit to 3 portions/day and limit fruit juice to one small glass per day.

Ensure adequate fluid intake.

Limit caffeine and fizzy drinks.

Reduce your alcohol intake.

Reduce resistant starches

Avoid sorbitol.

If you find fatty foods make your symptoms worse, reduce your intake of these.

You may want to trial a probiotic.

If you find you are unable to tolerate the recommended amounts of fruit and vegetables, you may want to consider a multivitamin/mineral supplement. Multivitamin/mineral supplements can be bought from supermarkets /pharmacies. Choose an age appropriate variety and follow the manufacturer's recommended dose.

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For constipation:

Eat regular meals

Take time when eating and chew foods well.

Increase your fibre gradually

Try adding oats and linseeds

Do remember to ensure you have adequate fluid intake, especially if you are increasing your fibre intake

You may choose to trial a probiotic.

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Looking forward.

So what about the future

This 1st line advice may be enough to improve your symptoms.

It is important to try this advice for 4 weeks.

If, however, after this time, your symptoms are no better, please use the referral form to get further dietetic advice. This may include a low FODMAP diet.

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A low FODMAP diet is a diet used to manage IBS when 1st line advice has not been successful.

This diet should only be undertaken under dietetic guidance.

This diet can be very restrictive and may exclude foods which are beneficial for your future gut health, so should only be followed for a set period of time, followed by a structured reintroduction process.

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We have now come to the end of our first line dietary advice for IBS video.

We hope you have found this video helpful. You can watch this video, or part of this video, at any time as you require. If you have any questions that have not been answered, please refer to the frequently asked questions section. Thank you for viewing.