BDA The Association of UK Dietitians
Gastroenterology Specialist Group

Trust a Dietitian

Key Fact Sheet for Irritable Bowel Syndrome

Irritable Bowel Syndrome (IBS) is one of the most common gastrointestinal conditions, affecting 10 - 20% of the UK population[1]. This chronic, often debilitating condition is characterised by symptoms of abdominal pain or discomfort, bloating and altered bowel habit.

These have a significant impact on quality of life and present a great financial burden to the NHS and the wider economy[2]. It has been estimated that a full-time GP will see around 8 patients per week with IBS as their main complaint[3].

Fact 1

In 2006 each IBS patient incurred on average £5341 direct and £2041 indirect costs. These costs were associated with a worse quality of life and more sick days than similar people without bowel symptoms. Up to 75% of IBS patients used a prescription drug to treat their IBS, with many medications being prescribed for more than 100 days[2].

Role of the Dietitian:

- National guidance on IBS recommends diet and lifestyle modification as part of first-line treatment for IBS[4,5]
- Dietitians are experts in motivating and empowering patients to self-manage their condition in the long term, taking a holistic approach which encompasses dietary, personal and social factors to ensure therapy is tailored to the individual, thereby improving adherence and success.
- Where first-line advice fails, registered, experienced dietitians are uniquely placed to safely advise on recommended evidence-based and effective exclusion diets such as a diet low in short-chain fermentable carbohydrates (low FODMAP diet)[4].

Fact 2

Referral to an experienced dietitian can provide significant cost savings to primary care in the management of IBS. An innovative, primary care dietetic-led service for gastroenterology was set up in Somerset following an audit in 2011, and showed that with the service of a specialist dietitian; cost savings of over £102,000 per annum could be achieved by preventing non-red flag IBS referrals into secondary care[6]

"cost savings of over £102,000 per annum could be achieved by preventing non-red flag IBS referrals into secondary care"

Fact 3

A low FODMAP diet is efficacious in the management of IBS symptoms. This approach provides significantly greater improvements in global symptom scores compared to standard UK dietary advice, 86% vs. 49%[7]. An Australian randomised clinical trial showed improvement in overall gastrointestinal symptoms in 70% of primary care patients (in all IBS subtypes) following this intervention for 3 weeks in a highly controlled setting[8]. Compared to a typical diet, abdominal pain, bloating, flatulence and dissatisfaction with stool consistency all improved at one week and this effect was sustained. In UK practice the low FODMAP diet is recommended for up to 8 weeks prior to structured reintroduction.

Case Studies

1. First-line dietary advice: IBS-C

Presentation: bowels open once weekly, type 1-2 stools on Bristol Stool Chart. Two year history of increasing abdominal pain and bloating, recent onset of overflow diarrhoea. Previous investigations in secondary care included normal colonoscopy. Several laxatives trialled unsuccessfully. Dietary assessment demonstrated reliance on convenience foods; diet low in fibre and fluid.

Dietetic led treatment: gradually increase fibre and fluid intake over 4 – 8 weeks. Written and practical information provided - lack of cooking skills identified as potential barrier to change. 4 week follow-up: improvement in bowel frequency and reduced bloating, some abdominal cramping present. Further follow up at 6 weeks: bloating, pain and cramps resolved, bowels open alternate days without laxatives.

Conclusion: individualised advice highly effective. Earlier dietetic intervention may have prevented unnecessary secondary care referral and investigations.

2. Low FODMAP diet: IBS-D

Presentation: frequent, urgent bowel movements 6-10 times a day, severe abdominal bloating and flatulence. Loperamide used for 18 months, often at maximum recommended dose.

Dietetic-led treatment: low FODMAP diet for 8 weeks. 8 week follow-up: Improvements noticed within one week. Stool consistency and frequency normalised and bloating and flatulence resolved. Loperamide discontinued. Guidance given on structured reintroduction of high FODMAP foods to identify specific triggers and tolerance thresholds.

Conclusion: Low FODMAP diet adequately resolved symptoms and greatly improved quality of life. NHS cost saving made from reduction in medication prescription and secondary care referral.

3. Low FODMAP diet

Presentation: moderately severe abdominal pain, bloating and a widely variable bowel habit for several years. Following gluten and dairy free diet.

Dietetic-led treatment: low FODMAP diet - provided satisfactory symptom resolution. 4 week follow up: Graded reintroduction of foods high in FODMAPs to tolerance advised.

Conclusion: Dietetic education enabled:

- improved quality of life – enhanced energy levels and regular exercise now possible
- identification of and understanding why specific foods were triggering symptoms
- successful reintroduction of milk products, thereby no longer compromising calcium intake
- greater food variety, healthier balanced diet
- long-term self-management of condition, requiring no IBS pain relief medication.