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A PILOT STUDY ON THE INTRODUCTION OF A LOW FODMAP DIET IN A SUBGROUP OF SYMPTOMATIC IBS PATIENTS REFERRED BY THE GASTROENTEROLOGY SERVICE IN AN IRISH TERTIARY REFERRAL CENTRE

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Introduction Patients with IBS frequently relate symptom exacerbation to food ingestion. However there is little evidence to support the role of food allergy in the pathogenesis of IBS. Dietary restriction of short-chain poorly absorbed carbohydrates (FODMAPs—Fermentable Oligo-, Di-, Mono-saccharides and Polyols) has recently been shown to reduce symptoms of IBS.

Experience with the low FODMAP diet for the management of IBS in the Irish setting is limited.

Aims/Background To determine the benefit of a low FODMAP diet in an Irish population of symptomatic IBS patients.

Method 27 symptomatic IBS patients referred from the gastroenterology service for dietary intervention were sequentially recruited. Baseline IBS symptoms were evaluated using a modified validated IBS symptom score and detailed nutritional assessment was carried out. Patients were screened to determine if lactose intolerance was present. Instruction on avoidance of dietary FODMAPs and individually tailored nutritional advice was given. IBS symptoms were re-evaluated at 8 weeks and compliance with the diet assessed. Compliant, symptomatically improved patients were instructed regarding a food reintroduction programme.

Results 14/27 patients have been re-evaluated to date. 13/14 had satisfactory relief of global IBS symptoms post FODMAP restriction versus 1/14 pre restriction. 10/12 patients reported an improvement in abdominal pain. 13/14 an improvement in bloating. 11/12 an improvement in flatulence. 10/13 an improvement in faecal urgency.

Conclusion Introduction of a low FODMAP diet was feasible in the Irish outpatient setting and provided global relief of IBS symptoms in this cohort as well as improvements in abdominal pain, bloating, flatulence and faecal urgency.