9. Irritable bowel syndrome

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- What is the aetiology of irritable bowel syndrome (IBS)?
- Describe the subtypes and the differential diagnoses.
- Use an available literature database to locate the British Dietetic Association evidence-based guidelines for the dietary management of IBS in adults (McKenzie et al., 2012).
- Critically appraise the guidelines.

Reference

Case study 1
Mr Martin is a 50-year-old professional who has a new diagnosis of IBS, having had an erratic bowel pattern for the last 6 months. He had a cholecystectomy 4 years ago and his gout is controlled by allopurinol. Current daily symptoms are mild abdominal pain (occasionally moderately severe), moderate bloating, mild excessive wind and mild to moderate gurgling. His bowels open once every 3 days or up to twice a day with normal stool consistency, although he has diarrhoea once every 2–3 weeks; this is associated with cramps and a sense of urgency. He reports eating a healthy diet with a regular meal pattern and his wife prepares his food for him. He tried cutting out alcohol for 4 weeks and this made no difference to his symptoms. He plays golf once a week. His weight is stable at 90 kg and he has a BMI of 29 kg/m².

- What IBS subtype does this patient have?
- What clinical factors would you check for before assessing his diet?
- Describe what aspects of his diet you would assess at his first outpatient appointment with you.
- What is the dietetic diagnosis?
- What are the aims and objectives of the dietetic intervention?
- What dietetic outcome measures would you use to evaluate Mr Martin? Justify this decision.
- If his IBS symptoms improve, what further advice can you give him and why?
• If his IBS symptoms do not improve, is there any other advice you can give him and why?
• What key gastrointestinal symptoms are associated with increasing BMI and obesity?

Case study 2

Miss Jones is a 19-year-old university student who has mild ileal Crohn’s disease and has been referred to you for her coexisting IBS. Her current daily symptoms are moderate abdominal pain and bloating, mild wind, no urgency, severe sense of incomplete evacuation and some tiredness. Her bowels open every 2–3 days [Bristol Stool Form Scale (BSFS) T1 or 2, occasionally T5; see Figure 7.4.10]. She is currently prescribed adalimumab and is also taking a multivitamin and mineral complex. Her weight has increased from 45.8 kg to 47 kg in the last 2 weeks and her BMI is 17 kg/m². She runs 6 days a week and is keen to participate in a half marathon in 3 months.

She reports that she is avoiding bread and pasta as they trigger abdominal discomfort and bloating. Rich food triggers vomiting, onion gives her bloating, lentils give her lots of bloating and wind and coffee leads to diarrhoea. She is eating regular meals and snacks, but has a very light lunch, as shown below:

| Breakfast                          | One cup of coffee                               |
|                                   | Gluten free (GF) muesli with full fat goat’s milk or two eggs and sultanas |
| Lunch                             | Fruit and goat’s milk                            |
| Dinner                            | White rice or potatoes (no skin)                 |
|                                   | Sweet potato                                     |
|                                   | GF pasta                                         |
|                                   | Meat or fish and vegetables                      |
|                                   | Leek and garlic used instead of onion            |
| Snacks                            | GF seed bar or apple, grapes, pear, blueberries, mango |
| Drinks                            | One cup of coffee/day, one cup of tea/day, herbal teas, smoothies, water |

• What additional aspects would you assess using the ABCDE format?
• What foods high in fermentable oligosaccharides, disaccharides, monosaccharides and polyols (FODMAPs) are in her current diet?
• What is the dietetic diagnosis?
• What subtype of IBS does Miss Jones have? Justify your answer.
• What is the dietetic intervention? Justify the aims and objectives.
• Devise and explain your intervention to treat her IBS symptoms.
• What quantity of non-starch polysaccharides should she try to have each day?
• Are there any other nutritional issues to address? If so, what are they?
• How soon might you anticipate that her symptoms will improve if she successfully follows your advice?
Case study 3

Mr Stewart is a 30-year-old sheep farmer. Five years ago he went to India and has suffered with diarrhoea ever since. All investigations have excluded coeliac disease, microscopic colitis, Crohn’s disease and other intestinal pathology. His symptoms are attributed to diarrhoea predominant IBS and he has been referred for dietetic advice. His current daily symptoms are moderately severe abdominal pain, bloating, wind, very severe sense of incomplete evacuation and mild to moderate tiredness. His bowels open once or twice a day and his stools are loose (BSFS T6). He is taking paracetamol for his pain. Four years ago food intolerance testing revealed 29 food intolerances, including to wheat, gluten, corn, rice, potato, yeast, pork, beef, lamb and egg. He ignored these results, although he avoids egg and chicken. He is feeling uncertain about what he can eat and is very keen for your guidance on his diet and symptom control. He smokes 20 roll-ups a day and drinks two cans of cider a day. His weight is stable at 60 kg and his BMI is 20.7 kg/m².

- What additional assessment aspects would you consider using the ABCDE format?
- What is the dietetic diagnosis?
- What is the dietetic intervention? Justify the aims and objectives.
- How relevant to Mr Stewart and his symptoms is the food intolerance testing?
- Devise and explain your action plan to treat his IBS symptoms.
- What foods are likely to be safe for him to eat?

Mr Stewart returns to see you and now has mild IBS symptoms and stool frequency and stool consistency are normal.

- What will you evaluate?
- What further dietary and/or medical advice could you give him?
- How would you evaluate Mr Stewart’s progress? Are the outcomes SMART?