



Royal Surrey
County Hospital
NHS Foundation Trust

Irritable Bowel Syndrome (IBS) and other Functional Bowel Disorders

Nutrition and Dietetics Department

Patient information leaflet

The information in this leaflet tells you what Functional Bowel Disorders and IBS are. It gives advice on how you can help improve your symptoms if you suffer with these conditions.

What are Functional Bowel disorders (FBD)?

Functional Bowel disorders are a group of conditions that cause a wide range of symptoms but with no damage to the gut. Symptoms vary from one person to another and can be worse for some people than others.

The most common symptoms are:

- wind and/or bloating
- diarrhoea or constipation, or both
- passing mucus
- feeling the need to open the bowels even after having just been to the toilet
- a feeling of urgency
- feeling that your symptoms are worse after eating

What is Irritable Bowel Syndrome (IBS)?

IBS is one of the Functional Bowel disorders. People with IBS will have some or all of the symptoms described above and low abdominal pain, which may ease after opening the bowels or be accompanied by a change in bowel habit or stool appearance.

How is FBD or IBS diagnosed?

It is very important that before you are given a diagnosis of FBD or IBS, other conditions are excluded e.g. Coeliac disease, Crohns disease, Colitis, Diverticular disease. Your doctor should do blood tests and a stool sample to check you do not have another condition.

Whilst the symptoms of FBD or IBS can be very debilitating and affect quality of life, they do not cause any harm to your body.

If you have any of the following symptoms consult your doctor immediately:

Unintentional and unexplained weight loss; bleeding from the rear end; a family history of bowel or ovarian cancer; if you are over 60 years old, a change in bowel habit to looser and/or more frequent stools for more than 6 weeks.

What can I do to help my symptoms? [1]

1. Ensure that you:

- eat regular meals
- do not skip meals or eat late at night
- take your time when eating meals
- sit down to eat and chew your food well
- try to cook from scratch – don't rely on ready meals if possible
- don't over eat
- drink plenty of fluids – preferably non caffeinated
- reduce alcohol – not more than 2 units per day and no more than 5 out of 7 days a week
- take regular exercise e.g. walking, cycling or swimming. Try to build up to 30 minutes of moderate exercise five times each week
- make time to relax
- keep a food and symptom diary to see if diet affects your symptoms. Remember symptoms may not be caused by the food you have just eaten, but what you ate earlier that day or the day before. Symptoms can also depend on how much or how often you have eaten a 'trigger' food
- give your bowels time to adjust to any changes that you make

2. For symptoms of wind and bloating

- Limit fruit to 3 portions a day (including up to 1 portion of dried fruit if wanted) and fruit juice to 1 small glass a day. Remember to make up the recommended '5 a day' with vegetables instead
- Limit fizzy drinks
- Avoid chewing gum
- Try reducing your intake of resistant starches (see information on page 6)
- Have oats or an oat based cereal for breakfast each day
- Reduce your intake of pulses (beans and lentils) and cruciferous vegetables (cabbage, Brussel sprouts, cauliflower, broccoli)
- Try golden linseeds. (see further information on page 6)
- Try a probiotic (see information on page 7)

3. For symptoms of diarrhoea

- Replace lost fluids by drinking plenty – at least 8 cups a day. Choose water or non-caffeinated drinks e.g. herbal teas or sugar-free squash
- Limit fizzy drinks
- Restrict intake of caffeinated drinks (for example, tea, coffee or cola) to 3 cups a day.
- Limit insoluble fibre intake from wholegrain breads, bran, cereals, nuts and seeds (except golden linseeds)
- Try eating little and often
- Avoid skin, pips and pith from fruit and vegetables
- Limit fresh and dried fruit to 3 portions a day and fruit juice to 1 small glass a day. Remember to make up the recommended '5 a day' with vegetables instead

- Limit intake of foods high in resistant starches (see information on page 6)
- Avoid sugar-free sweets (such as mints and chewing gum) and food products containing sorbitol
- Try a probiotic (see information on page 7)
- Diarrhoea may also be caused by a high intake of fatty foods. Avoid foods high in fat such as chips, fast foods, burgers and sausages, crisps and cakes. Try low fat versions instead

4. For symptoms of constipation

- Dietary fibre may help with constipation but tends to generate wind, stimulate contractions and make pain, bloating, flatulence and diarrhoea worse. National Institute for Health and Care Excellence (NICE) clinical guideline 61 advises that fibre intake should be adjusted according to its effect and reduced if necessary. If you do increase your fibre intake, do so gradually, because any sudden increase may make symptoms worse
- For symptoms of constipation only, you could try wholegrains, along with fruit and vegetables, introducing no more than 1 extra portion over a 2 day period
- Oats and golden linseeds are good sources of soluble fibre, which help to soften the stool and make it easier to pass; they may also help with symptoms of wind and bloating
- Ensure a good fluid intake – at least 8 cups of non-caffeinated fluid a day
- Try a probiotic (see information on page 7)

Golden linseeds [1]

These are available down the 'Free From' aisles of supermarkets or in Health Food shops. Try adding 1 tablespoon of golden linseeds to porridge, thick soup or yoghurt each day. Ensure you have plenty of fluid with them. You may find them easier to tolerate if you let them soak for a few minutes in your porridge, soup etc. before eating. Some people find that ground golden linseeds suit them better, especially if they also have Diverticular disease. It will take up to one week to see if the golden linseeds improve your symptoms. After this you can reduce or increase your intake as necessary.

Resistant starch [1]

These are a type of starches in some foods that are not completely digested by the body. They enter the bowel where they ferment and produce gas.

Try reducing your intake of the following foods:

- pulses, whole grains, sweetcorn, green bananas and muesli that contains bran
- undercooked or reheated potato or maize/corn – instead eat them freshly cooked and still hot
- oven chips, crisps, potato waffles, fried rice – choose baked potatoes or boiled rice
- part-baked and reheated breads, such as garlic bread, pizza base – choose fresh breads
- processed food such as potato or pasta salad, or manufactured biscuits and cakes
- ready meals containing pasta or potato, such as lasagne, shepherd's pie, macaroni cheese
- dried pasta – use fresh pasta instead.

Probiotics

One definition of probiotics is “live micro-organisms which, when administered in adequate amounts, confer a health benefit on the host” [2]. A good quality probiotic should contain enough live ‘good’ bacteria to survive all the way into the colon (gut). Research has shown that certain types of probiotic can help improve well-being, pain, bloating and other symptoms of FBD and IBS.

It is a good idea for people who had gastroenteritis (severe stomach upset) or food poisoning prior to them developing FBD or IBS, to try a probiotic.

Probiotics cannot work very quickly as it takes time for them to overcome the ‘bad’ bacteria in the colon (gut). If you are going to take a probiotic you must therefore take one product every day for 8-12 weeks.

Live bacteria will be destroyed by heat so good quality probiotics will always need to be kept in the refrigerator.

Symprove® (60mls per day)[3], VSL#3® (1 sachet per day)[4] and Activia® yoghurt (2 pots each day)[5] all have published evidence to show they can be effective in some people with FBD and IBS. Other probiotics may be beneficial but have no published evidence in helping people with FBD or IBS, to date.

What happens if I try the dietary advice in this leaflet but my symptoms don’t improve?

If you have tried following the advice for 3 months with no improvement then ask your doctor to refer you to a dietitian. A dietitian will be able to give you more dietary advice which is specific to you.

Useful contacts

- www.bda.uk.com
- www.ibsnetwork.org

Reference sources

1. NICE/ BDA Irritable Bowel Syndrome Dietary Information Resource 2008 (<http://www.nice.org.uk/guidance/CG061>)
2. Food & Agriculture Organisation of the UN and World Health Organisation Working Group. Guidelines for the evaluation of probiotics in food. Rome/Geneva: FAO/WHO; 2002
3. Randomised clinical trial: A liquid multi-strain probiotic vs. placebo in the irritable bowel syndrome--a 12 week double-blind study. Sisson G et al. *Aliment Pharmacol Ther.* 2014 Jul;40(1):51-62
4. A Randomized controlled trial of a probiotic combination VSL#3 and placebo in irritable bowel syndrome with bloating. Kim H. J. et al. *Neurogast. & Motil.* 2005 Oct: 17(5): 687-696
5. Clinical trial: the effects of a fermented milk product containing *Bifidobacterium lactis* DN-173 010 on abdominal distension and gastrointestinal transit in irritable bowel syndrome with constipation. Agrawal A et al. *Aliment Pharmacol Ther.* 2009 Jan;29(1):104-14

This leaflet is produced by the Dietetic Department at the Royal Surrey County Hospital, NHS Foundation Trust. It is not a substitute for dietary advice given to a specific individual by a dietitian. If you need to see a dietitian, ask your GP or consultant for a referral.

Please note that the information in this leaflet was correct at time of writing. The ingredients of manufactured products can change.

Contact details

If you have any questions about the information in this leaflet please contact us:

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PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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