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## Low FODMAPs diet vs. general dietary advice improves clinical response in patients with diarrhea-predominant irritable bowel syndrome: a randomized controlled trial.

Zahedi MJ<sup>1</sup>, Behrouz V<sup>1</sup>, Azimi M<sup>1</sup>.

### ⊕ Author information

### Abstract

**BACKGROUND AND AIMS:** Recent evidence indicates that new approach of the diet with low Fermentable Oligo-Di-Mono-saccharides and polyols (FODMAPs) may has an effective role in management of the patients with irritable bowel syndrome (IBS). We compared the results of low FODMAP diet vs. current dietary treatment, general dietary advices (GDA), on the clinical response in patients with diarrhea subtype of IBS (IBS-D).

**METHODS:** In this randomized, controlled, single-blind trial, we included 110 patients with IBS-D in 2 intervention groups. Participants were randomly assigned to the low FODMAP diet (n=55) and GDA (n=55) for 6 weeks after a 10-days screening period. Gastrointestinal symptoms and bowel habit status were evaluated using a symptom severity scoring system (IBS-SSS) and Bristol stool form scale (BSFS) pre and post intervention. Patients completed 3-days food diary before and after the intervention.

**RESULTS:** 101 of 110 patients completed the dietary interventions. At the baseline, the nutrient intake, severity of symptoms and demographic data was similar between two groups. After 6 weeks, the low FODMAP diet improves significantly overall gastrointestinal symptoms scores, stool frequency and consistency vs. GDA group ( $P < 0.001$ ,  $P < 0.001$  and  $P = 0.003$ , respectively). Compared with the baseline, both intervention groups expressed a significant reduction in overall scores of IBS-SSS, abdominal pain, distension, consistency and frequency, but this reduction is greater in low FODMAP diet group.

**CONCLUSIONS:** Both low FODMAP diet and GDA in patients with IBS-D led to adequate improvement of gastrointestinal symptoms for 6 weeks. However, the low FODMAP diet has greater benefits in IBS improvement.

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**KEYWORDS:** abdominal pain; carbohydrates; irritable bowel syndrome; low FODMAP diet

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