



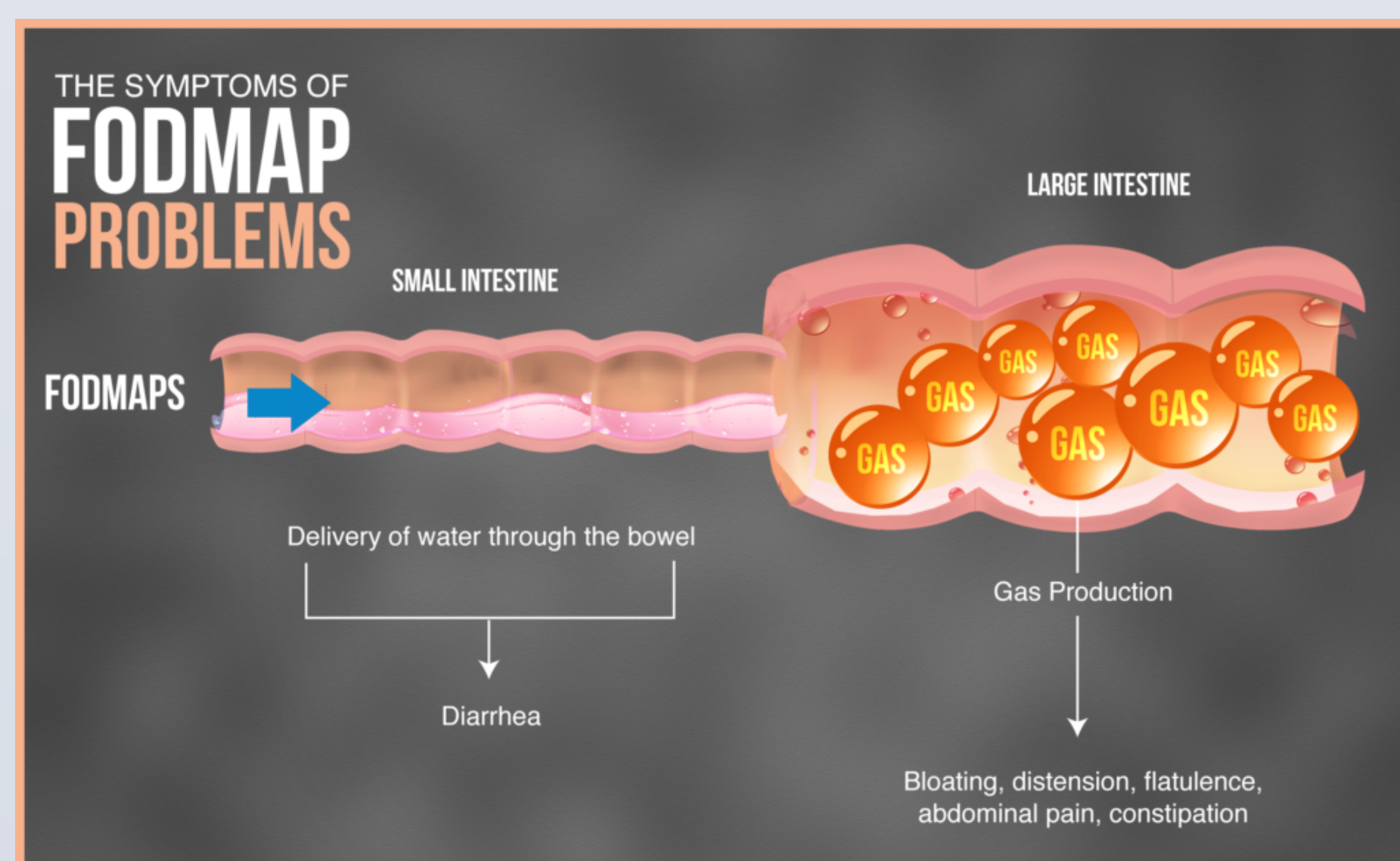
Can Low-FODMAP Diet Improve Quality of Life for Patients with IBS: An Integrative Research Review



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BACKGROUND & SIGNIFICANCE

- IBS is a functional GI disorder characterized by bloating, excessive gas, abdominal pain and altered bowel function (Ireton-Jones, 2017)
- IBS symptoms may lead to quality of life (QOL) impairment, increased financial burden due to missed days of work/treatments & social isolation (Varju, et al., 2017)
- In 2000, the US spent over 1.7 billion dollars on management of IBS symptoms (Staudacher et al., 2014)
- IBS is common, occurring in approximately 10% -20% of the population affecting predominately females (Maggard, et al., 2016)
- Treatment is symptom driven, 60-80% of patients seek dietary management (Staudacher H. M., 2017) (Wong, 2016)
- FODMAP (fermentable oligosaccharide, disaccharide, monosaccharide and polyol) are short-chain carbohydrates that are poorly absorbed in the small intestine leading to fermentation in the colon (Khan et al., 2015)
- Fermentation of FODMAP may cause abdominal pain, flatulence, diarrhea and altered intestinal motility & water volume (Staudacher, Irving, Lomer, & Whelan, 2014)
- Treatment guidelines: antidiarrheal, laxative, fiber supplement and high fiber diet, antispasmodic, low dose antidepressants (Wong, 2016)



HIGH FODMAP FOODS

The FODMAPS
HERE ARE THE FODMAP FOODS TO AVOID

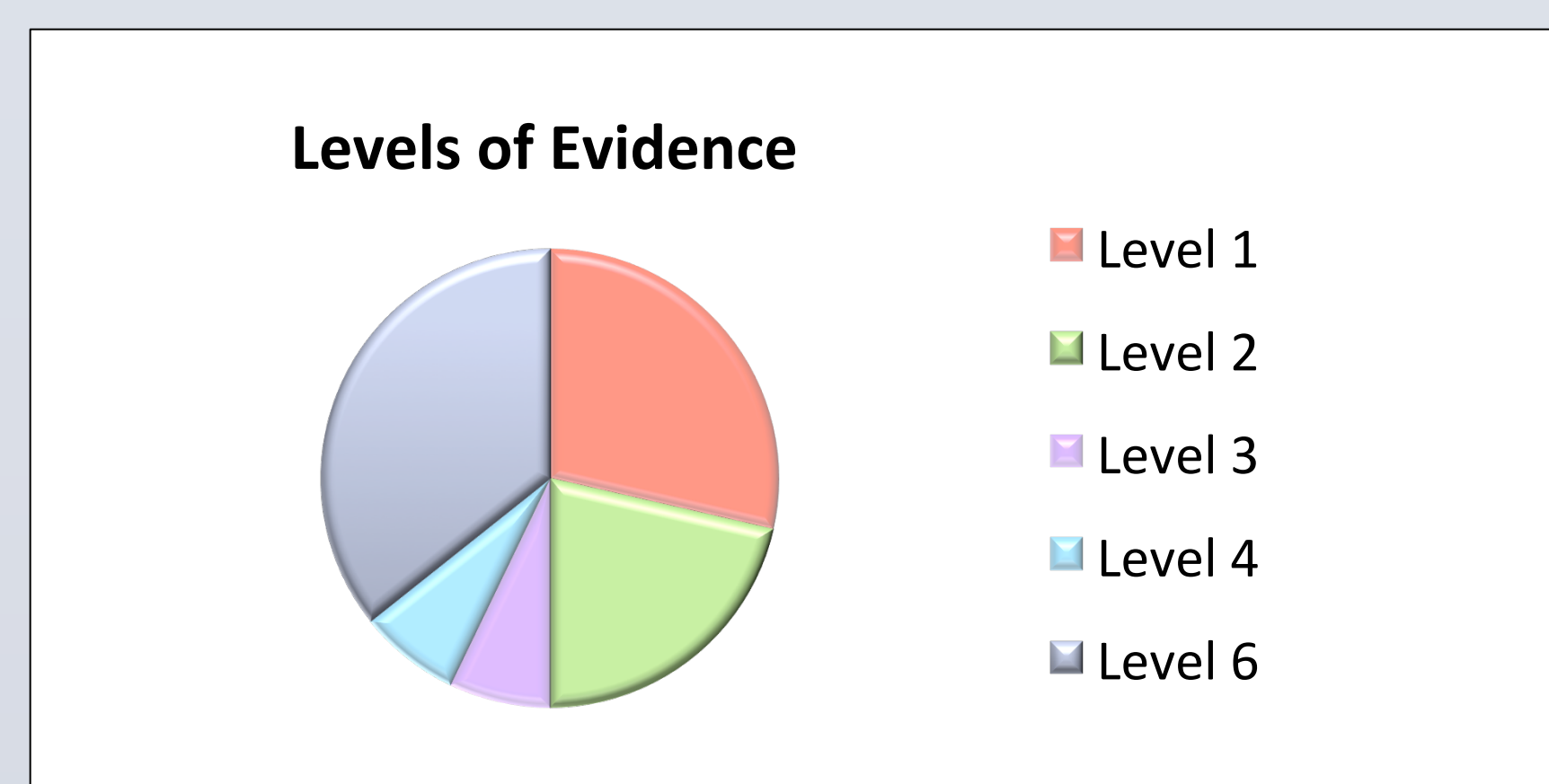
excess fructose	lactose	fructans	galactans	polyols
Fruit apple, mango, nashi, pear, tinned fruit in natural juice, watermelon	Milk milk from cows, goats or sheep, custard, ice cream, yogurt	Vegetables asparagus, beetroot, broccoli, brussel sprouts, cabbage, eggplant, fennel, garlic, leek, okra, onion, shallots, spring onion	Legumes baked beans, chickpeas, kidney beans, lentils	Fruit apple, apricot, avocado, blackberry, cherry, lychee, nashi, nectarine, peach, pear, plum, prune, watermelon
Sweeteners fructose, high fructose corn syrup, concentrated fruit sources, large servings of fruit, dried fruit, fruit juice	Cheeses soft unripened cheeses, such as cottage cheese, cream, mascarpone, ricotta	Cereals wheat and rye	Fruit custard apple, persimmon, watermelon	Vegetables cauliflower, bell pepper, mushroom, sweet corn
Honey corn syrup, fruisana		Misc. chicory, dandelion, inulin		Sweeteners sorbitol, mannitol, isomalt, maltitol, xylitol

RESEARCH QUESTION

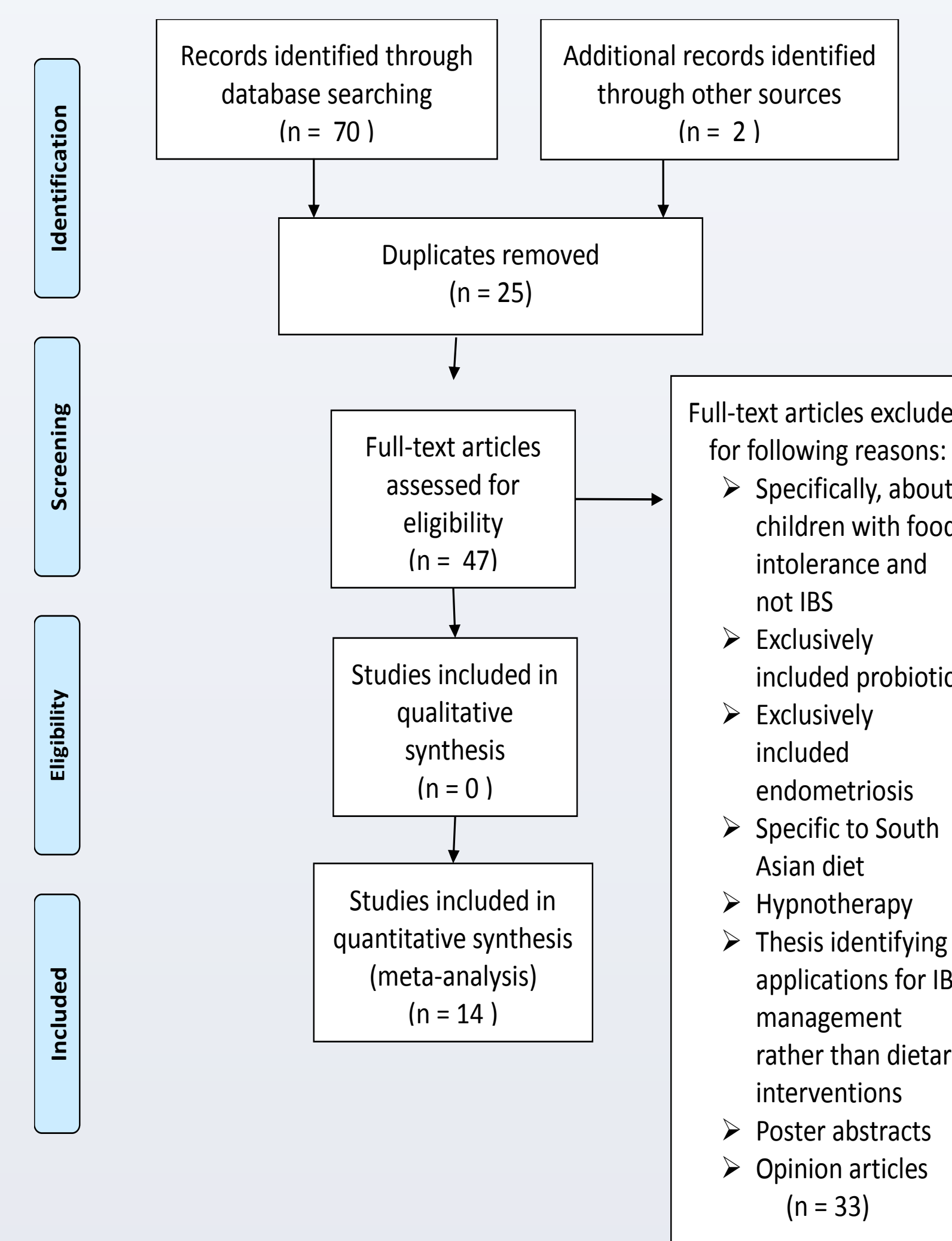
The purpose of this IRR is to determine if a Low-FODMAP Diet Improves Quality of Life for Patients with IBS.

METHODOLOGY

- Literature search of the following databases: CINAHL, Cochrane, PubMed, Medline, Health Source: Nursing/Academic Edition from 2013-2018
- Search terms used: "IBS," "irritable bowel syndrome," "Low-FODMAP diet," and "quality of life"
- Two articles were mined from the references of selected articles
- Articles were appraised by utilizing the PRISMA 2009 checklist within the ERB Tool (Long & Gannaway, 2015) and Appendix G in Brown (2018)
- Seventy articles initially identified, fourteen included in review



LITERATURE SEARCH FLOW DIAGRAM



LITERATURE SYNTHESIS

- Evidence supports low-FODMAP diet improves IBS related bloating symptoms. Patient awareness and education empower patients to foster self-efficacy of symptom control (Wong 2016)
- Meta-analysis suggested low-FODMAP diet improves IBS symptoms and QOL. There were concerns about nutritional status in those not using dietitian assistance (Varju et al., 2017)
- A systemic review & meta-analysis suggested significant IBS-QOL scores post-low FODMAP dietary intervention (Marsh et al., 2015)
- In study of 90 patients experiencing IBS symptoms, 71% saw symptom improvement with a low-FODMAP diet (Ireton-Jones, 2017)
- Studies show FODMAP diet increases small bowel water secretion along with colonic gas production & volume therefore increasing colonic microbiota fermentation from available FODMAP (Staudacher H. M., 2017)

LITERATURE SYNTHESIS CONT.

- 68% reported symptom improvement after dietary interventions compared with 28% of control group (Staudacher et al., 2014)
- Retrospective cross-sectional study on long-term follow-up reported improved QOL & normal stool type after dietary interventions (Maggard et al., 2016)
- A randomized controlled trial showed little difference between low-FODMAP and traditional IBS diets. Future studies should focus on strategies for providing dietary advice (Bohn, et al., 2015)
- More research is needed on dietary long-term effects & efficacy/cost compared to current IBS management strategies (Khan et. al., 2015)

CLINICAL IMPLICATIONS

- Implementing dietary advice in clinical settings may help empower patients to improve symptoms & QOL. Improved symptoms may also decrease office and hospital visits



CONCLUSION

- Overall, this IRR suggests that implementing a low-FODMAP diet may improve IBS symptoms thus improving patient QOL. Although low-FODMAP diet decreases symptoms of IBS, a paucity of research regarding nutritional effects, management strategies, cost implications and dietary education exists.

REFERENCES

Available upon request.
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https://www.google.com/search?q=fodmap+diets&rlz=1C1C8BF_enUS795U5795&source=lnms&btm=ich&sa=X&ved=0ahUKEwizmk60Y_BAHVd6wKH2eBQMQLAUCg88&biw=881&bih=881&imgcr=88&szWG_V_110M:

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