Irritable Bowel Syndrome (IBS) and Diet

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SUMMARY
The role of diet in patients with Irritable Bowel Syndrome still remains empirical, as the underlying pathophysiologic disturbances of this disorder are not fully elucidated and randomised controlled trials are difficult to perform. The mainstay for dietary manipulation still remains the exclusion diets. The new in this field is that the “forbidden” foods are fewer than in the past and the dietary advice given to the patients has a more scientific basis, although not evidence-based but based on the best evidence we have. Fat, milk, fiber, carbohydrates and certain other substances such as coffee, alcohol, hot spices may play a greater or lesser role, in aggravating symptoms. The insistence of doctors in their personal communication with patients as well as new, well designed, trials will help towards a more rational approach to this problem.

Key words: Irritable bavel syndrome, food intolerance constipation predominant IBS

INTRODUCTION
Irritable Bowel Syndrome (IBS) is a functional disorder of the lower gastrointestinal tract. It is also accompanied by other non-colonic gastrointestinal symptoms or extraintestinal manifestations. There exist now hard criteria that clearly separate this syndrome from other, mainly functional, but also organic disorders with a good discriminatory value.

The main problem of this functional disorder is that the pathogenesis is multifactorial and not entirely elucidated. This fact poses difficulties in the therapeutic approach, one aspect of which is dietary management.

1. Dietary manipulation
1.1 Where do we stand?
Although reassurance and psychological support are key factors for the emotional catharsis of patients, many patients believe their symptoms to be caused, or at least aggravated, by certain foods and consequently restrict their diets unnecessarily. To date only a small number of randomised controlled trials exist in the literature most published studies being observational. No firm conclusions can therefore be extracted.

Some experts propose the stratification of IBS patients based on symptoms, paying attention to dietary manipulation for those with mild or moderate disease, who are in the majority, keeping different therapeutic measures for those with severe or intractable disease.

1.1.1. The role of fat
It is generally accepted that fat in the diet seriously contributes to the generation of symptoms. It delays transit, induces bile secretion and is the stimulus for the release of several hormones, the most important of which is CCK. An increased responsiveness of the gut to this hormone has been observed. This pathophysiologic basis makes the advice of avoidance of fatty foods reasonable, as no other, better evidence exists.

1.1.2 The role of fiber
Diet rich in fiber are frequently recommended, especially for those IBS patients with constipation predominant form. The most common advice is the consumption of fiber — mainly as bran — in an increasing stepwise fashion, in divided doses (12-16 gr/day upper limit, 3-4 times/day). Unfortunately, 15-25% of patients complain of aggravation of their symptoms, particularly bloating. Psyl-
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2. What must we hope?

As mentioned above, the pathophysiology of IBS is multifactorial. As was believed in past, the motility disturbances are no longer believed to be the sole factor in IBS pathogenesis. Sensory abnormalities, either peripheral or central, and the recently introduced conception of food intolerance, indicate a greater complexity to the mechanisms. Research in these fields will add knowledge that will lead to therapeutic manipulation for this disorder. The multiplicity of pathophysiology mechanisms may be reflected by the different clinical forms of IBS in discrete groups of patients. The predominant disturbance will probably have a different approach in the future.

2.2 Food intolerance

Food intolerance is a broad term of a yet unknown allergic gut reaction to certain stimuli. However, various studies have shown that several food components may aggravate symptoms through the above mechanism. Unfortunately, these studies have major limitations, which reduces the power of their findings. In a meta-analysis of seven studies, the range of the positive response to an elimination diet fluctuated between 15 and 58 per cent. Milk, wheat and eggs were responsible for the majority of symptom exacerbation. Also, in the same study, foods rich in amines and salicylate were responsible for symptom aggravation. Intolerance related to substances such as fructose and sorbitol, sugars found in fruit, soft drinks and candy. It is interesting, that fructose malabsorption or high luminal fructose concentration has been associated with decreased plasma tryptophan and consequently serotonin levels. This has been linked to some sort of depression. Additionally, a recent study demonstrated a specific group of IBS patients, similar to the “classic” coeliac patients, and their improvement after a gluten free diet.

CONCLUSION

No hard evidence exists for IBS patients concerning their diet. It seems from observational studies that fat (greasy food), lactose, coffee, hot spices, certain carbohydrates, and flatulogenic food may play a negative central role in the dietary manipulation of patients with Irritable Bowel Syndrome. Nowadays fiber consumption remains a controversial issue. It seems to be beneficial to the constipated patient rather than to the constipation-prone IBS patient. More epidemiologic as well as carefully planned randomised studies, are needed, at least for those societies in which the poverty is an old nightmare. The magic carpet of the under(?)-developed countries is not yet known.
REFERENCES


