

FODMAP-Lowering Diet for Patients with Irritable Bowel Syndrome

In a primary care-based trial, the diet was moderately more effective than antispasmodic medication.

A diet low in FODMAPs (i.e., Fermentable Oligosaccharides, Disaccharides, Monosaccharides, And Polyols) improved symptoms of irritable bowel syndrome (IBS) in small clinical trials with dietician involvement in specialty practices (*NEJM JW Gen Med* Feb 15 2014 and *Gastroenterology* 2014; 146:67), but this diet is not easy to adhere to, and its effectiveness in primary care settings is unclear.

In this pragmatic, 8-week trial from Belgium, researchers randomized 459 patients with IBS — clinically diagnosed in primary care practices — to either a low-FODMAP diet or to otilonium bromide (an antispasmodic drug available outside the U.S. and taken thrice daily). The diet intervention — delivered through a smartphone or tablet application — was a FODMAP-lowering diet rather than a strict low-FODMAP diet. Patients with either constipation-predominant or diarrhea-predominant IBS were included.

At 8 weeks, the primary outcome (improvement of ≥ 50 points on a 500-point standardized IBS symptom scale) had occurred significantly more often in the diet group than in the medication group (71% vs. 61%). The results were similar regardless of stool-pattern subtype.

COMMENT

A majority of patients improved in both groups, but the FODMAP-lowering dietary intervention was somewhat more effective than medication. Because so many foods are potentially excluded in this diet, professional guidance makes sense for patients with access to a dietician. However, FODMAP-lowering advice is freely available through various websites and apps, and I've had several patients with IBS who have used such resources successfully. — **Allan S. Brett, MD**

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Carbone F et al. Diet or medication in primary care patients with IBS: The DOMINO study - a randomised trial supported by the Belgian Health Care Knowledge Centre (KCE Trials Programme) and the Rome Foundation Research Institute. Gut 2022 Nov; 71:2226. (<https://doi.org/10.1136/gutjnl-2021-325821>)