Saratoga Schenectady
Endoscopy Center, LLC
Burnt Hills, N.Y. 12027

Foods suitable on a low-fodmap diet

fruit

fruit
banana, blueberry, boysenberry, canteloupe, cranberry, durian, grape, grapefruit, honeydew melon, kiwifruit, lemon, lime, mandarin, orange, passionfruit, pawpaw, raspberry, rhubarb, rockmelon, star anise, strawberry, tangelo

Note: if fruit is dried, eat in small quantities

vegetables

vegetables
alfalfa, artichoke, bamboo shoots, bean shoots, bok choy, carrot, celery, choko, choy sum, endive, ginger, green beans, lettuce, olives, parsnip, potato, pumpkin, red capsicum (bell pepper), silver beet, spinach, summer squash (yellow), swede, sweet potato, taro, tomato, turnip, yam, zucchini

herbs
basil, chili, coriander, ginger, lemongrass, marjoram, mint, oregano, parsley, rosemary, thyme

grain foods

cereals
gluten-free bread or cereal products

bread
100% spelt bread

rice

oats

polenta

other
arrowroot, millet, psyllium, quinoa, sorgum, tapioca

milk products

milk
lactose-free milk, oat milk*, rice milk, soy milk*

*check for additives

cheeses
hard cheeses, and brie and camembert

yoghurt
lactose-free varieties

ice-cream substitutes
gelati, sorbet

butter substitutes
olive oil

other

sweeteners
sugar* (sucrose), glucose, artificial sweeteners not ending in '-ol'

honey substitutes
golden syrup*, maple syrup*, molasses, treacle

*small quantities

Eliminate foods containing fodmaps

excess fructose

fruit
apple, mango, nashi, pear, tinned fruit in natural juice, watermelon

sweeteners
fructose, high fructose corn syrup

large total fructose dose
concentrated fruit sources, large serves of fruit, dried fruit, fruit juice

honey
corn syrup, fruisana

lactose

milk
milk from cows, goats or sheep, custard, ice cream, yoghurt

cheeses
soft unripened cheeses eg. cottage, cream, mascarpone, ricotta

fructans

vegetables
asparagus, beetroot, broccoli, brussels sprouts, cabbage, eggplant, fennel, garlic, leek, okra, onion (all), shallots, spring onion

cereals
wheat and rye, in large amounts eg. bread, crackers, cookies, couscous, pasta

fruit
custard apple, persimmon, watermelon

miscellaneous
chicory, dandelion, inulin

galactans

legumes
baked beans, chickpeas, kidney beans, lentils

polyols

fruit
apple, apricot, avocado, blackberry, cherry, lychee, nashi, nectarine, peach, pear, plum, prune, watermelon

vegetables
cauliflower, green capsicum (bell pepper), mushroom, sweet corn

sweeteners
sorbitol (420)
mannitol (421)
isomalt (953)
maltitol (965)
xylitol (967)

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Why the Low-FODMAP Diet Is a Growing Dietitian-Led Treatment for People with IBS

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Irritable bowel syndrome is a complex digestive condition that interferes with the daily lives of millions of people worldwide. Typically occurring in episodes, the condition is characterized by symptoms such as moderate to intense abdominal pain, bloating and gas. This set of digestive symptoms is not unique to IBS; therefore, to accurately diagnose the condition, health care professionals must rule out other issues such as celiac disease, small intestinal bacterial overgrowth and food allergies.

While diet does not cause IBS, individualized nutrition therapy can significantly lessen symptoms through identification and restriction of trigger foods. Fermentable oligosaccharides, disaccharides, monosaccharides and polyols, or FODMAPs, have been identified as a group of short-chain carbohydrates that are rapidly digested and poorly absorbed in the gut, thus provoking excess fluid and gas in the bowels of many people with IBS. FODMAPs are naturally occurring carbohydrates found in foods such as apples, watermelon, asparagus, broccoli, milk and beans and are sometimes added to food as sweeteners.

Although some carbohydrates under the FODMAP umbrella, such as lactose and fructose, have been targeted in IBS therapy in the past, research on diet therapy addressing all FODMAPs as a group only began within the last decade. Research started in Australia in 2006, and subsequent studies have occurred elsewhere, including the United Kingdom, New Zealand, Scandinavia and the U.S. The results have been clear: When people with IBS consumed high amounts of FODMAPs, their symptoms got worse; when they restricted FODMAPS, their symptoms improved.

Now with enough evidence to support its use, a low-FODMAP diet is recommended as a nutrition prescription for patients with IBS in the Academy of Nutrition and Dietitics' Nutrition Care Manual. Client education materials for a low-FODMAP diet will be available in the NCM later this year.

Nonetheless, doctors caution that low-FODMAP diet therapy is not a cure for patients with IBS. Individual response to the diet varies, and some people with IBS experience little relief from following a low-FODMAP diet. And while a low-

FODMAP diet produces significant results in most IBS patients, it doesn't always eliminate all symptoms. For instance, some patients may experience relief from gas and bloating, but their irregular bowel patterns remain.

FODMAP expert Patsy Catsos, MS, RDN, LD, began using low-FODMAP diet therapy in her private practice almost a decade ago. To date, she has helped thousands of patients through the diet and says that "the FODMAP elimination diet is more than just a list of foods — it's a process. To get the best outcomes, patients need a strategic plan, and that's where the dietitian comes in."

One concern about following a low-FODMAP diet is the effect it may have on a patient's gut microbiota. Evidence shows IBS patients have different gut microbiomes compared to the healthy population. Preliminary research suggests taking a probiotic supplement during low-FODMAP diet therapy can prevent the washout of beneficial gut bacteria, leading some FODMAP experts to recommend this type of supplement to people with IBS on the diet.

In addition to IBS, limited evidence shows promise of a low-FODMAP diet for people with inflammatory bowel disease, which is a separate medical condition (an autoimmune disease characterized by chronic inflammation; includes Crohn's disease and ulcerative colitis). Some researchers suspect a low-FODMAP diet may help alleviate digestive symptoms in people with non-celiac wheat sensitivity, but the diet has not been validated in this population.

Not all FODMAP-containing foods worsen IBS symptoms for all patients, which is why the diet therapy is conducted in two phases. To identify specific foods that trigger symptoms in a patient, phase 1 restricts all high-FODMAP foods and phase 2 gradually reintroduces them.