

Breakthrough common nutrition myths, see what's trending, catch up on latest research, and get great tips from our team of Registered Dietitians.

MYTH

All foods that contain probiotics will benefit your health.

FACT

Probiotics are “good” bacteria that are either naturally found in food or may be added to foods such as dairy products including yogurt, cheese and milk-based beverages. When eaten regularly, in the right amounts, probiotics may help keep your immune system healthy and help maintain the good bacteria in your intestine. Certain types of probiotics may help reduce some forms of diarrhea and symptoms of irritable bowel disease in some people. Not all foods with added probiotics will offer health benefits. We're still learning which probiotics are best, how much to take, and how long to take them for different health benefits.

APRIL

Irritable Bowel Syndrome (IBS)

IBS definition- chronic functional abdominal pain with diarrhea and/or constipation, not connected to a particular health condition.

Using Probiotics in IBS

Probiotics is an umbrella term for micro-organisms which are believed to have health benefits, specifically with digestion and with offering protection from harmful bacteria. The effects of probiotics are strain-specific: the benefits of one genus and species may not be seen in a similar genus and species; exact identification of the strain is important. Probiotics need to be administered alive, and in doses large enough to have an effect (often in the billions).

Prebiotics are non-digestible carbohydrates which provide food for probiotics. Food sources of prebiotics include bananas, artichokes, garlic, leeks, and onions, as well as in barley, rye and other whole grains. Prebiotics help probiotics to grow and thrive within the digestive system.

Probiotic bacteria are naturally found within the body, as well as within some types of fermented foods (ie yogurt, kefir, kimchee, miso, and sauerkraut). Of commercially available food products, Activia yogurt has been shown to be effective in the management of IBS. Dietary supplements, such as Align, TuZen, ibSium, and Digestive Care Daily Relief, have been shown to have Level I evidence to support their use in the management of IBS; other probiotic supplements, which are supported by Level II and Level III evidence, are also available.

For more information on the above products, and their supporting studies, visit: <http://www.probioticchart.ca/>

The FODMAP Diet

In recent years, there has been growing interest in dietary therapies for IBS, particularly a diet low in FODMAPs (Fermentable Oligosaccharides, Disaccharides, Monosaccharides And Polyols). The fermentation of FODMAPs by bacteria in the bowel is a normal and healthy part of digestion. However, for people with IBS, eating foods high in FODMAPs may trigger symptoms.

Research to date has shown that about 3 out of 4 people with IBS have some relief of symptoms while following the low FODMAP diet. While avoiding foods that are high in FODMAPs may improve symptoms, this is not a cure for IBS.

This is not a lifetime diet. A strict low FODMAP diet should only be followed for a period of 4-6 weeks. Then, under the guidance of a Registered Dietitian, FODMAPs are re-introduced to a level of acceptable tolerance. The type and amount of FODMAPs that trigger symptoms are identified so that a long term diet can be established.

[www.gastrojournal.org/article/s0016-5085\(13\)01407-8/pdf](http://www.gastrojournal.org/article/s0016-5085(13)01407-8/pdf)

Link to 1 hour educational video about the low FODMAP diet

<http://www.med.monash.edu.au/cecs/gastro/education/2013-public-lecture.html>

Using Natural Health Products (NHP) in IBS

Likely Effective: Peppermint oil, blond psyllium (also called psyllium husk). These have been determined to be likely safe.

Possibly Effective: Cascara, Chamomile, Karaya gum, Artichoke leaf, Clown's mustard plant, Aloe. These have been determined to be possibly or likely safe to use.

Insufficient evidence to rate: Turmeric, Fennel, Ginger, Melatonin, Coriander

Review of peppermint oil: decreases abdominal pain, diarrhea, flatulence, distention, and bowel movements. Proposed to relax the smooth muscles in the GI tract, and prevent hypercontractility of the gut.

Amount suggested for proposed benefit- Enteric coated peppermint oil capsules 1-2 capsules (0.2mL, 180-225mg, peppermint oil in each capsule) 3x/d. Enteric coated is recommended to reduce possible heartburn associated with peppermint oil.

Review of blond psyllium: Seed and seed husk are the components used in therapy. The soluble fibre acts as a bulking agent to encourage peristalsis and bowel movements in patients with constipation. In diarrhea, psyllium increases water holding ability and viscosity of stool to help slow GI emptying and improve consistency of stool. Psyllium also creates a gel, lubricating the stool and making it easier to defecate. In IBS overall, psyllium helps normalize bowel movements, and improve gas and abdominal pain.

Amount suggested for proposed benefit: constipation: 7-40g/d 2-4 divided doses, diarrhea 7-18g/d 2-3 divided doses, IBS: 10-30g/d 2-3 divided doses. These fibre ranges are high, keep in mind that TOTAL daily fibre intake is generally recommended between 21-25g/d for females, and 30-38 g/d for males. Total fibre is a combination of insoluble and soluble fibre (psyllium is a type of soluble fibre). Consider this when making recommendations regarding the daily amount of psyllium fibre. It is always a good idea to start at the lower ranges and gradually increase with adequate fluid intake, individual amounts needed to see improvements will vary.

Each of these NHP have different benefits for the symptoms of IBS (ie. diarrhea, constipation, or dyspepsia), therefore, check which NHP would be the most beneficial for your patient's presenting symptoms. For example, it would be unhelpful to recommend a NHP that has shown evidence for managing symptoms of IBS related to diarrhea, if your patient is presenting with constipation. When considering a NHP, review the evidence, safety data, potential drug interactions, and appropriateness for your patient, on an individual basis.

Talk to your Registered Dietitian for more information.