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Summary

Adaptive vs pathological food restriction in disorders of gut–brain interaction

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The speaker presented a framework for distinguishing adaptive from maladaptive food restriction in disorders of gut-brain interaction, using a case to illustrate assessment of restriction drivers, nutritional consequences, and multidisciplinary management.

KEY POINTS

- Food restriction in DGBI exists on a continuum from adaptive (limited, flexible avoidance) to at-risk (progressive restriction with emerging consequences) to clear-cut ARFID, requiring assessment of trajectory rather than a single diagnostic threshold.
- The speaker illustrated management with a 23-year-old IBS patient who had progressive restriction on low FODMAP diet, weight loss with positive attitude toward it, low haemoglobin and iron stores, body shape concerns, and social interference despite initial dietary response.
- Key assessment questions the speaker recommended include asking what drives the restriction, what happens when patients don't eat certain foods, and reviewing a typical day of eating to identify warning signs like difficulty reintroducing foods or fear of symptoms.
- The speaker's management approach involved halting further restriction, multidisciplinary referral to psychologist and specialized dietician, addressing nutritional risk including menstrual health, and broadening the treatment toolbox beyond diet.
- At follow-up, the patient successfully reintroduced foods and snacks, normalized blood tests, gained weight, and felt more energized and less anxious despite unchanged symptom levels, according to the speaker.
- The speaker emphasized treating the patient rather than just the restriction, noting that targeting IBS symptoms more intensely may reduce restriction behavior and that following up over time is essential.

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