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Summary

Whole diet interventions for IBS

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UEG Week Berlin 2025 | Presentation

IBD | Neurogastroenterology & Motility | Primary Care

October 7, 2025

Multiple whole diet approaches show efficacy for IBS, with the low FODMAP diet supported by the most evidence (24 RCTs) and ranking in the top four for symptom control, while emerging options like Mediterranean and modified FODMAP diets offer less restrictive alternatives.

KEY POINTS

- A 2024 systematic review and network meta-analysis of 28 RCTs covering over 2000 participants identified at least ten whole diets tested for IBS, with the low FODMAP diet supported by 24 trials and ranking in the top four for global symptom efficacy.
- The low FODMAP diet is a three-phase approach (restrict, reintroduce, personalise) that reduces luminal water and colonic fermentation; efficacy data now extend to non-Western populations and long-term (six months or more) outcomes.
- A modified FODMAP approach restricting only fructans and GOS showed no difference from the full low FODMAP diet for the primary outcome in one small feeding RCT in IBS-D, though total FODMAP intake was not reported.
- Mediterranean diet demonstrated feasibility and reduced GI symptoms as well as anxiety and depression in one trial, and showed no difference from low FODMAP for pain (though low FODMAP performed better for global symptom response) in a second feeding study; a third RCT has been presented.
- The starch and sucrose reduced diet ranked at the top of the network meta-analysis and showed efficacy in two Swedish RCTs, but FODMAP intake was not reported, leaving the mechanism of benefit unclear.
- Restrictive diets can be used safely with dietician support; one prospective study found no change in disordered eating prevalence after six weeks on a restrictive diet, and the speaker recommends first-line dietary advice (per UK BDA and NICE guidelines) before advancing to more complex interventions.

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