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Summary

LOW FODMAP DIET VERSUS TRADITIONAL DIETARY ADVICE IN POSTPRANDIAL FUNCTIONAL DYSPEPSIA: A RANDOMIZED CLINICAL TRIAL

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Oesophagus | Small Intestine & Nutrition | Neurogastroenterology & Motility

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A randomized trial in 60 patients with postprandial distress syndrome found a low FODMAP diet superior to traditional dietary advice, achieving clinically meaningful symptom reduction in 61.3% versus 37.9% at the more stringent threshold (p=0.04).

KEY POINTS

- 61.3% of patients on the low FODMAP diet achieved a 0.7-point reduction in the PDS subscale of the LPDS compared to 20.7% on traditional dietary advice (p<0.001).
- Adequate relief of dyspepsia was self-reported by 71.0% with the low FODMAP diet versus 34.5% with traditional dietary advice (p=0.005).
- The low FODMAP diet group demonstrated significantly greater improvements in individual dyspeptic symptoms, overall quality of life, and overall gastrointestinal symptoms compared with traditional dietary advice.
- The cohort included 63% with coexistent irritable bowel syndrome, but the response to the low FODMAP diet was not driven by lower gastrointestinal symptoms.
- The speaker recommends considering the low FODMAP diet as second-line therapy in PDS due to its complexity and access challenges, with traditional dietary advice as first-line.
- The study did not include a reintroduction or personalization phase, only the elimination phase of the low FODMAP diet.

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