

RANDOMIZED TRIAL OF TRADITIONAL DIETARY ADVICE IN POSTPRANDIAL FUNCTIONAL DYSPESIA

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Poster

Oesophagus

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A randomized trial found that traditional dietary advice did not improve symptoms in postprandial distress syndrome beyond reassurance and diagnostic explanation alone.

KEY POINTS

- 53 patients with postprandial distress syndrome were randomized to receive reassurance and diagnostic explanation alone or with added traditional dietary advice recommending smaller meals and reduced intake of caffeine, alcohol, fizzy drinks, fatty/processed/spicy foods, and fibre over 4 weeks
- Adequate relief of dyspeptic symptoms was achieved by 33% with reassurance alone versus 39% with added dietary advice, with no statistically significant difference between groups ($p=0.70$)
- A clinically meaningful reduction in the postprandial distress subscale was met by 37% with reassurance alone versus 27% with added dietary advice ($p=0.43$)
- No significant between-group differences were observed in gastrointestinal symptom scores or quality of life measures, and response rates did not differ by irritable bowel syndrome status
- The authors conclude that alternate dietary strategies should be explored for postprandial distress syndrome

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