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Summary

Challenges of research and practice in diet and DGBI

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Dietary intervention research in disorders of gut-brain interaction faces unique methodological challenges including dietary collinearity, blinding difficulties, and high placebo response rates that require careful trial design to produce reliable evidence.

KEY POINTS

- The speaker described three delivery methods for dietary interventions—food supplements, individual foods, and whole dietary interventions—each with distinct trade-offs between adherence, cost, precision, and clinical applicability.
- Placebo response rates in constipation trials were reported as substantial: 41% for placebo fibre, 44% for placebo probiotic, 28% for placebo senna, and 32% for placebo water.
- Dietary collinearity poses a fundamental challenge because changing one dietary component inevitably changes others; for example, removing gluten also reduces fibre intake, making it difficult to isolate causal relationships.
- The speaker stated that blinded whole-diet trials are possible through feeding studies with unlabeled ingredients, sham diets with equal complexity but no nutrient changes, or supplementation trials that add active ingredients back via sachets.
- Only one randomised controlled trial exists for dietary advice to increase fibre in constipation, illustrating the need for more high-quality clinical trials in this field.
- Food records and food frequency questionnaires measure different constructs—current intake versus habitual intake—analogous to fasting glucose versus HbA1c, and both have limitations including participant burden and potential behavior modification.

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