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Summary

Therapeutic approach to DGBI: Drugs or diet?

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Neurogastroenterology & Motility | Small Intestine & Nutrition | Primary Care

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Dietary interventions appear effective as first-line treatment for IBS and may be more effective than pharmacological therapies, though the speaker recommends combining dietary, pharmacological, and behavioral approaches rather than choosing one over the other.

KEY POINTS

- British Society of Gastroenterology and AGA guidelines recommend dietary advice early in IBS management, before pharmacological agents, starting with simple dietary guidelines and progressing to more restrictive diets if needed.
- In the speaker's published study comparing low-carbohydrate diet and combined traditional IBS/low FODMAP advice versus optimized medical treatment, both dietary treatments showed better outcomes than drug treatment for overall and individual symptoms, with the most pronounced effect on bloating and sustained response at six months.
- A Leuven study reported that patients receiving less restrictive FODMAP advice via smartphone app did better than those receiving the spasmolytic otilonium bromide.
- Low FODMAP diet and traditional IBS dietary advice showed superiority over habitual diet in systematic reviews, though the Low FODMAP diet is restrictive and difficult to follow and can lead to unfavorable consequences without proper reintroduction.
- Patient acceptability is important; simpler dietary advice was found more acceptable to shop for, cheaper, easier to follow, and more socially acceptable than highly restrictive diets.
- The speaker expressed concern that restrictive diets can harm the microbiota and lead to excessive food avoidance, emphasizing that patients should not remain too strict long-term and should return as closely as possible to a normal varied diet.

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