

Irritable bowel syndrome

What it is, what to try and how to use a low FODMAP approach safely

IBS is real

IBS is a disorder of how the gut and brain work together. It can cause significant symptoms without damaging the bowel. Symptoms can improve with the right combination of diet, routine and treatment.

Most care happens in general practice

This guide gives practical steps you can try with support from CHG. It includes a structured FODMAP-lowering option and links to local NHS dietitian-made resources.

What is IBS?

Irritable bowel syndrome, or IBS, commonly causes tummy pain or cramps, bloating, diarrhoea, constipation, urgency and a feeling that the bowel has not emptied fully. Symptoms often come and go.

What has caused this?

There is rarely one cause. The bowel may become more sensitive and its movement may change. Food, a previous stomach infection, medicines, hormones, sleep and stress can all influence symptoms. Stress can worsen IBS, but this does not mean the symptoms are imagined.

When should I contact CHG?

Ask for urgent advice today

- **Unexplained weight loss.**
- **Bleeding from your bottom or bloody diarrhoea.**
- **A hard lump or persistent swelling** in your tummy.
- **Shortness of breath, noticeable heartbeats or unusual paleness**, which may be signs of anaemia.

Contact CHG routinely if you have had possible IBS symptoms for more than four weeks, your usual pattern changes, symptoms wake you repeatedly at night, or treatment is not helping. New IBS-type symptoms from age 50 need assessment, particularly if you have female reproductive organs, because other conditions can cause similar symptoms.

How is IBS diagnosed?

There is no single test for IBS. A clinician usually makes a positive diagnosis from the pattern of symptoms, an examination and a small number of checks for other conditions.

- **Blood tests may check** for anaemia, inflammation and coeliac disease.
- **A stool sample may be used** if infection or inflammatory bowel disease is a concern.
- **Hospital tests are not routinely needed** when the symptom pattern and initial checks support IBS.

Do not stop eating gluten before coeliac testing

The coeliac blood test may be inaccurate if you have already removed gluten. Keep eating gluten until the test has been completed, unless a clinician tells you otherwise.

What can I try first?

- **Eat regular meals** and take time to eat. Avoid skipping meals or leaving long gaps.
- **Drink regularly**, mainly water or non-caffeinated drinks. Reduce excess caffeine, alcohol and fizzy drinks.
- **Keep a short food and symptom record** and make one change at a time so you can tell what helps.
- **Move regularly and protect sleep**. Relaxation or stress-management can reduce flares for some people.
- **Avoid simply adding bran**. Soluble fibre is often better tolerated than coarse or insoluble fibre.

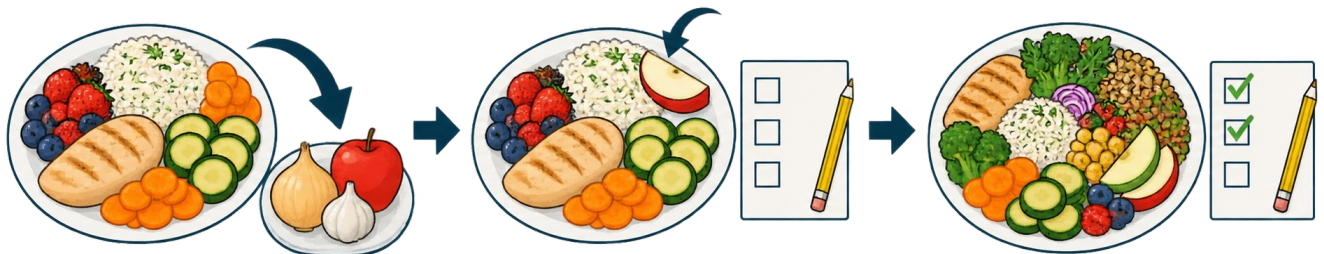
Match advice to your main symptom

Main symptom	What may help
Pain and bloating	Regular meals, oats, up to 1 tablespoon of linseeds daily with extra fluid, and reducing foods that clearly trigger symptoms. A pharmacist can advise about an antispasmodic or peppermint oil.
Diarrhoea	Reduce caffeine, alcohol, fizzy drinks, very fatty food, excess bran and products containing sorbitol, mannitol or xylitol. Replace lost fluid. Ask a pharmacist about loperamide and never exceed the packet dose.
Constipation	Drink enough fluid and increase soluble fibre slowly, such as oats, linseeds or ispaghula. Extra bran can make IBS worse. A pharmacist can advise about a suitable laxative.

The low FODMAP approach

FODMAPs are fermentable carbohydrates found in many ordinary foods. They can draw water into the bowel and are fermented by gut bacteria. In a sensitive bowel this may cause pain, bloating, wind, diarrhoea or constipation.

A structured FODMAP-lowering approach can be useful when simpler changes have not helped enough. In one primary-care trial, about 7 in 10 people improved after eight weeks with an app-guided FODMAP-lowering programme. It will not help everyone.



1 Reduce

Use a lower-FODMAP pattern for 4 to 6 weeks and keep a symptom record.

2 Reintroduce

Test one FODMAP group at a time, increasing the amount only if symptoms stay acceptable.

3 Personalise

Bring back everything you tolerate. Long-term eating should be as varied as possible.

The goal is not lifelong restriction

The first stage is a short test. The important work is bringing foods back and finding your own tolerance. Staying on a very restricted diet can reduce food variety and may affect nutrition and the gut microbiome.

Check before you start

Speak to CHG first if any of these apply:

- **IBS has not been assessed**, your symptoms are new or changing, or you have any warning symptom on page 1.
- **Coeliac testing has not been completed** while you are still eating gluten.
- **You are pregnant, underweight or losing weight.**
- **You have an eating disorder or a troubled relationship with food.**
- **You already avoid several foods**, follow a vegan diet with limited choices, have food allergies, or have another condition that affects nutrition.

It is not a gluten-free or dairy-free diet

Wheat can be reduced because it contains fructans, not because gluten causes IBS. Milk may be reduced only if lactose is a trigger. Many hard cheeses and lactose-free products remain suitable.

Common food swaps

These examples are a starting point, not a complete list. FODMAP content depends on the food, portion and preparation. Use the local NHS guide on page 5 for fuller and more precise advice.

Food group	Often higher in FODMAPs	Useful lower-FODMAP swaps
Flavouring	Onion, garlic, leek	Garlic-infused oil, chives, herbs, spices and the green tops of spring onions
Bread and starch	Large wheat, rye or barley portions	Potatoes, rice, oats, quinoa, corn or polenta; suitable wheat-free or gluten-free bread and pasta
Milk and yoghurt	Ordinary milk and yoghurt if lactose is a trigger	Lactose-free milk or yoghurt, calcium-fortified alternatives and most hard cheeses
Fruit	Apples, pears, mango, stone fruit, watermelon and dried fruit	Oranges, grapes, kiwi, pineapple, strawberries and blueberries
Vegetables and pulses	Cauliflower, mushrooms, asparagus and large servings of beans or lentils	Carrots, peppers, courgettes, aubergine, green beans, spinach and potatoes
Snacks and sweeteners	Cashews, pistachios, honey and products with sorbitol, mannitol or xylitol	Peanuts, walnuts, pecans, maple syrup or table sugar in small amounts

Portion size matters

A food is not always simply high or low. You may tolerate a small portion even when a larger amount causes symptoms. Several higher-FODMAP foods eaten together can also add up.

A simple lower-FODMAP day

- **Breakfast:** porridge with lactose-free milk and strawberries, or eggs with suitable toast.
- **Lunch:** a baked potato with tuna, cheese or egg and a side salad.
- **Evening meal:** fish, chicken, eggs or firm tofu with rice or potatoes and lower-FODMAP vegetables, flavoured without onion or garlic.
- **Snacks:** an orange, kiwi, grapes, suitable yoghurt, oatcakes or a small handful of peanuts or walnuts.

Check labels for onion, garlic, inulin, chicory fibre, fructo-oligosaccharides or FOS, and sweeteners ending in -ol. Gluten-free products can still contain higher-FODMAP ingredients.

How do I bring foods back?

If symptoms improve during the reduction stage, reintroduction helps you learn which foods and amounts matter. Use the detailed Gloucestershire Hospitals guide for the test foods and portions.

- 1 Wait for a settled baseline.** Aim for at least three days when symptoms are minimal or stable.
- 2 Choose one test food.** Keep the rest of your diet lower in FODMAPs during the challenge.
- 3 Test it over three days.** Start with the guide's first portion. Increase it on the next day only if symptoms remain acceptable.
- 4 Stop if symptoms are more than you are willing to tolerate.** Record the amount. Wait for symptoms to settle before the next test.
- 5 Bring tolerated foods back.** The long-term aim is the widest varied diet you can enjoy with acceptable symptoms.

If the reduction stage has not helped by 4 to 6 weeks

Stop restricting and return to your usual balanced diet. FODMAPs may not be your main trigger. Contact CHG if symptoms remain troublesome or you are losing weight or avoiding many foods.

Local NHS low FODMAP help without waiting for a referral

Gloucestershire Hospitals provides a dietitian-made webinar, full food guide and reintroduction guide online. Search **Gloucestershire Hospitals IBS low FODMAP** or use the link below.

[Gloucestershire Hospitals: IBS and the low FODMAP diet](#)

If you need more help

Medicines are symptom-specific. A pharmacist can help with antispasmodics, peppermint oil, laxatives or loperamide. Follow the packet or prescribed dose. If these do not help, a GP can discuss other options, including low-dose medicines that act on gut pain.

Contact CHG

- **Routine help:** cirencesterhealthgroup.co.uk/appointments/
- **Reception:** 01285 653122 or 01285 653184.
- **When CHG is closed:** use NHS 111 online or call 111 for urgent medical advice.
- **Alternative formats or feedback:** contact reception if you need this information in another format or language, or want to report something unclear or inaccessible.

Further information

[NHS: Irritable bowel syndrome](#)

