

Evaluation of Dietary Treatment with Low FODMAP Diet in Mexican Patients with IBS

Perez y Lopez N*, Torres Lopez E and Zamarripa Dorsey F

Hospital Juarez, Mexico City, Mexico.

*Corresponding author: Perez y Lopez N, Hospital Juarez, Mexico City, Mexico, Tel: 51192862; Email: sonelle74@hotmail.com

Received date: Dec 19, 2015; Accepted date: Feb 19, 2016; Published date: Feb 22, 2016

Copyright: © 2016 Lopez NP, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Introduction

The low FODMAP diet eliminates carbohydrates and fermentable alcohols because they are not absorbed by the intestine, but are fermented by the micro biota, causing bloating and flatulence [1]. FODMAP includes short chain carbohydrates like fructose and lactose, fructose and galactosaccharides, sorbitol and mannitol [2]. Patients with functional gastrointestinal disorders present with symptoms like excessive intestinal gas manifesting as bloating and flatulence. In recent studies the low FODMAP diet has demonstrated effective in the treatment of irritable bowel syndrome (IBS), however, not exist papers that evaluate this treatment in Mexican patients [3]. The aim of this study is to evaluate de clinical response of a low FODMAP diet in a group of Mexican population with the diagnosis of IBS in any or its variants.

Materials and Methods

We conducted a clinical, prospective, longitudinal, comparative and experimental study. Patients attended at the Gastroenterology Department in 2014 that were diagnosed with IBS base on the Rome III criteria were included. They were managed with a low FODMAP diet for 21 days and their response to the symptoms of abdominal pain, bloating, flatulence and stool form pre and post-diet were evaluated through the visual analogue scale, Bristol scale and patient overall satisfaction.

Patients were included in an initial visit, in which the patient usual diet was register. They were cited once a week during the two weeks prior to the start of dietary treatment to evaluate the basal visual analog scale (VAS) and Bristol scale (BS). In the second visit it gave them a diet in writing with the forbidden foods. The patient has to register his daily meals.

The clinical response was evaluated once a week during the three weeks of treatment. The results were analyzed by means, 95% CI and the t Student's test.

Results

Of the 31 patients included in the study, 87% were women and the mean age was 46.48 years. Distribution eas: IBS-C 64.5%, IBS-D 22.6% and IBS-M 12.9%. The score for pain was 6.0 (95% CI 5.04-6.96) and the post-diet score was 2.77 (95% CI 1.60-3.95) ($p < 0.001$). The score for bloating was 7.10 (95% CI 6.13-8.06) and the post-diet score was 4.19 (95% CI 2.95-5.44) ($p < 0.001$). The score for flatulence eas 5.94 (95%

CI 4.79-7.08) and the post-diet score was 3.06 (95% CI 1.99-4.14) ($p < 0.001$). The pre-diet Bristol Scale result was 3.68 (95% CI 3.14-4.22) and the post-diet result was 4.10 (95% CI 3.66-4.54) ($p = 0.1$). The satisfaction percentage was 70.9%.

Discussion

The present study evaluated the clinical response in Mexican patients of the common symptoms in IBS (abdominal pain, bloating, flatulence and stool form) treated with low FODMAP diet. Although IBS is one of the most frequent causes of consultation (with a mundial incidence between 10 and 20% and an incidence in Mexico in different studies between 16 and 35%) [4,5]. An important number of patients refers that some foods cause their symptoms. In the recent years it has focused attention on various diet modifications. Low FODMAP diet was shown efficacy in multiple studies [6]. The strengths of our study are that were included patients of different areas of our country so the population is more representative, but is important to extend the sample to other areas of Mexico to confirm our results. This is the first study of treatment of IBS in Mexico with low FODMAP diet proving that this approach will be useful to our patients with IBS in all its variants.

References

1. Bohn L, Storsrud S, Tornblom H, Bengtsson U, Simren M (2013) Self-reported food-related gastrointestinal symptoms in IBS are common and associated with more severe symptoms and reduced quality of life. *Am J Gastroenterol* 108: 634-641.
2. Shepherd SJ, Lomer MCE, Gibson PR (2013) Short-chain carbohydrates and functional gastrointestinal disorders. *Am J Gastroenterol* 108: 707-717.
3. Ong DK, Mitchell SB, Barrett JS, Shepherd SJ, Irving PM, et al. (2010) Manipulation of dietary short chain carbohydrates alters the pattern of gas production and génesis of symptoms in irritable bowel síndrome. *J Gastroenterol Hepatol* 25: 1366-1373.
4. Schmulson M, Ortiz O, Santiago-Lomeli M, Gutierrez-Reyes G, Gutierrez-Ruiz MC, et al. (2006) Frequency of functional bowel disorders among healthy volunteers in Mexico City. *Dig Dis* 24: 342-347.
5. Ureña JV, Fernandez FV, Pineda AJ, Benitez LFC, Jacome AAA, et al. (2010) Prevalencia del síndrome de intestino irritable en población abierta de la Ciudad de Veracruz, Mexico *Rev Gastroenterol Mex* 75: 36-41.
6. Azpiroz F, Hernandez C, Guyonnet D, Accarino A, Santos J, et al. (2014) Effect of a low flatulogenic diet in patients with flatulence and functional digestive symptoms. *Neurogastroenterol Motil* 26: 779-785.