DYSLEXIC DIETITIAN

Living well with IBS: a food and symptom guide

Practical first steps for understanding symptoms, making manageable changes and recording useful patterns without over-restricting your diet.

The main thing to remember

IBS symptoms are real, but IBS does not damage the bowel. There is no single IBS diet: changes should be matched to your symptoms and should protect nutritional variety.



Bloating is a feeling of fullness or pressure. Distension is a visible or measurable increase in abdominal size. Either can occur with IBS.

01 Understanding IBS

Symptoms, diagnosis and bowel pattern

Irritable bowel syndrome is a long-term condition affecting how the bowel functions. Symptoms can include abdominal pain, bloating, diarrhoea, constipation, urgency, straining and incomplete emptying.

IBS may be described as

- IBS-C: constipation predominant
- IBS-D: diarrhoea predominant
- IBS-M: mixed bowel pattern
- IBS-U: unclassified bowel pattern

Assessment may include

- A review of symptoms and medical history
- Blood tests, including coeliac screening
- Checking for warning symptoms
- Further tests when clinically indicated

Rome IV criteria

Rome IV describes recurrent abdominal pain, on average at least 1 day each week during the previous 3 months, associated with at least 2 of the following: pain related to opening the bowels, a change in stool frequency, or a change in stool form. Symptoms should have started at least 6 months before diagnosis. These criteria support professional assessment and are not a self-diagnosis checklist.

IBS is not inflammatory bowel disease

IBS affects bowel function and sensitivity. Crohn's disease and ulcerative colitis involve inflammation and require different investigation and treatment.

Seek prompt medical advice

Contact your GP or NHS 111 for unexplained weight loss, bleeding from the bottom or bloody diarrhoea, a hard abdominal lump or swelling, unusual breathlessness, palpitations or pale skin. Severe or rapidly worsening symptoms also need urgent assessment.

02 First-line management

Start with manageable changes

Change one or two things at a time and allow enough time to judge the effect. Removing several food groups at once makes patterns harder to interpret and can reduce nutritional adequacy.

- Eat regular meals, take time to eat and avoid long gaps or routinely skipping meals.
- Drink regularly. Water and non-caffeinated drinks should make up most of your fluid.
- Review large amounts of caffeine, alcohol and fizzy drinks if they worsen symptoms.
- If diarrhoea is a problem, check sugar-free sweets, chewing gum and drinks for sorbitol.
- Increase daily movement if you are inactive and make time for relaxation and enjoyable activities.
- Support regular sleep and notice whether stress, anxiety, medicines, illness or menstrual changes affect symptoms.
- Use the diary for a defined period, then review patterns rather than monitoring every mouthful indefinitely.

A sensible diary period

Start with 7 to 14 days that include typical working and non-working days. Continue longer only if it remains useful. Symptoms may occur immediately or later, so look for repeated patterns rather than blaming a single food after one episode.

Probiotics

Probiotics are optional. If you try one product, use it at the manufacturer's recommended dose for at least 4 weeks and record whether it makes a meaningful difference. Different strains and products are not interchangeable.

The type and amount of fibre matter

Soluble fibre

- Oats
- Linseeds
- Ispaghula or psyllium husk
- Increase gradually with adequate fluid

Coarse insoluble fibre

- Wheat bran
- Very coarse wholegrains
- May worsen pain or bloating for some people
- Do not remove unnecessarily

If diarrhoea or urgency predominates

- Review caffeine, alcohol, very fatty meals and sorbitol.
- Do not reduce fluid intake to control diarrhoea.
- Seek advice if diarrhoea is persistent, nocturnal, bloody or associated with weight loss.

If constipation predominates

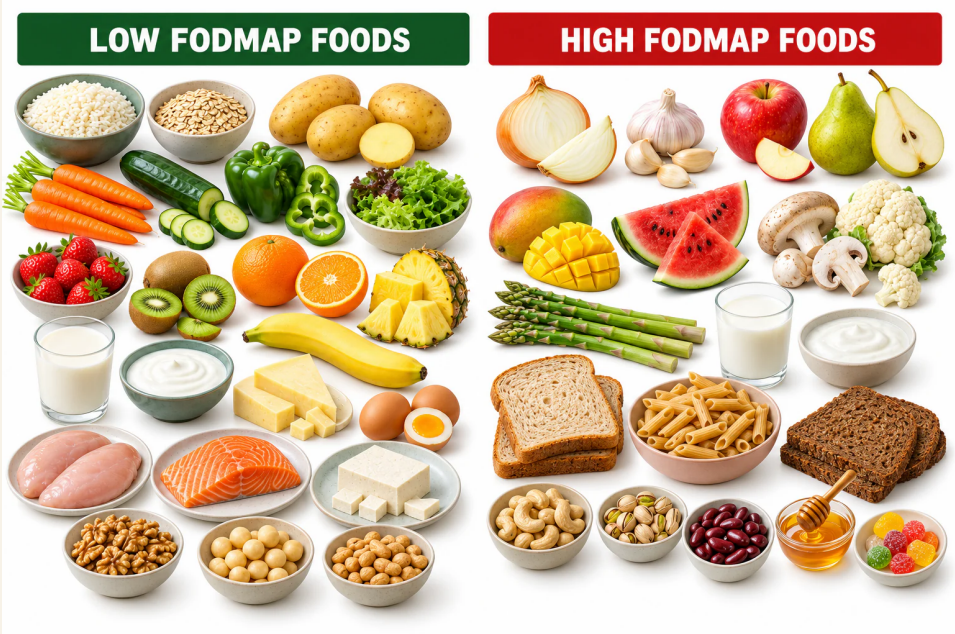
- Build a regular meal and toilet routine and include enough fluid.
- Increase suitable soluble fibre gradually rather than adding large amounts quickly.
- Discuss medicines with a pharmacist or GP if lifestyle changes are insufficient.

If bloating and wind predominate

- Eat slowly and consider whether very large meals or fizzy drinks are contributing.
- Oats or up to 1 tablespoon of linseeds daily may help some people; increase gradually.
- Record whether symptoms reflect the food, portion size, timing or several factors together.

Specialist options when first steps are not enough

FODMAPs are fermentable carbohydrates found in many nutritious foods. In some people they draw water into the bowel or are rapidly fermented by gut bacteria, increasing fluid, gas and pressure.



Examples only: FODMAP content depends on food type, serving size, processing and ripeness. Milk and yoghurt shown as lower-FODMAP examples refer to lactose-free varieties.

Do not remain on the restrictive phase

The aim is to identify tolerance and restore as much variety as possible. NICE recommends that exclusion diets such as low FODMAP are delivered by a healthcare professional with expertise in dietary management.

The gut-brain connection

The gut and brain communicate in both directions through nerves, hormones, immune pathways and chemical signals. Stress or anxiety can alter bowel movement and increase gut sensitivity; unpredictable bowel symptoms can also increase stress. IBS is not 'all in the mind'. Relaxation, cognitive behavioural therapy or gut-directed hypnotherapy may complement dietary and medical care for some people.

How to record useful information

The diary is designed to reveal repeatable patterns, not to prove that one food caused one symptom. Complete it as close to the event as practical and keep your usual routine unless your clinician has advised otherwise.

Record food and drink

- Time
- Food, drink and main ingredients
- Approximate amount
- Caffeine, alcohol or fizzy drinks
- Any supplements or probiotics

Record symptoms and context

- Pain, bloating, urgency or nausea
- Stool time and type
- Stress, sleep and activity
- Medicines and menstrual factors
- Anything unusual that day

Simple scoring

- Symptom severity: 0 = none and 10 = the worst you can imagine.
- Stool type: 1 = separate hard lumps; 2 = lumpy sausage; 3 = sausage with cracks; 4 = smooth soft sausage; 5 = soft blobs; 6 = mushy pieces; 7 = entirely liquid.
- Urgency: 0 = none, 1 = mild, 2 = moderate, 3 = severe or difficult to defer.

Review patterns carefully

Look for patterns that occur more than once and consider portion size, meal timing and non-food factors. Do not remove a whole food group without discussing nutritional replacement with a dietitian or other suitable healthcare professional.

My diary dates

Start date	End date	Typical or unusual week?

06 Daily diary

Food and drink record

Date	Day	Sleep hours	Sleep quality 0-5

Time	Food and drink	Amount and key ingredients	Where and how quickly?

Include water, tea, coffee, alcohol, fizzy drinks, chewing gum, sweets, sauces and snacks where relevant. Approximate amounts are sufficient.

Symptoms, bowel habit and context

Date: _____

Time	Symptom and location	Severity 0-10	Stool type 1-7	Urgency 0-3	Duration and notes

Context	Record
Stress or anxiety	0 1 2 3 4 5 Notes:
Physical activity	
Medicines or supplements	
Menstrual or hormonal factors	
Illness, travel or other changes	

07 Pattern review

What did the diary show?

Complete this page after several days. Focus on repeated associations and practical next steps rather than creating a long list of suspected foods.

My most troublesome symptoms

Times, meals or situations when symptoms were more likely

Patterns involving sleep, stress, activity, medicines or menstrual factors

One manageable change I could test

What improved, stayed the same or worsened?

Take this diary to your appointment

A GP or dietitian can interpret it alongside your symptoms, medical history, test results, weight and overall diet. The diary does not diagnose an intolerance, allergy or IBS subtype.

08 Trusted support

Where to find reliable information

NICE: Irritable bowel syndrome in adults

www.nice.org.uk/guidance/cg61

NICE: Dietary management quality standard

www.nice.org.uk/guidance/qs114/chapter/quality-statement-3-dietary-management

NHS: Irritable bowel syndrome

www.nhs.uk/conditions/irritable-bowel-syndrome-ibs/

Dyslexic Dietitian: Full IBS guide

www.dyslexicdietitian.com/ibs

Monash University: FODMAP information

www.monashfodmap.com

Educational information only

This guide provides general information for adults. It is not a diagnosis or an individual treatment plan. Speak to your GP, gastroenterology team or dietitian for advice based on your circumstances.

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