



FODMAP Overview



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FODMAP is an acronym for **F**ermentable **O**ligosaccharides, **D**isaccharides, **M**onosaccharides and **P**olyols.

This stands for foods that are:

Fermentable – Gas producing

Oligosaccharides – Few simple sugars linked together (fructans, galactans)

Disaccharides – Double sugar (lactose)

Monosaccharides – Single sugar (fructose)

And

Polyols – Sugar alcohols (sorbitol, mannitol, isomalt, xylitol, glycerol)

What are FODMAPs?

FODMAPs are short-chain carbohydrates (sugars and fibers) that are often poorly absorbed in the small intestine and delivered to the colon. This may cause gastrointestinal (GI) symptoms such as bloating (buildup of gas in the intestines), gas (flatulence) and abdominal pain (Pain varying from dull to sharp that occurs inside the stomach or intestines) for some people. FODMAPs are found in everyday foods such as certain fruits, vegetables, dairy products, grains, nuts, legumes and some processed foods. It is important to know that High FODMAP foods are not “bad” nor are low FODMAP foods the only “good” foods to eat. In fact, many high FODMAP foods are healthy foods.

Roughly 10-15% of the adult population suffers from IBS worldwide. Individuals should discuss symptoms with a healthcare provider for a proper diagnosis. If you have IBS with ongoing GI symptoms, then considering the Low FODMAP diet may be beneficial. The Low FODMAP diet will not cure IBS, but it can help manage GI symptoms which can improve quality of life.

GI symptoms can impact a person’s day-to-day life. Research has also found that the low FODMAP diet can improve quality of life, sleep quality, fatigue and anxiety/depression in people with IBS. Additionally, a low FODMAP diet may also improve functional GI symptoms in those with Inflammatory Bowel Disease (IBD).

Who is the Low FODMAP Diet for?

A change in **bowel habits** can be any change what is normal for *you*, such as how often you have a bowel movement or what the bowel movement looks like (how watery or solid, its color, how much you expel at a time).

Research has shown the Low FODMAP diet can help improve GI symptoms in people with irritable bowel syndrome (IBS). IBS is a common gut disorder with symptoms including abdominal (stomach) pain and/or discomfort, bloating, excessive gas, and changes in bowel habits.

A Low-FODMAP diet is not recommended for people without GI symptoms.

Why do FODMAPs trigger GI symptoms?

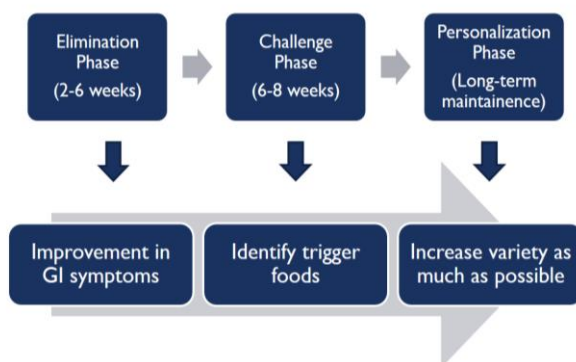
When FODMAPs reach the colon, they are rapidly broken down (fermented) by bacteria which produces gas. This gas production can lead to bloating, tummy swelling, cramping and/or pain in someone with a sensitive GI tract. The other thing FODMAPs do is pull water into the intestines, which can speed things up leading to urgency, loose stools or diarrhea.

A learning approach:

The low FODMAP diet is not a “forever diet.” It is very important to understand the Low FODMAP diet is done in 3 phases:

- 1) Elimination phase
- 2) Challenge phase
- 3) Personalization Phase

The goal of this approach is for you to figure out which FODMAPs you can tolerate, and which trigger your symptoms. This will help you best manage symptoms and eat a well-balanced diet with the most variety possible long-term.



It is also important to note that not everyone feels better on a low FODMAP diet. If your symptoms do not improve on the elimination phase, you should add the high FODMAP foods you were avoiding back into your diet and consider other therapies available to improve symptoms. There is no benefit of avoiding high FODMAP foods unless they trigger your symptoms.

To improve your odds of success, it is highly recommended to work with a Registered Dietitian (RD) with experience in teaching the low FODMAP diet. The low FODMAP diet is challenging and there is conflicting information online.

IFFGD’s **Dietitian Listing** is a resource that allows you to search for a dietitian that is in your area or treats a specific condition.
<https://www.iffgd.org/resources/dietitian-listing.html>

Benefits of working with FODMAP trained registered dietitian (RD):

- They can ensure the low FODMAP diet is a good option for you given dietary restrictions, access to food/shopping, and nutritional needs. Some individuals may benefit from a modified version of

the FODMAP diet or a different dietary approach altogether.

- They can make nutrition recommendations are tailored specifically to you.
- They will monitor to make sure you are getting adequate nutrients.
- They can provide you with up-to-date education on the diet and materials such as food lists and sample meals and snack ideas.
- They will focus on what to eat instead of only focusing on what to avoid.
- They can teach you to review product labels and find hidden sources of FODMAPs
- You will receive grocery shopping and dining out tips as well as cooking and recipe modifications.
- You will have access to an expert to answer your nutrition questions.
- You will get advice on next steps in case the low FODMAP diet doesn’t improve your GI symptoms.

The Elimination Phase:

During the elimination phase, individuals will reduce or eliminate their intake of high FODMAP foods based on their dietitian’s recommendations with the goal of improving GI symptoms. This phase is usually 2-6 weeks but can vary based on a person’s needs. This phase involves identifying the foods that you are eating that are high in FODMAPs and swapping them with low FODMAP alternatives. During the elimination phase your dietitian can help you identify which foods contain FODMAPs, what you can eat, and ensure your diet stays balanced to help support your health and wellbeing.

The Challenge Phase:

Once an individual sees improvement in their GI symptoms from the elimination phase, they can move onto the challenge phase. The challenge phase involves adding back in high FODMAP foods in a structured way to determine which foods and FODMAPs trigger symptoms and which do not. Some FODMAPs will cause symptoms to come back and some will not. Generally, a high FODMAP group or food is challenged one at a time for several days in a row. It is helpful to write down what you try, how much, and how you feel during this time.

Usually, one of three things may happen during a high FODMAP challenge:

1. *No symptoms will arise.* This tells us that the particular high FODMAP food or group isn't triggering GI symptoms and should be well tolerated moving forward.
2. *After challenging the FODMAP for a few days in a row, symptoms arise.* This means small amounts of the FODMAP food or group are tolerated but portions may need to be limited or eaten less frequently instead of eaten every day.
3. *Symptoms come back immediately after challenging.* This is considered a trigger and will likely need to be limited or avoided to improve GI symptoms. You can always go back and re-try a trigger in smaller amounts to see if this is better tolerated.

As stated before, if there are no improvements in symptoms during the elimination phase you should add all the high FODMAP foods back into your diet. Talk with your healthcare provider to find other potential therapies to aid in symptom improvement.

The Personalization Phase:

This can also be referred to as long-term maintenance phase. The goal during this phase is to increase variety and expand the diet as much as possible while continuing to minimize GI symptoms.

During the challenge phase, individuals learn which high FODMAPs trigger symptoms quickly, which FODMAPs can be consumed in moderation, and which FODMAPs are well tolerated. The high FODMAPs that are tolerated can be added back in the diet. It's important to learn what alternatives you can add into your diet to replace the trigger foods that you are limiting/avoiding. Keep in mind that FODMAP tolerance can change over time. Individuals can always re-trial high FODMAPs that may have initially triggered symptoms.

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