# Content from /en/blog/low-fodmap/

## Low-FODMAP diet: the evidence-based diet for IBS


The **low-FODMAP diet** was developed at Monash University in Australia and is now the **first-line dietary therapy for irritable bowel syndrome (IBS)**. Up to **70-75 %** of IBS patients experience significant symptom relief [1]. FODMAP stands for:

- **F**ermentable
- **O**ligosaccharides (fructans, GOS)
- **D**isaccharides (lactose)
- **M**onosaccharides (excess fructose)
- **A**nd
- **P**olyols (sorbitol, mannitol, xylitol)

These short-chain carbohydrates are poorly absorbed in the small bowel, draw water in, and are fermented in the colon → gas, bloating, pain and altered bowel habit.

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### Three phases - all three are essential

| Phase | Duration | Goal |
|---|---|---|
| **1. Elimination** | 4-6 weeks | Remove all high-FODMAP foods → assess symptom response |
| **2. Reintroduction** | 6-8 weeks | Reintroduce one FODMAP group at a time → identify triggers |
| **3. Personalisation** | Maintenance | Avoid only the triggers the patient reacts to long-term |

**Important:** This is **not** a lifelong restrictive diet. Permanent low-FODMAP can damage the microbiome and cause nutritional deficiencies [2].

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### High vs low FODMAP examples

| Category | Avoid (high-FODMAP) | Allowed (low-FODMAP) |
|---|---|---|
| **Fruit** | Apples, pears, mango, watermelon, cherries | Banana (unripe), kiwi, strawberries, blueberries, orange |

| Category | Avoid (high-FODMAP) | Allowed (low-FODMAP) |
|---|---|---|
| **Vegetables** | Onion, garlic, cauliflower, asparagus, peas | Carrot, cucumber, spinach, bell pepper, potato |
| **Grains** | Wheat bread, rye bread, pasta | Oats, rice, quinoa, gluten-free bread |
| **Dairy** | Milk, cream, soft cheese, yogurt | Lactose-free milk, hard cheese, lactose-free yogurt |
| **Legumes** | Lentils, chickpeas, kidney beans | Limited firm tofu |
| **Sweet** | Honey, agave, sorbitol/xylitol gum | Sugar, maple syrup, dark chocolate |

## Evidence

- **Halmos et al. (Gastroenterology 2014)** - RCT showed >50 % symptom reduction on low-FODMAP vs typical Australian diet [1].
- **Staudacher & Whelan (Gut 2017)** - meta-analysis confirms effect in 50-80 % of IBS patients [3].
- **Mansueto et al. (J Clin Gastroenterol 2015)** - also effective in IBD patients with IBS-like symptoms.

## Who should NOT follow the diet uncritically?

- Patients with eating disorder history
- Malnourished or losing weight
- Children and pregnant women without dietitian supervision
- Patients without confirmed IBS - first exclude coeliac, IBD, BAM, SIBO

## Practical tips

- **Use the Monash University FODMAP app** - continually updated
- **Dietitian supervision strongly recommended** to avoid unnecessary restriction
- **Read ingredient labels** - onion/garlic powder is in many ready meals
- **Personalisation is key** - most people tolerate some FODMAPs in moderate amounts

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## Treatment at Kirurgen.dk

We exclude organic causes (IBD, coeliac, BAM, SIBO) before dietary intervention - via colonoscopy, gastroscopy, blood tests and faecal calprotectin. See also: IBS, Bloating, SIBO, Gut microbiome, probiotics and IBS.

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## References

1. Halmos EP, Power VA, Shepherd SJ, Gibson PR, Muir JG. *A diet low in FODMAPs reduces symptoms of irritable bowel syndrome.* Gastroenterology 2014;146(1):67-75.
2. Staudacher HM, Lomer MC, Farquharson FM, et al. *A diet low in FODMAPs reduces symptoms in IBS and a probiotic restores Bifidobacterium species.* Gastroenterology 2017;153(4):936-47.
3. Staudacher HM, Whelan K. *The low FODMAP diet: recent advances in understanding its mechanisms and efficacy in IBS.* Gut 2017;66(8):1517-27.