

DTB CPD/CME Answers



Drug and Therapeutics Bulletin

Does a low FODMAP diet help IBS?

Question 1

Ms PM, a 33-year-old, visits her GP complaining of constipation, abdominal bloating, spasms and pain that is relieved by defecation. She has no other symptoms and after ruling out other bowel disorders, her GP diagnoses irritable bowel syndrome (IBS). What is the prevalence of IBS?

- a. 0–10%
- b. 10–20%
- c. 20–30%
- d. 40–45%
- e. 55–60%

Answer: b. Prevalence of IBS is estimated to be between 10-20% and it is twice as common in women.

Question 2

Ms PM is given standard dietary and lifestyle advice for IBS, recommending that she adjusts her fibre intake, reduces the consumption of insoluble fibre, and limits fresh fruit to three portions daily. She is also advised that exercise and relaxation techniques may help. Which one of the following drug treatments would be recommended for the management of Ms PM's IBS?

- a. Lactulose
- b. Loperamide
- c. Aluminium hydroxide antacid preparation
- d. Mebeverine
- e. Duloxetine

Answer: d. Management options include dietary and lifestyle advice, psychotherapy and pharmacological therapy targeted towards symptoms (e.g. antispasmodic agents, non-lactulose laxatives for constipation, loperamide for diarrhoea, and off-label use of tricyclic antidepressants or selective serotonin reuptake inhibitors for gastrointestinal pain).

Question 3

Ms PM returns after 5 months, as after following the dietary and lifestyle advice and taking an antispasmodic, she is still symptomatic. She asks for advice on the low FODMAP diet as she has read on the internet that it may help. Which one of the following statements about the low FODMAP diet is correct?

- a. Foods high in FODMAPs should be permanently excluded from the patient's diet
- b. Glucose is a high FODMAP monosaccharide
- c. Undigested FODMAPs cause abdominal distension by increasing water volume and producing hydrogen, methane and CO₂
- d. Peas are low in FODMAPs
- e. Fructose breath testing is an established and recommended method of identifying fructose malabsorption

Answer: c. The mechanism by which foods high in FODMAPs are thought to cause gastrointestinal symptoms in IBS patients is complex and depends on how well the individual is able to digest and absorb the different short-chain carbohydrates in the small intestine. Undigested FODMAPs increase water volume in the intestine and are rapidly fermented, producing hydrogen, methane and CO₂ resulting in increased luminal distension.

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Question 4

A randomised controlled unblinded cross-over trial compared the effects of 21 days of a low FODMAP diet with a typical Australian diet in 30 patients with IBS. In the last 14 days of intervention, what was the difference in the 100mm visual analogue scale (VAS score) used to assess overall gastrointestinal symptoms, in patients following the low FODMAP diet compared with the typical diet?

- a. 2mm
- b. 15mm
- c. 22mm
- d. 36mm
- e. 45mm

Answer: c. The average score in the last 14 days of dietary intervention was lower on the low FODMAP diet at 23mm VAS (95% CI 17 to 29) and greater on the Australian diet at 45mm (95% CI 37 to 53).

Question 5

A randomised controlled trial compared a low FODMAP diet with a normal Danish diet (control group) and with probiotic supplementation. What was the change in IBS severity scoring system (IBS-SSS) associated with low FODMAP diet from week 1 to week 6?

- a. 34
- b. 45
- c. 68
- d. 133
- e. 175

Answer: d. There was a statistically significant reduction in IBS-SSS from week 1 to week 6 for both interventions compared with normal diet (IBS-SSS reductions: low FODMAP diet 133 [\pm 122]; probiotic supplement 68 [\pm 107], control 34 [\pm 95]; $p < 0.01$ for both interventions).