

MY JOURNEY BACK TO GOOD HEALTH

Illness can force us to review our diet and lifestyle. Each month, we ask someone who has made changes to share their story

PROFILE

NAME Naomi Lowe

AGE 41

OCCUPATION
Local government worker

CONDITION
IBS (irritable bowel syndrome)

Naomi had put up with symptoms of bloating, constipation and diarrhoea for a long time before finally having her condition diagnosed by her GP. Now, after eliminating certain foods under guidance from her health practitioner, she's feeling better than she has for years, and has made big changes to her lifestyle as well as her diet.

'My digestion was affecting how I felt all day'

'BEFORE I WAS DIAGNOSED WITH IBS, I really did think that feeling bloated after meals was normal, and that constipation, wind and diarrhoea were things everyone suffered on a regular basis. We often don't know what 'normal' bowel movements are, do we? And we're just too embarrassed to ask. Of course, I realise now I should have gone to the doctor years ago.

When I started to get stomach ache and cramps persistently, I really started to worry and went to my GP. As soon as I was diagnosed with IBS, I switched my attention from when I was eating (I'd often blamed my bloating and constipation on stress and eating too quickly), to what I was eating.

TRIAL AND ERROR

People often describe diets to help IBS as restrictive, but that's nothing to how restrictive having IBS is! The health practitioner at my surgery suggested I try an elimination diet to discover exactly which foods might be causing the problem. I basically had to cut out one food at a time and then, after a few weeks, reintroduce it to see if it made a difference.

I started by cutting out milk. I'd been intolerant of it as a child and it seemed an obvious one to

try, but after two weeks I was still suffering symptoms. Then I cut out fizzy drinks, which helped with the bloating but not the constipation or cramps. Next, I tried cutting out wheat and insoluble fibre, such as bran (I'd been eating a lot of it, thinking it would help the constipation). I started drinking a lot more water, too, instead of my usual two or three glasses a day.

NEW EATING HABITS

Cutting out wheat really did help, and once I started to feel better I became much more aware of how my body was supposed to feel. Then I cut out some fruits - which I'd also been eating to combat constipation - followed by fried food. Both these made a big difference. Even better, now I'm eating more regularly and more mindfully and having smaller portions. Whereas I used to have a big sandwich and fruit at my desk, now I always take time out for lunch and go for a walk afterwards.

BACK IN CONTROL

I don't think I've fully sorted my IBS yet but I'm glad I understand what's going on. I am looking at the low-FODMAP diet (see p35), which can - in the end - give you a much more varied diet. I'm glad I'm taking back some control over how I feel because of what I eat. I realise now that my digestion was affecting the way I felt through the whole day.'

AS TOLD TO JENNY HULME. PHOTOS: THINKSTOCK. POSED BY MODEL

MEDICAL NOTES

Irritable bowel syndrome

What is it?

IBS is a common condition that affects the digestive system. Symptoms, which vary from person to person and also in terms of severity, include bloating, excess wind, constipation, diarrhoea, flatulence, stomach cramps and abdominal pain.

Who is affected?

Anybody can develop IBS, but research suggests women are twice as likely to suffer as men, although it may be that male sufferers are simply not seeking treatment for their symptoms (studies show women are more likely to seek medical advice). The symptoms of IBS are most likely to first appear between the ages of 20 and 30 and it's estimated that between 10% and 20% of the UK population have the condition.

What causes it?

This is still unclear, although stress and diet definitely play a part in most people's symptoms. The onset of IBS is reported to be preceded by a stressful event in over 50% of sufferers, and in between 10% and 20%

of cases, onset may be caused by an acute gastrointestinal illness, such as a stomach bug or food poisoning. Food intolerance is often implicated in IBS, too. But although there are many tests available that claim to be able to diagnose food intolerances, these have no scientific basis and are often very expensive. The best way to work out whether food intolerance is contributing to your IBS symptoms is a food elimination and reintroduction plan (see the low-FODMAP diet on p35). This should always be done under supervision by your GP or a registered dietitian.

'The onset of IBS may be preceded by a stressful event in over 50% of sufferers - and may sometimes be caused by a stomach bug or food poisoning'

Should I see my GP?

Although the nature of the problem, plus the pain and embarrassment it sometimes causes, can lead to anxiety, any change in bowel habit (or bleeding or mucus) should always be discussed with your doctor as soon as possible.

'I'm eating more regularly and more mindfully and having smaller portions'



TURN THE PAGE for diagnosis and treatment →

THE EXPERT'S VIEW



Registered dietitian and IBS specialist Jennifer Low says...

AS NAOMI EXPLAINS, living with IBS isn't easy. It can cause people to become isolated as they're worried about going out in public with their symptoms. In fact, when rating their quality of life, people with IBS score lower than people with chronic disorders such as diabetes.

DIAGNOSIS

There's no specific test, but if you suspect you have the condition, it's important to see your GP or health practitioner to exclude any more serious causes for your symptoms.

A diagnosis of IBS should be considered if the person has abdominal pain or discomfort that's relieved by defecation or associated with a change in stool consistency (how the stool looks) or frequency. This should be accompanied by at least two of the following four symptoms:

- Altered stool passage (straining, urgency, incomplete evacuation)
- Abdominal bloating (more common in women than men), distension, tension or hardness)
- Mucus in the stool

6 symptom-easing tips from Jennifer

TAKE IT SLOWLY

Don't rush meals, and eat little and often throughout the day. Aim for three small-to-medium-size balanced meals and three healthy snacks each day.

KEEP HYDRATED

Ensure you're drinking enough water – for most people this means around 2 litres per day.

WATCH THE CAFFEINE

Avoid or reduce coffee, tea and fizzy drinks that contain caffeine – it may be irritating your gut lining.

CUT DOWN ON BOOZE

Alcohol is also an irritant in the gut.

TEMPER A SWEET TOOTH

Avoid high-sugar and, for that matter, high-fat foods – they don't offer any health benefits and can make symptoms worse.

TAKE IT EASY

Last, but very importantly, try to RELAX! Easier said than done with our pressured lives, but stress plays a significant role in many people's symptoms, so including activities in your daily life to help you relax, such as yoga, meditation, or even a nice warm bath, may help to alleviate symptoms.



● Symptoms made worse by eating

Other features, such as lethargy, nausea, backache and bladder symptoms, are also common and may be used to support the diagnosis.

TREATMENT

Unfortunately, there's currently no cure – it's about managing the symptoms and discovering what works for you. Prescription medications include anti-spasmodics (to relax the gut lining), laxatives (for constipation) and antimotility drugs (for diarrhoea) and these work quite well for some people. In some cases, antidepressants help.

In terms of complementary therapies, guidelines from the National Institute of Health and Clinical Excellence (NICE) suggest cognitive behavioural therapy, hypnotherapy and other psychological therapies may help, although there's no evidence that acupuncture or reflexology alleviate symptoms.

As for food, no particular diet is considered ideal, and the types of food recommended largely depend on which symptoms you have and what your current diet includes. If constipation is a problem, for example, it can be helpful to include more fibre, especially the soluble type found in oats and fruits, vegetables, beans and pulses, which help to soften stools. For others, having a high-fibre intake can make symptoms worse, especially if they get diarrhoea and bloating.

Everyone, of course, should aim to eat a balanced diet, eat regularly, avoid skipping meals, take time when eating, and chew food well. An elimination diet may be useful but should always be done under the supervision of a healthcare professional.

WORDS: JENNY HULME. PHOTOS: THINKSTOCK

THE LOW-FODMAP DIET

Worth a try?

Many sufferers and practitioners swear by the elimination – under guidance – of certain carbs

FODMAPs are certain types of carbohydrates that are not absorbed in the small intestine and are instead passed into the colon. Although they are poorly absorbed by everyone, only some people get IBS symptoms when bloating, flatulence, abdominal pain and constipation occur as the natural bacteria in the colon digest the food.

These FODMAPs (Fermentable Oligosaccharides, Disaccharides, Monosaccharides And Polyols) tend to be found in processed foods, artificial sweeteners, wheat products, some vegetables, fruit and pulses and some dairy foods. For example, fructose (a monosaccharide) is the main type of sugar found in fruit juice, fruit and honey; lactose (a disaccharide) is the main type of sugar found in dairy products; and types of sugars called oligosaccharides are found in foods like cereals, bread, pasta, biscuits and cakes.

How the low-FODMAP diet works

Over a period of eight weeks, FODMAPs are virtually eliminated. If your gut is going to respond to a low-FODMAP diet, this is the period during which IBS symptoms should lessen dramatically or disappear. You then reintroduce FODMAPs one by one – each over

a period of three days. From this you can establish those that trigger IBS symptoms and those your body is able to tolerate. It may be that you can tolerate certain amounts of a certain FODMAP, which is useful to know if you're going out for dinner, or to a friend's house. 'For example, one of my clients now knows she can tolerate some gluten-containing foods occasionally without aggravating her IBS symptoms,' says Jennifer. 'This has been useful as her husband's family eat lots of pasta! But she also knows if she has a wheat-based cereal for breakfast, a sandwich at lunch and pasta for dinner she gets a very painful tummy.'

If you think a low-FODMAP diet may relieve your symptoms, look for a registered dietitian in your area (ask your GP to refer you or visit freelancedietitians.org), who will be able to guide you through the elimination and reintroduction process. It's very important not to try it without guidance. 'Many foods contain FODMAPs and you could seriously compromise your health if you try to eliminate these foods without the help of a health practitioner,' says Jennifer.

Find out more at...

- jlnutritionclinic.com
- theibsnetwork.org

