

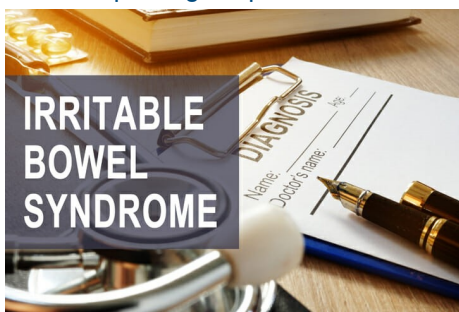
UPMC Center for Integrative Medicine

Dedicated to increasing knowledge about safe and effective complementary and integrative medicine approaches.

Irritable Bowel Syndrome (IBS) & the Low FODMAP Diet

LuAnn Scarton, MS, RDN, LDN, CLT - *Functional Registered Dietitian Nutritionist*

Should I try a Low FODMAP diet to relieve my IBS symptoms? Maybe. In their 2020 Clinical Guidelines for the Management of IBS (Irritable Bowel Syndrome), the American College of Gastroenterology recommended a limited trial in patients with IBS to improve symptoms & with proper counseling with a properly trained Dietitian (1). Frequently, I see patients who have either decided to undergo a Low FODMAP diet on their own or have been told by their doctor to trial the diet. They may not have a proper understanding the real purpose of the diet & how to properly follow it. Everyone has unique diet needs & this diet is far from a one-size-fits-all plan. A trained Registered Dietitian Nutritionist can assess if you are a candidate for trialing the diet and if adherence to the diet makes sense with your lifestyle your individualized nutritional needs on the diet, assistance with meal planning, recipes, & more.



What is the Low FODMAP diet?

The Low FODMAP diet originated in the early 2000s in Australia by a research team that determined certain components of foods contributed to IBS symptoms, such as bloating, abdominal pain or distension, flatulence, constipation & diarrhea. FODMAP is an acronym that describes the types of carbohydrates found in food that may be poorly absorbed in the intestinal tract. These carbohydrates eventually make their way into the large intestines where they are rapidly fermented, but poorly absorbed. The process of fermentation leads to production of gases including hydrogen, methane, & carbon dioxide, causing expansion of the intestines and symptoms for sensitive IBS sufferers.

While it is often referred to as a “diet”, I prefer to think of it as a short-term “plan” that does the necessary detective work to identify food triggers. A properly implemented Low FODMAP diet can provide significant relief of IBS symptoms in the proper candidate. This plan provides a very systematic approach to identifying problematic foods & building a customized long-term plan.

What does FODMAP mean?

- FODMAP stands for **F**ermentable, **O**ligosaccharides, **D**isaccharides, **M**onosaccharides, **A**nd, **P**olyols. FODMAP categories are determined based on their own chemical makeup. Examples of foods that contain each of the following type of FODMAP include: **Oligosaccharides (Fructans & GOS)** found in beans, wheat, rye, garlic, & onions.

- Disaccharides (Lactose)** found in milk, yogurt, & certain cheeses.
- Monosaccharides (Fructose)** found in high fructose corn syrup, asparagus, & honey.
- Polyols (Mannitol & Sorbitol)** found in cauliflower, cabbage, & avocado.

How do I know if the Low FODMAP diet is a good idea for me? First things first. Starting a low FODMAP diet should be discussed with your physician, gastroenterologist &/or a qualified RDN. If this diet is recommended for your unique needs, a RDN can help you with how to implement the plan so that it will be nutritionally adequate.

If you have a history of “disordered eating”, implementing this type of rigidity in an eating plan will likely do more harm than good. Making these types of changes can be time consuming initially as you are learning new foods to shop & prepare. Ideally, you should not consider trialing this plan if you do not have adequate time or the ability to commit to full compliance. Overall, purchasing different foods, often specialty items, may be more expensive during the initial phase of the diet.

The plan will only be effective in relieving symptoms if it is properly implemented & followed. The Low FODMAP diet is triphasic: Phase 1: Elimination Phase (2-6 weeks), Phase 2: Reintroduction Phase (8-12 weeks), & Phase 3: Modified/Adapted Phase.

Are FODMAP's bad for you?

This is the puzzling part of a Low FODMAP diet. FODMAP containing foods are generally healthy, nutrient rich carbohydrates, so it doesn't make sense that these foods could be “harmful” foods. However, due to the nature of IBS & sensitivity of the gut lining, the body is not able to deal with the effects of these fermented carbohydrates. Identifying which specific FODMAPs are problematic reduces long term elimination of all the foods & allows for a more balanced diet.

Generally, I find that most patients tend to react to similar foods in a specific FODMAP category, but able to tolerate others. For example, someone may be sensitive only to Oligosaccharides & not Polyols. RDNs will be able to identify which nutrient shortcomings may be of concern for long-term elimination & guide you towards a more nutritionally adequate diet that is also gut friendly.

Continued on page 3

Inside CIM Newsletter

| | | |
|-----------------------------|-------------------|-----|
| IBS & FODMAP Diet | New Practitioners | 2 |
| IBS & FODMAP Diet continued | 3 Research | 3-4 |

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Meet our Newest Members of the Center for Integrative Medicine Team!

Help us in welcoming the newest members of the Center for Integrative Medicine Team!

Jamie DeMarco, DPT was thrilled to join the Center for Integrative Medicine in June of this year. Dr DeMarco has been practicing physical therapy since 2005 and brings a strong skill set to the treatment of various orthopedic, vestibular, and pelvic floor dysfunction. Dr DeMarco is passionate about her work and wholeheartedly believes in a holistic approach to treating patients by addressing the musculoskeletal impairments, nutrition, and emotional facets related to pain and pain modulation. Dr DeMarco has undergone hundreds of hours of continuing education in order to strengthen her manual techniques (soft tissue mobilization, myofascial release, strain-counterstrain, cupping) and exercise prescription. In 2015 she completed her 200 hour yoga teacher training and in 2019 completed her post-graduate training in Medical Therapeutic Yoga. Along with physical therapy services, Dr DeMarco offers private yoga instruction, meditation, and wellness.



Amanda Hunt, LAc is an acupuncturist at the Center. While working in the business world, Amanda had the chance to experience acupuncture treatment. Although we commonly use acupuncture for pain, within the Chinese system, it's all about moving energy in the body. She recalls after 1 treatment, feeling that something in her system had shifted and that feeling led her to want to share that experience. She went back to school, training in acupuncture, Traditional Chinese Medicine, and Chinese Herbal Medicine. She has obtained her other certifications and hopes to complete the Chinese Herbal Medicine certification early this year. The most profound changes she sees occur when individuals who seem disconnected from their bodies experience subtle changes. Along with becoming more in touch with their bodies, they often experience awareness of new or different emotions. She finds helping people with the emotional aspect of the changes to be greatly rewarding.

Dezza Pastor, E-RYT is pleased to join the Center for Integrative Medicine as a Structural Integration (SI) practitioner. Dezza has practiced for 12 years as a yoga instructor and providing classes and individual instruction for clients and continues to do this work. She describes it as "a gift of the pandemic that allowed me the time to go through the SI training". She



had close mentorship with 2 of the world leaders in this field, including David Lesondak, who is our senior Structural Integrator here at the Center. SI is a form of bodywork that treats fascia, the deep connective tissue that provides structure and balance to the body. Typically, SI involves a series of 12 sessions of treatment. Dezza finds that the 2 areas approaches, yoga & SI, complement each other nicely. Here at the Center, she often borrows breathing approaches and gentle poses from yoga to complement the bodywork. she finds that this allows her patients to move more freely and maintain this greater flexibility and mobility.

Brenda Unghajer, RN, MSN, LMT is a massage therapist at the Center. She is a registered nurse working with the Gamma Knife program at UPMC Presbyterian, with 11 years of nursing experience. Like her colleagues, she was drawn to nursing out of a desire to help people through health challenges. Her work as a massage therapist at the Center allows Brenda to literally bring the human touch into her work. Given her background in health care and nursing,



Brenda serves as adjunct faculty at the CCAC Massage Therapy Program. For clients who primarily are looking for the relaxation benefit, she uses Swedish massage, and for those with musculoskeletal pain, she uses an array of deep tissue and myofascial approaches.

Craig Weimer, DC is a chiropractor who has joined Dr. Daniel Miller and is seeing patients with back, neck, and other musculoskeletal pain problems. Dr. Weimer has been in practice for 32 years. He highlights the array of manipulative and rehabilitation approaches that are used. "I try to use the least amount of force with manipulation to move the involved segment without causing undue strain." He finds that combining several approaches can help individuals with spinal-related pain recover more quickly and maintain gains. These include standard manipulation, what we call High Velocity Low Amplitude; soft tissue techniques-such as strain-counterstrain or myofascial release; and specific stretches and strengthening exercises to improve motion and stability. Being in this field for over 3 decades, he is amazed to see the changes in the field. Insurance coverage for chiropractic care is fairly universal. In the past, there was a rift between chiropractors and traditionally trained physicians and medical providers. Now many of our referrals come from physicians, nurse practitioners, and PA's. This rapprochement is brought home by the positioning of chiropractic as a core component of care at the Center for Integrative Medicine.



Welcome!

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IBS & Low FODMAP Diet continued

What are the pitfalls of a Low FODMAP diet?

Since many Gluten-Free foods, but not all, are low FODMAP, many fall into a strictly gluten free diet, which is not always necessary, especially if fructans are tolerated during the rechallenge stage. Purchasing convenience foods that are low FODMAP can contribute to more of a “junk food” diet & less of a “balanced” diet.

Is a Low FODMAP diet helpful for Ulcerative Colitis & Crohn's Disease?

Due to the nature of generalized gastrointestinal symptoms patients experience, even those in remission, a low FODMAP diet is a consideration. There is some evidence that a trial that a low FODMAP diet may provide greater management of symptoms of Inflammatory Bowel Disease.

What would a sample menu on a Low FODMAP diet look like?

BREAKFAST

Sauteed peppers & Scrambled eggs, Gluten free toast with margarine, banana

LUNCH

Broiled salmon on arugula greens with lemon vinaigrette, Clementine

SNACK

Rice cake with peanut butter, Almond Milk

DINNER

Roasted Rosemary Chicken , Baked Potato with margarine, Steamed Carrots



Lacy, Brian et al. ACG Clinical Guideline: Management of Irritable Bowel Syndrome, The American Journal of Gastroenterology: January 2021 - Volume 116 - Issue 1 - p 17-44

If your physician has recommended you try the Low FODMAP diet or are wondering if you are a candidate for trialing this diet, schedule an individualized Nutrition Assessment & Counseling session with me at 412- 623-3023.

Research Opportunities

The **UPMC Center for Integrative Medicine** is dedicated to increasing knowledge about the effectiveness and safety of complementary and integrative medicine approaches. The Center for Integrative Medicine, in concert with the University of Pittsburgh, is actively pursuing research to support the benefits of these therapies.



Are you bothered by chronic low back pain?

You may be eligible to participate in a research project studying Mindfulness training for patients with chronic low back pain.

Participation in this research study may include:

- Completing surveys and video calls with research staff
- Attending weekly group sessions via zoom
- Compensation for participation

Contact us at our website to see if you are eligible for the OPTIMUM research study!
Visit our website: www.optimum.pitt.edu

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Additional Research Opportunities

Got Back Pain?

Volunteers needed for a Pitt Research Study

Are you:

- age 18 or older?
- currently experiencing low back pain?

You may be eligible for a University of Pittsburgh federally funded research study exploring different therapies to treat low back pain and prevent it in the future.

There is no cost to you to participate in this year-long study. Compensation will be provided.



To learn if you may qualify for a screening appointment, visit www.pacback.org

Researchers Need Help on Study of Low Back Pain

The University of Pittsburgh is conducting a research study to better understand the contributors of low back pain. We are looking for adults who have experienced low back pain for **more than 3 months** in the last 6 months.

Are you interested?

See if you qualify by going to lb3p.pitt.edu, call 412-459-6719, or email lowbackpainstudy@pitt.edu



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