

Cedarville University DigitalCommons@Cedarville

Pharmacy and Nursing Student Research and Evidence-Based Medicine Poster Session

11-2012

Nutritional Interventions for IBS Patients

Kaitlin Fain Cedarville University, kfain@cedarville.edu

April Locher *Cedarville University,* alocher@cedarville.edu

Follow this and additional works at: http://digitalcommons.cedarville.edu/ pharmacy_nursing_poster_session Part of the Medical Nutrition Commons

Recommended Citation

Fain, Kaitlin and Locher, April, "Nutritional Interventions for IBS Patients" (2012). *Pharmacy and Nursing Student Research and Evidence-Based Medicine Poster Session*. 37. http://digitalcommons.cedarville.edu/pharmacy_nursing_poster_session/37

This Poster Session is brought to you for free and open access by DigitalCommons@Cedarville, a service of the Centennial Library. It has been accepted for inclusion in Pharmacy and Nursing Student Research and Evidence-Based Medicine Poster Session by an authorized administrator of DigitalCommons@Cedarville. For more information, please contact digitalcommons@cedarville.edu.



Nutritional Interventions for IBS Patients

Kaitlin Fain and April Locher Cedarville University School of Nursing

PATIENT CARE ISSUE

Background & Significance

- IBS is a chronic disease without a clear etiology
- 3-25% of the population of western countries are affected by IBS³
- Symptoms include diarrhea, abdominal pain, incomplete stool, and constipation
- Symptoms interfere with daily life and cause feelings of helplessness or hopelessness

SYNTHESIS OF EVIDENCE

Decreased Fructose¹

About 1/3 of IBS in the Fructose tolerance study¹ reported improvement of symptoms (pain, belching, indigestion, and diarrhea). Adherence rate was 53% out of 80 patients.

Increased Fiber^{2,4}

Fiber intake was measured using the Food Frequency Questionnaire, and 64% of participants who had an intake of >30mg of fiber reported improvement of symptoms.

EVIDENCE-BASED PRACTICE QUESTION

Question: What diets should IBS patients adhere to in order to decrease symptoms that no diet change would exacerbate?

P Adults 18 years and older diagnosed with IBSI Increased Fiber, Decreased Fructose, ProbioticsC No diet modificationO Lessen or eradicate reported symptoms of IBS

REGISTERED NURSE INTERVIEW

- No specific policy enforced regarding IBS patients at Springfield Regional
- No diet restrictions are enforced for patients, but specific diets are encouraged
- Situation dependent, the doctor may prescribe: anti-diarrheals, bulking agents, laxatives, and anti-spasmodics
- Patient teaching on discharge for patients with IBS includes: increase fiber intake in diet, smoking cessation, increased physical activity, and relaxation techniques.

Probiotics^{3,5}

Approximately 61% of patients had an improvement on global symptoms when compared to placebo patients.

Patients experienced minimal side effects

Use of different probiotics had little change in outcome of symptom improvement

EVIDENCE-BASED PRACTICE RECOMMENDATIONS

- Add probiotics to diet (most evidence based for symptom improvement)^{3,5}
 Increase intake of fiber in diet^{2,4}
- Decrease intake of foods high in fructose¹

LIMITATIONS

Need for further research based on:

- Difficult to identify external factors
- Evidence was not entirely conclusive
- Limited number of people participating
- Assessment criteria was not standardized throughout studies

METHODS

- Key Words: "IBS", "diet", "nursing", and "nutrition"
- Databases: PubMed, Alternative Med Review, Medline, and CINAHL, Google search
- Inclusion: Over age of 18, possess common symptoms of IBS
- Exclusion: Under age of 18, patients with recent abdominal surgeries

RESULTS

- 40 articles were found using the key words and 7 fit the inclusion and exclusion criteria. 5 of those articles were included in this review.
- One Meta-Synthesis
- Two Randomized controlled trials
- One comparative study
- One Systematic review

PROBIOTIC EFFECT ON GLOBAL SYMPTOMS³

Table 5 Global Improvement in IBS Symptoms in 14 probiotic/placebo treatment arms

| Reference | Probiotic | Global improvement in IBS symptoms | | Definition of primary outcome ¹ |
|----------------------------------|--|------------------------------------|-----------------|---|
| | | Probiotic n/n (%) | Placebo n/n (%) | - |
| Maupas ^[45] | Saccharomyces cerevisiae boulardii lyo | 13/16 (81) | 13/18 (72) | Improvement of symptoms |
| Gađe ^[46] | Strept faecalis | 26/32 (81) | 9/22 (41) | Improvement of symptoms based on physician assessment |
| Halpern ^[47] | L. acidophilus | 17/18 (94) | 13/18 (72) | Absence of symptoms |
| Nobaek ^[48] | L. plantarum | 11/25 (44) | 7/27 (26) | Decrease ≥ 1.5 on VAS symptom scale |
| Niedzielin ^[50] | L. plantarum | 9/20 (45) | 3/20 (15) | Absence of symptoms |
| ¹ Kim ^[51] | VSL#3 ² | 4/12 (34) | 5/13 (38) | Satisfactory relief of IBS symptoms |
| Kajander ^[54] | L. rhamnosus GG + L. rham. LC705 + Bifid. breve Bb99 + Prop. freudenreichii | 31/41 (76) | 17/40 (43) | Symptoms alleviated based on significant reduction of symptom scores |
| Simren ^[58] | L. plantarum | 10/29 (35) | 11/29 (38) | Reduction ≥ 50% of total symptom score |
| Whorwell ^[35] | Bifido. infantis (dose, 10 ⁶ cfu/mL) | 33/74 (44) | 32/76 (42) | Adequate relief of symptoms |
| Whorwell ^[35] | Bifido. infantis (dose, 10 ⁸ cfu/mL) | 45/72 (62) | 32/76 (42) | Adequate relief of symptoms |
| Whorwell ^[35] | <i>Bifido. infantis</i> (dose, 10 ¹⁰ cfu/mL) | 26/71 (37) | 32/76 (42) | Adequate relief of symptoms |
| Enck ^[59] | E. coli + Strept faecalis | 102/149 (68) | 56/148 (38) | Reduction of ≥ 50% in total symptom score |
| Marteau ^[61] | Bifido. longum, L. acidophilus, Lactococcus lactis, Strept thermophilus | 20/47 (42.6) | 22/52 (42.3) | Relief of discomfort |
| Simren ^[62] | L. paracasei, L. acidophilus, Bifido. lactis in yoghurt | 14/33 (42) | 17/34 (50) | Reduction of \geq 50% in total symptom score |



| ¹ Choi, Y. K., Kraft, N., Zimmerman, B., Jackson, M., and Satish, R.S.C. (2008). Fructose intolerance in IBS and utility of fructose-restricted diet. Journal of Clinical Gastroenterology, 42(3):233-8. Retrieved from | | | |
|--|--|--|--|
| http://www.ncbi.nlm.nih.gov/pubmed/18223504. | | | |
| ² Hsueh, H., Jarrett, M.E., Cain, K.C., Burr, R.L., Deechakawan, W., and Heitkemper, M.M. (2011). Does a self-management program change dietary intake in adults with irritable bowel syndrome? Gastrointestinal Nursing, 34(2): 108–116. | | | |
| Retrived from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3091481/ | | | |
| ³ McFarland, L.V., & Dublin S.(2008). Meta-analysis of probiotics for the treatment of irritable bowel syndrome. World Journal of Gastroenterology, 14(7): 2650-2661. Retrieved from http://www.wjg.com | | | |
| ⁴ Simren, M. et al. (2009). Clinical trial: the effects of a fermented milk containing three | | | |
| probiotic bacteria in patients with irritable bowel syndrome – a randomized, double-blind, controlled study. Aliment Pharmacol Ther, 15;31(2):218- | | | |
| 27. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/19863495. | | | |
| 5 Yoon S. Grundmann O. Koenn J. Farrell J. (2011) Management of irritable bowel syndrome (IBS) in adults: conventional and complementary/alternative approaches. Alternative Medicine Review, 16(2):134-51. Retrieved from | | | |

ACKNOWLEDGEMENTS

We would like to thank Kerri Jackson at Springfield Regional Hospital for

participating in the interview portion of this review.