Nutrition Notes

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IBS

Irritable bowel syndrome is a disorder of gut-brain interaction. In 2020, the American College of Gastroenterology (ACG) issued their first ever guidelines for treatment of IBS which will make a positive impact on those suffering with IBS. Celiac disease needs to be ruled out first. If the patient has already restricted gluten and feels better, is it because they have celiac disease or the oligosaccharides in these grains are triggering IBS symptoms? Diagnosis is not easy. For instance, sucrase isomaltase deficiency is a condition which needs to be considered because of symptoms that mimic IBS-D. Low FODMAP framework can be life-changing for many patients who have suffered from IBS symptoms. However, a low FODMAP diet should **never** be handed to a patient to try and follow on their own for many reasons: The diet is extremely complex; patients don't understand the three phases of the diet; patients can become stressed, which can make symptoms worse because of the gut-brain connection.

NES

Night eating syndrome was first described in 1955 and is relatively unknown which makes it easy to miss, misdiagnose, and fail to treat. NES is characterized by morning anorexia; evening hyperphagia; insomnia 4-5x/wk.; and waking up at least 2x/wk. with a strong urge to eat and belief that eating is necessary to sleep or return to sleep. Patients diagnosed with binge eating disorder (BED) or considering bariatric surgery should be screened for NES. Following bariatric surgery NES tends to re-emerge. The foundation of NES stems from disrupted sleep-wake cycles rather than appetite or emotional urges. Therapy may include shifting food intake to earlier in the day, chrononutrition, support groups, stress reduction via PMR progressive muscle relaxation, yoga, meditation, and photo-therapy.

Intermittent Fasting

Intermittent fasting is very controversial with many pros and cons. A provider's positive personal experience with intermittent fasting does not mean it is the best choice for all patients. Case in point: 36 y/o obese FE has been avoiding appointments with physician for several years because of *fear of the scales, and her shame regarding her weight.* Patient realizes she needs to make an appointment to address her PCOS and schedules an appointment with a new physician. Her recall of her appointment: "I was told I was fat, and that I need to exercise to lose weight as treatment for my PCOS. I was given intermittent fasting rules to follow (the provider explained how good he/she felt when following this plan) with the goal of progressing to several days with no intake." Patient stated she was very upset because there was no discussion about her weight/eating history. She has suffered from restricting/binging eating disorder since middle school. The appointment triggered tears, binging for several days, shame, and her declaration to avoid providers. I know providers always want the best for their patients, but tread cautiously when weight is a healthcare topic for women – you may be walking into a minefield!