

- Mild abdominal pain
- Normal bowel movements
- Regular GI transit
- Moderate background fibre intake



- Supplement with a slowly-fermented fibre (e.g. PHGG)

- IBS-C
- Dry, hard stools
- Infrequent bowel action
- Moderate abdominal pain
- Low fibre intake



- Low FODMAP diet (include high fibre, low FODMAP foods)
- Supplement with a combination of fibres:

Non-fermented, bulking fibre (e.g. methylcellulose, sterculia or low dose psyllium 3.5-7g tds)

+

Slowly-fermented fibre (e.g. PHGG)

- IBS-D
- Severe abdominal pain
- Loose, watery stools
- Rapid GI transit
- Highfibre intake



- Low FODMAP diet
- Supplement with non-fermented, viscous, bulking fibre (e.g. methylcellulose, sterculia or low dose psyllium 3.5-7g tds)
- These fibre supplements may increase stool viscosity and improve stool consistency

- IBS patients have heightened visceral sensitivity, and changes in colonic volume that occur when fibre intake increases may trigger GI symptoms if done too quickly.
- Start the fibre supplement at 25% of the target dose, and then up-titrate towards target dose over 1 week, according to individual tolerance
- Ensure fluid intake is adequate when increasing fibre intake
- A reduction in fibre intake may be considered in patients with a high fibre intake and who experienced an inadequate response to the Phase 1 low FODMAP diet