

Most IBS resources stop at *elimination.* This one goes all the way through.

*NICE/BDA first-line advice, the full three-phase FODMAP protocol,
rechallenge & personalisation.*

Built on **NICE · BSG · ACG · BDA · Monash.**

Inside this preview: the Clinical Guide cover, contents page and a chapter sample, the Patient Handout Pack cover and 2 handout samples, and a complete contents map of the full bundle.



SWIPE TO EXPLORE

Volume

Nº 15

VOL. Nº 15

GI CATALOG
EDITION · 2026.06

A CLINICAL GUIDE

The *IBS* Nutrition Handbook

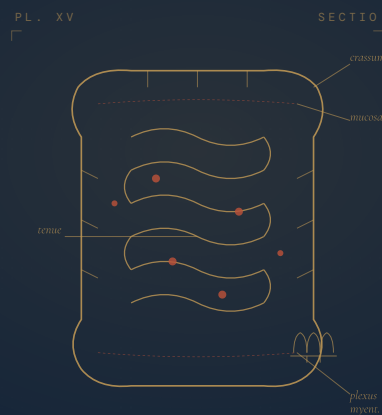


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VISCERAL HYPERSENSITIVITY · DYSMOTILITY · DYSBIOSIS

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Rome IV criteria · Subtypes (IBS-D, IBS-C, IBS-M, IBS-U) · Pathophysiology · Differential diagnosis

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Practical Implementation

Use the Monash University FODMAP app — the only regularly updated, evidence-based FODMAP food database. Essential clinical tool. (Available iOS/Android, ~\$10)

Focus on the big triggers first: onion, garlic, wheat, lactose, apples/pears, legumes. These are the most common high-FODMAP foods in Western diets.

Provide a meal plan for the first 1–2 weeks to reduce overwhelm

Ensure adequate calcium — if dairy is reduced, ensure alternatives (fortified soy milk, fortified oat milk, tinned fish with bones, almonds, tofu)

Ensure adequate fibre — many low-FODMAP foods are lower in fibre than their high-FODMAP counterparts. Actively plan fibre intake.

Food diary during restriction phase — daily symptom rating + food intake

Review at 2–4 weeks to assess response and plan rechallenge

Phase 2: Rechallenge (Detailed in Chapter 5)

Systematic reintroduction of each FODMAP group one at a time. See Chapter 5 for the step-by-step rechallenge protocol.

Phase 3: Personalisation

The long-term goal. Based on rechallenge results:

Reintroduce all tolerated FODMAP groups to the highest tolerated dose

Avoid only proven triggers above their individual threshold

Gradually increase prebiotic foods (even some FODMAPs) to support microbiome recovery

Re-trial failed challenges after 3–6 months (tolerance can change over time, especially if gut-brain axis work is ongoing)

Monitor nutritional adequacy — calcium, fibre, B vitamins, iron

Accept some symptoms — the goal is not zero symptoms; it's manageable symptoms with maximal dietary freedom

KEY POINT

Success is NOT a permanent low-FODMAP diet. Success is a personalised diet where the patient eats as broadly as possible while keeping symptoms at an acceptable level. The more foods reintroduced, the better the long-term outcome for gut health, nutrition, and quality of life.²

Volume

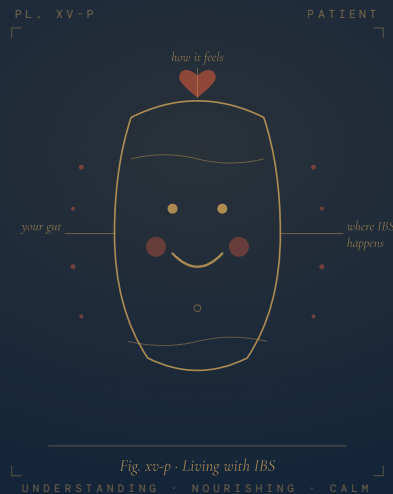
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PATIENT HANDOUT PACK

The *IBS* Handout Pack



Phase 2: Reintroducing Foods

How to rechallenge FODMAPs one group at a time

Congratulations! If you're reading this, Phase 1 worked and your symptoms improved. Now comes the most important part: **finding out which FODMAPs you personally react to** and how much you can tolerate.

How Rechallenge Works

1. **Stay on the low-FODMAP base diet** throughout rechallenge (don't change anything else)
2. **Test one FODMAP group at a time** using a specific test food
3. **3-day challenge:** Start with a small amount (Day 1), medium (Day 2), large (Day 3)
4. **Record your symptoms** each day (use Handout 08)
5. After each 3-day challenge, take a **3-day break** (return to low-FODMAP base)
6. Then test the next FODMAP group

Rechallenge Schedule

FODMAP	TEST FOOD	DAY 1 (SMALL)	DAY 2 (MEDIUM)	DAY 3 (LARGE)
Fructans (wheat)	White bread	½ slice	1 slice	2 slices
Fructans (onion)	Cooked onion	10 g	20 g	40 g
GOS (legumes)	Chickpeas	2 Tbsp	¼ cup	½ cup
Lactose	Cow's milk	60 mL	125 mL	250 mL
Fructose	Honey	1 tsp	1 Tbsp	2 Tbsp
Sorbitol	Avocado	⅛	¼	½
Mannitol	Mushrooms	2	4	8

What Your Results Mean

- **No symptoms at any dose:** You tolerate this FODMAP → add it back to your diet freely!
- **Symptoms only at the large dose:** You can eat small–medium amounts → just watch portion sizes.
- **Symptoms from Day 1:** You're sensitive to this group → avoid for now, but try again in 3–6 months (tolerance can change).

Phase 3: Your Personalised IBS Diet

The long-term plan — eat as broadly as possible

You've completed the rechallenge process. You now know **which FODMAPs you react to and how much you can tolerate**. Phase 3 is about creating a long-term eating plan that:

- **Avoids only YOUR proven triggers** above your threshold dose
- **Includes everything you tolerate** — don't continue avoiding foods that passed the challenge!
- **Maximises variety** — the more diverse your diet, the healthier your gut bacteria
- **Is sustainable** — no more strict "low-FODMAP." Just YOUR personal plan.

Your Personal FODMAP Map

Your dietitian will fill this in based on your rechallenge results:

I CAN EAT FREELY (PASSED)

I NEED TO LIMIT (MY TRIGGERS)

TOLERANCE CAN CHANGE

Your FODMAP tolerance may improve over time, especially if: you reduce stress, improve sleep, try gut-directed therapy, or your gut microbiome recovers from the restriction phase. **Re-try failed challenges every 3–6 months** — you may be pleasantly surprised.

The *IBS* Nutrition Handbook

You have just previewed 6 pages. Below is what's in the full bundle.

PART ONE

Clinical Guide

12 CHAPTERS · 49 PP

- Understanding IBS · Rome IV positive diagnosis
- Alarm features · coeliac & bile acid diarrhoea first
- First-line dietary advice (before FODMAPs)
- The FODMAP diet: a complete guide
- The rechallenge protocol step-by-step
- Fibre & psyllium · probiotics · peppermint oil
- Beyond diet: gut-directed therapies · SCOFF screening
- Special populations · ADIME · case studies

PART TWO

Patient Handout Pack

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- First steps: eating habits that help
- Food & symptom diary
- Fibre & IBS: getting it right
- Understanding FODMAPs
- Low-FODMAP swap guide
- Phase 2: reintroducing foods
- FODMAP rechallenge diary · phase 3 personalised diet
- Gut-brain & stress · eating out · myths vs facts

PART THREE

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54 PP

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- Low-FODMAP lunches
- Low-FODMAP dinners
- Low-FODMAP snacks
- Low-FODMAP baking & treats
- Basics & sauces

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