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Eating with IBS: practical changes that may help

People with IBS often find that dietary changes improve their symptoms. Everyone is different, but there are common food triggers and eating habits worth looking at. Symptoms after food do not usually mean you are allergic to it. The aim is to find what suits your bowel while keeping your diet varied and enjoyable.

Three things to know

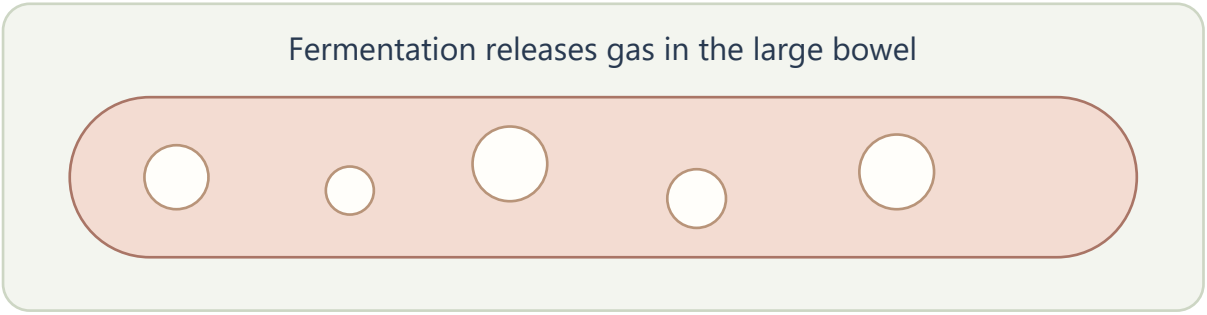
• Choose the symptom you most want to improve. It's easier to tell what helps if you change one thing at a time.

• Start with meal timing, drinks and the type of fibre you eat. You can also try reducing common food triggers one at a time to see what helps.

• A low-FODMAP trial with a dietitian can help identify your individual food triggers and personalise your diet. The eventual goal is to eat as widely as possible, without unnecessary restrictions.

Why food can affect symptoms

Some carbohydrates draw water into the bowel, which can loosen stools. When gut bacteria break down other carbohydrates, they release gas. In IBS even normal stretching of the bowel can feel uncomfortable.



Psyllium absorbs water and forms a soft gel, which can improve stool consistency.

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Adapt your usual meals to your symptoms

What to try first

Choose one change that fits your usual meals. Keep eating the foods that agree with you.

Meal timing. Eat regularly and take your time. If large meals leave you bloated, try a smaller portion and have a snack later.

Onion and garlic. These are common IBS triggers. If you notice bloating after a curry, soup or stir-fry, try your usual recipe with chives or green spring onion tops instead. A smaller amount may suit you too.

Caffeine. If you need the toilet soon after coffee, try a smaller cup or switch one coffee to decaf. Strong tea and energy drinks also contain caffeine.

Fizzy drinks and rich meals. If fizzy drinks leave you bloated, try still water. If fried food or creamy sauces bring on urgency, try a smaller serving.

After a week or two, ask yourself whether the change helped. If it made no difference, bring the food back.



Hard stools

• Try oats or one green kiwifruit a day, increasing to two if needed.

• Psyllium can help. Start low and follow the fluid instructions on the packet. If extra fibre worsens bloating, reduce the amount. See your GP if you still strain or feel unable to empty your bowel.



Loose stools or urgency

• Sugar-free gum, mints and drinks may contain sorbitol, mannitol or xylitol. Try cutting back if you use them regularly.

• If ordinary milk brings on loose stools, try lactose-free milk. See your GP if diarrhoea persists or changes.



Bloating

• If a large bowl of wheat noodles leaves you bloated, try a smaller serving or use rice noodles.

• Try a smaller portion of beans or lentils, or rinse tinned beans before adding them to your meal. Treating constipation can also help with bloating.

In a four-week study of people with IBS who weren't mainly constipated, 14 of 33 people felt noticeably better with ordinary dietary changes. They also found this approach cheaper and easier when eating out. If you feel better with a few changes, there's no need to take more foods off the menu.

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Useful food swaps

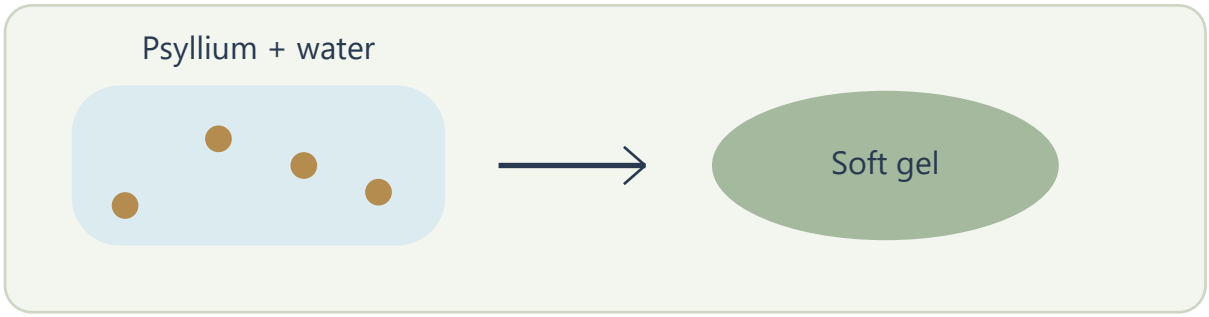
Try a swap only if that food seems to trigger symptoms. Portion sizes, ingredients and your own tolerance vary.

If this is a trigger	You could try	Keep in mind
A large bowl of bran cereal	A small bowl of porridge made with rolled oats	Increase fibre gradually; keep wholegrains you tolerate.
Milk in coffee or cereal, if it triggers symptoms	Lactose-free milk; hard cheese is another low-lactose option	For plant milk, choose a calcium-fortified option and check protein. Soy milk made from soy protein differs from whole-soybean milk.
A large apple or pear snack, if it causes bloating	One kiwifruit or orange	Fruit is still useful. Portion size and your own tolerance count.
Onion and garlic in a stir-fry or sauce	Chives, green spring-onion tops, ginger or garlic-infused oil without garlic pieces	Check stock, marinades and ready-made sauces for onion or garlic.
A large serve of wheat noodles or pasta, if it triggers symptoms	Rice, rice noodles or potatoes	Unless you have coeliac disease, complete avoidance of gluten is often unnecessary. With a diagnosed wheat allergy, follow your allergy advice.
A large serving of beans or lentils	A smaller serving of drained, rinsed canned legumes, or firm tofu	Legume tolerance varies with the type and amount. Keep some plant protein in your meals.
Large coffees, energy drinks or fizzy drinks	A smaller coffee, decaf or still water	Test whether caffeine or the amount makes a difference. Decaf is not a guarantee of symptom relief.

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Fibre and FODMAPs

Many New Zealanders eat less fibre than recommended. In the 2008/09 NZ Adult Nutrition Survey, typical daily intakes were about 22 g for males and 18 g for females. The adult guidelines are 30 g for men and 25 g for women. With IBS, the type of fibre matters. Oats or psyllium may help, while extra wheat bran or added inulin can make pain or bloating worse. Increase fibre gradually and see how your bowel responds.



Gel-forming soluble fibre

Psyllium absorbs water and forms a soft gel. It can help stool consistency and overall IBS symptoms. Oats are a useful food source of soluble fibre.

Coarse insoluble fibre

Wheat bran adds bulk, but extra bran can worsen pain or bloating in IBS. This is not a reason to remove every wholegrain, fruit or vegetable.

Highly fermentable added fibre

Inulin, chicory-root fibre and some prebiotic powders can increase gas. Check bars, powders and supplements if symptoms worsened after adding them.

Trying psyllium

Psyllium husk is available in New Zealand, including products such as Metamucil and Konsyl-D. Start with the lower amount advised on your product or by your pharmacist, then increase gradually if tolerated. Mix it with the full amount of fluid stated on the packet and drink promptly. Do not swallow it dry. Ask your pharmacist about spacing it from other medicines, and get advice first if you have difficulty swallowing.

If simple changes have not helped

If pain, bloating or diarrhoea still disrupts your day after you've tried the changes above, we usually suggest working with a registered dietitian who knows IBS. FODMAPs are carbohydrates in foods such as onion, wheat, beans and milk. Some draw water into the bowel or produce gas as gut bacteria break them down. A sensitive bowel can find that stretch uncomfortable.

Try swaps for 2 to 6 weeks

A dietitian can work from the meals you actually eat, suggest swaps and help you get enough fibre, calcium and protein. If your symptoms barely change, bring the foods back and talk with your GP or dietitian about other treatments.

Bring one group back at a time

If you feel better, the next part is finding out which foods you can eat again. For example, your dietitian might use increasing portions of ordinary milk to check how much lactose you tolerate. Leave time for symptoms to settle between trials.

Eat as widely as you can

A splash of milk in tea might be fine even if a large latte causes trouble. Keep the foods and amounts that suit you. If only one or two foods are a problem, those are the only ones you need to adjust.

If you're losing weight, skipping meals for fear of symptoms or already avoiding several food groups, speak with your GP or a dietitian before cutting out anything else. Keep eating gluten while you're being assessed for coeliac disease.

Find a dietitian in New Zealand

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Questions and when to get checked

Should I stop gluten or dairy?

Not routinely. Wheat contains fructans, a FODMAP, as well as gluten. Feeling better with less wheat does not prove a gluten problem. Keep eating gluten until coeliac testing and any necessary assessment are complete. If lactose is a trigger, lactose-free dairy can preserve calcium and protein without removing the whole food group.

Are there tests to see if I am allergic to food?

Most food-related IBS symptoms are not caused by a conventional food allergy. Skin-prick tests and allergy blood tests do not usually identify IBS food triggers. Food-IgG panels are not recommended for this purpose. A planned reduction and reintroduction of suspected foods is usually more useful. Hives, lip or tongue swelling, wheezing or a rapid reaction after food need separate assessment for allergy; breathing difficulty or throat swelling is an emergency. Targeted allergy testing can help when the history suggests a genuine allergy.

Could probiotics help?

Probiotics contain live microorganisms. Some guidelines support a trial, but results vary and their role in IBS is limited. Studied options include Bifidobacterium longum 35624 (previously called B. infantis 35624) and Lactiplantibacillus plantarum 299v (previously Lactobacillus plantarum). Some trials report improved pain, bloating or overall symptoms, but neither is a guaranteed treatment. The strain number matters: other products with a similar species name may not have the same effect. If you try one, use the labelled dose for four weeks and keep other changes steady. Stop if it worsens symptoms or gives no worthwhile benefit. Ask a pharmacist about the exact strain available locally; more strains or a higher price do not necessarily mean better results. Seek medical advice first if you are severely unwell or immunocompromised.

What about prebiotics?

Prebiotics feed certain gut bacteria; they are different from probiotics. Supplements are not routinely needed for IBS. Inulin, fructo-oligosaccharides (FOS) and galacto-oligosaccharides (GOS) have been studied, but there is not enough consistent evidence to recommend a particular supplement for everyone. They can increase gas and bloating, especially at higher doses. Keep a varied diet with foods you tolerate, and reduce an added prebiotic if it makes symptoms worse.

Do I need special supermarket products?

Often you can use ordinary foods such as oats, rice, potatoes, eggs, plain fish, firm tofu and vegetables you tolerate. Gluten-free does not automatically mean low FODMAP. Check ingredients and portions, including inulin, chicory root, onion, garlic and sugar alcohols.

Should I buy food-intolerance or microbiome tests?

Commercial food-IgG panels do not reliably identify IBS triggers. Routine commercial microbiome tests do not currently provide a proven personalised IBS diet. Before spending money, discuss whether a test would change your treatment.

What if I am cutting out more and more foods?

Please discuss this with us or your GP. A dietitian can help if you are losing weight, missing meals, anxious about eating, vegetarian or vegan with several restrictions, or already avoiding many foods. Strict elimination diets can leave you short of nutrients. Food is only one part of IBS treatment; medicines and treatments for gut sensitivity can also help.

When to get checked

Contact your GP if symptoms are new or changing, particularly with blood in the stool, unexplained weight loss, iron deficiency or diarrhoea that wakes you at night. A family history of bowel cancer, inflammatory bowel disease or coeliac disease should also be discussed. Do not assume these are food intolerance or IBS. Seek urgent medical care for severe or rapidly worsening abdominal pain, heavy bleeding, black tarry stools or fainting.

Sources and further reading

NZ Adult Nutrition Survey 2008/09: fibre intake, table 3.25

Australian and New Zealand nutrient reference values: dietary fibre

Health New Zealand: irritable bowel syndrome

Study of everyday dietary advice in IBS (Rej and colleagues, 2022)

Healthify: irritable bowel syndrome (New Zealand)

British Dietetic Association: IBS and diet

Monash University: the three stages of a low-FODMAP diet

Monash University: food examples and serving guidance

British Society of Gastroenterology: IBS guideline

NIDDK: eating, diet and nutrition for IBS

Trial of two green kiwifruit daily for constipation (2023)

ASCIA: food allergy testing

NICE: IBS management and probiotic trials

World Gastroenterology Organisation: probiotics and prebiotics (2023)

Health NZ: constipation and psyllium products