

UNDERSTANDING FIBRE AND ITS ROLE IN BOWEL TRANSIT DISORDERS

Hosted by Anne Holdoway
With expert guest speaker Sophie Medlin

Supported by an educational grant from Nutrinovo

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Registered Dietitian since 2007

NHS

(elderly medicine, head and neck/nutrition support Colorectal/intestinal failure)

Lecturer in Dietetics at Plymouth University

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Clinics; media work; product development/consultancy

Fibre

Soluble vs Insoluble





Prebiotics

Fermentable vs Non-Fermentable

Slowly Fermenting Fibre	Rapidly Fermenting Fibre
b-glucans Oats; barley	Oligosaccharides (fructans) wheat, onion, garlic
Guar Gum thickening agent	Disaccharides (Lactose) Milk and some dairy products
Resistant starch green banana, potato	Monosaccharides (fructose) Fruits
Pectin citrus fruits, root veg, nuts	Polyols (sorbitol and mannitol) Sweeteners, cauliflower
Xanthan gum supplement	

IBS

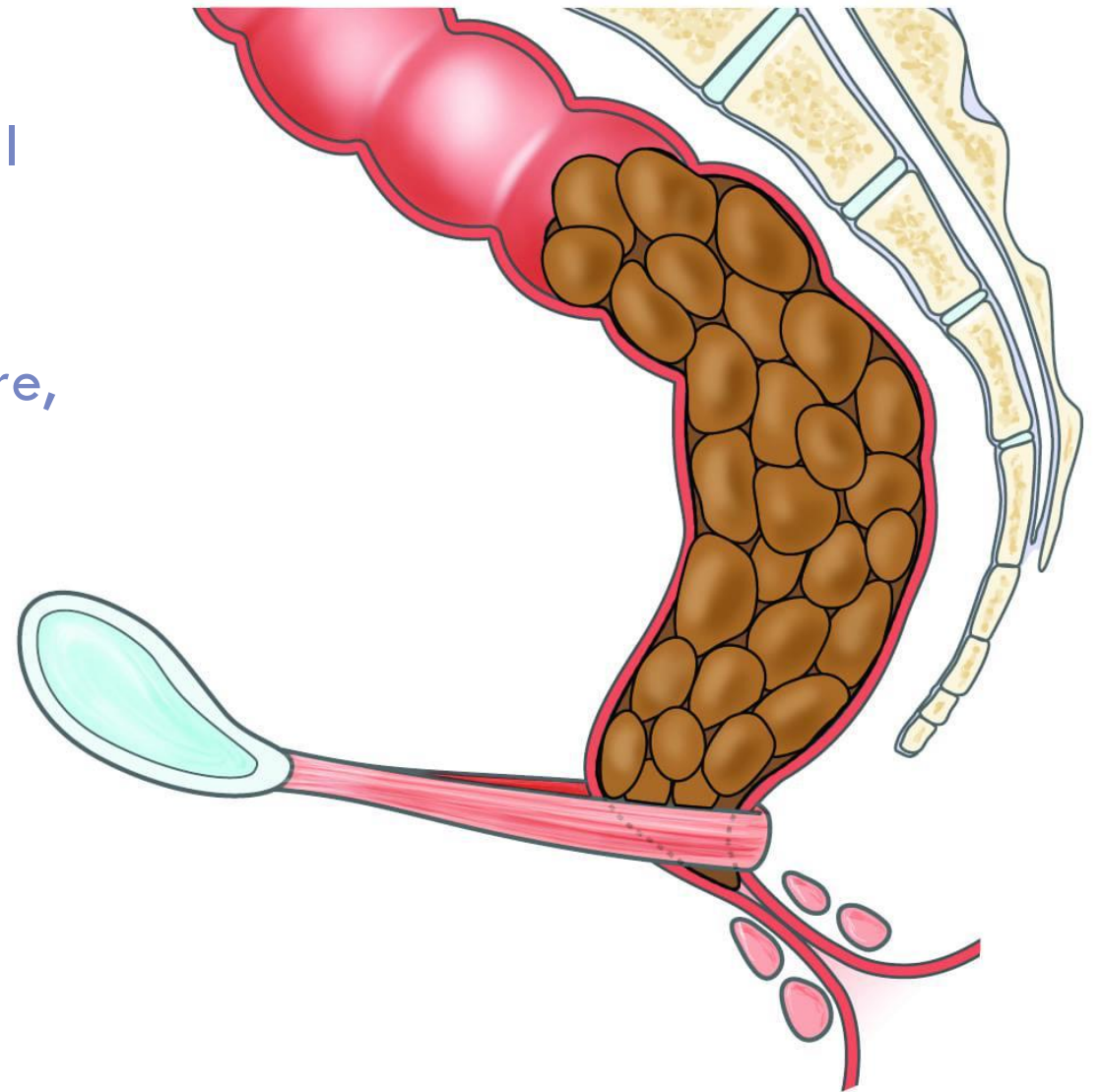
Subtype	Stool type 1 & 2		Stool type 6 & 7	
		Separate hard lumps, like nuts (hard to pass) Sausage-shaped but lumpy		Fluffy pieces with ragged edges, a mushy stool Water, no solid pieces. Entirely liquid.
IBS with predominant constipation	More than 25%		Less than than 25%	
IBS with predominant diarrhea	Less than than 25%		More than 25%	
IBS with mixed bowel habits	More than 25%		More than 25%	

Unclassified IBS: Patients who exhibit symptoms and meet the ROME IV criteria for IBS but who's bowel patterns do not match the standardized categories of the three subtypes above.

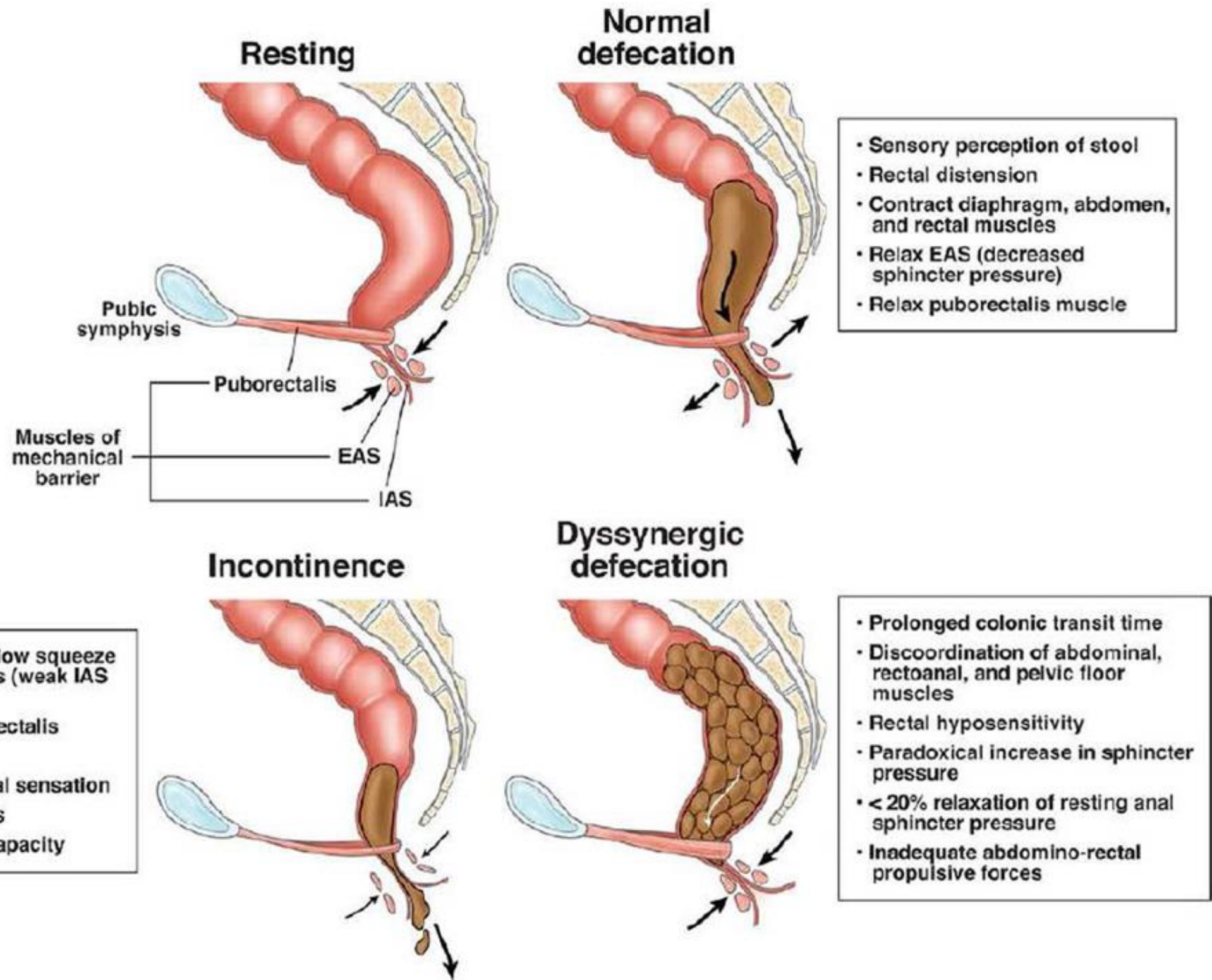
Common Colorectal Conditions

- If the stool is hard and difficult to pass, use lifestyle measures
- If the stool is soft BUT difficult to pass, think rectal dysfunction
- Lifestyle measures - toileting position, soluble fibre, drinking more water, movement etc
- Remember simple problems are fixed by simple solutions

Constipation



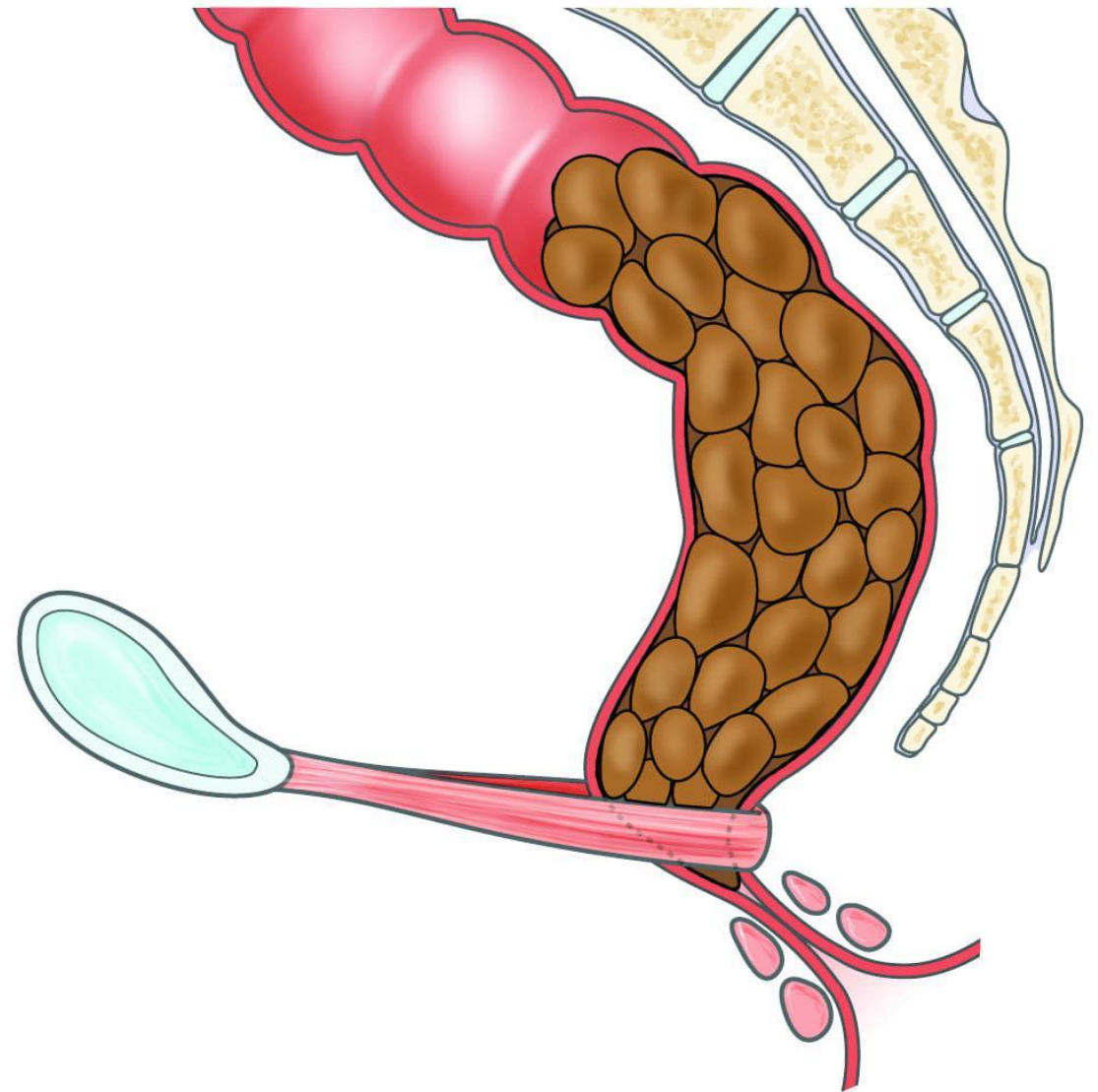
Rectal Dysfunction



Management of Rectal Function Disorders

- Often a low residue, high soluble fibre diet is helpful (soups, smoothies, fibre supplements)
- Think of a dysfunctional rectum like dysphagia where texture modification is useful

Constipation



Motility Disorders

An Anatomic Classification of Neurogastroenterology Disorders (GI Motility and Functional GI Disorders)

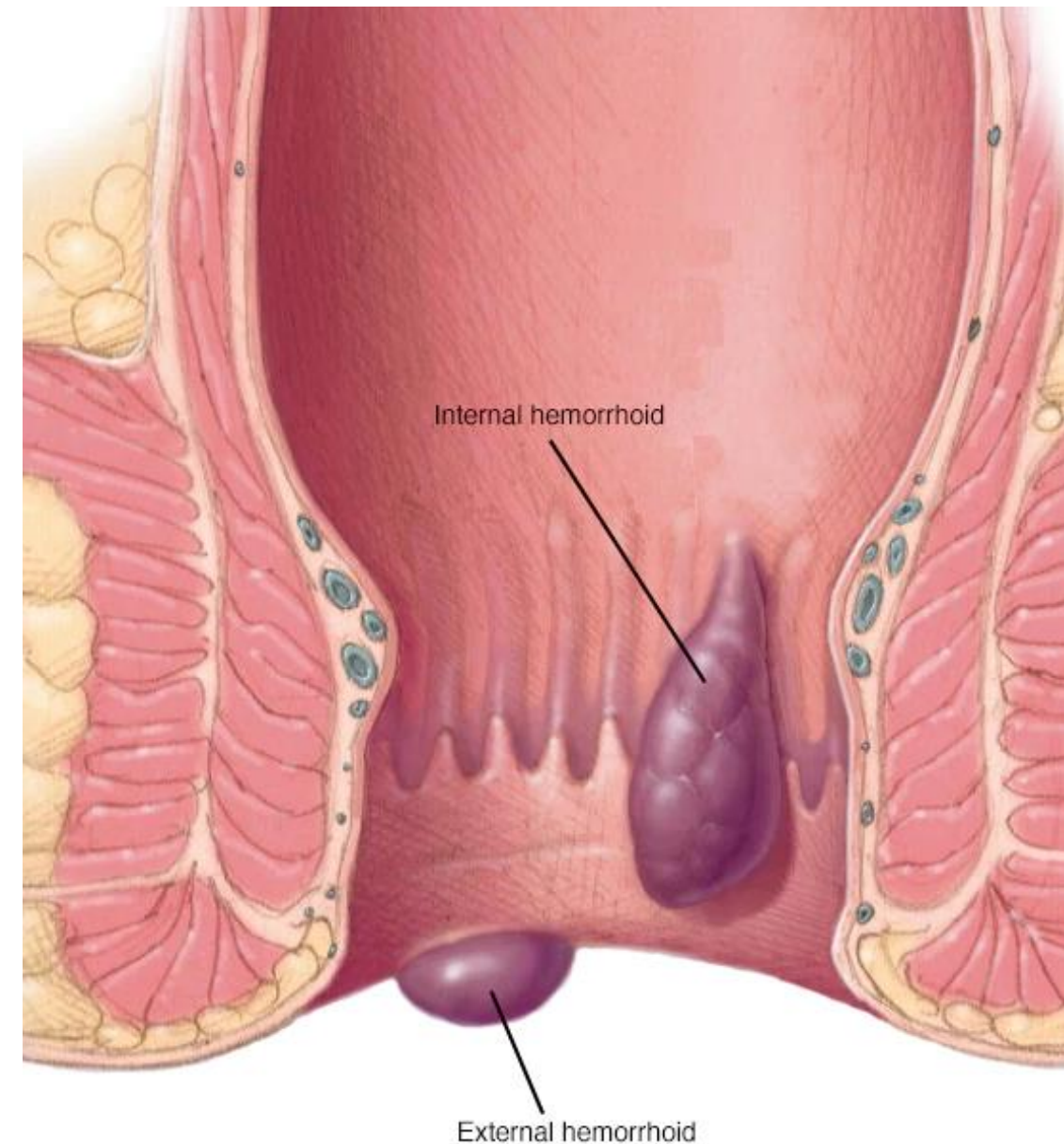
<i>Organ</i>	<i>GI Motility Disorders</i>	<i>Functional GI</i>
Esophagus	Achalasia Diffuse esophageal spasm Gastroesophageal reflux disease	Functional dysphagia Functional chest pain Functional heartburn
Stomach	Gastroparesis Dumping syndrome	Functional dyspepsia
Small Intestine	Chronic intestinal pseudoobstruction	Irritable bowel syndrome
Colon	Colonic inertia Functional rectosigmoid obstruction Hirschsprung's disease	Irritable bowel syndrome Functional constipation Functional incontinence

Motility Disorders Management

- Medical optimisation is key - dietary management alone won't be effective
- Adding high levels of insoluble fibre to a slow system will be uncomfortable and cause bulkier stools which will be harder to pass
- Optimise the diet with less fermentable fibre and soluble fibre including supplements as required

Common Colorectal Conditions

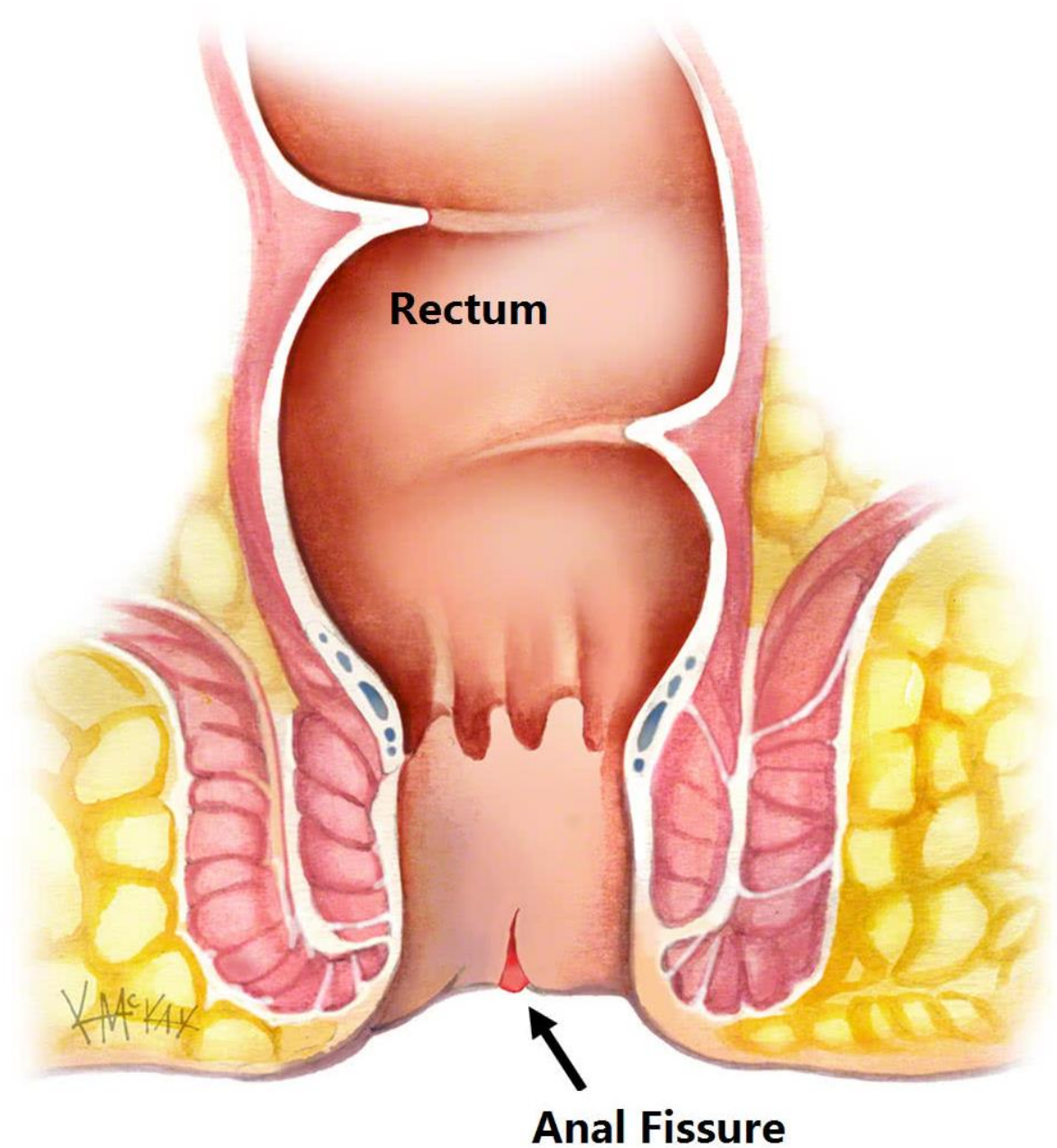
- Filling a distressed rectum with INSOLUBLE will make the stool bulkier and more difficult to pass
- Add soluble fibre++ to keep the stool soft
- Promote good toileting position++
- Optimise hydration



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Common Colorectal Conditions

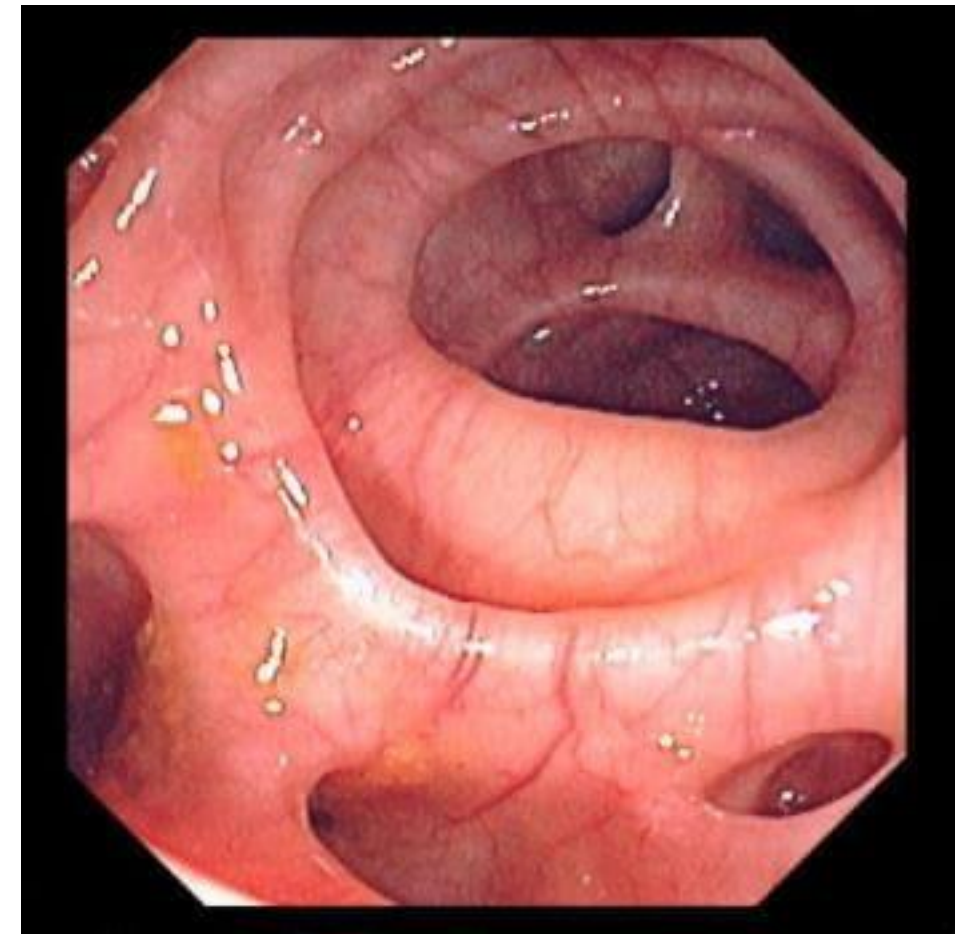
- Filling a distressed rectum with INSOLUBLE will make the stool bulkier and more difficult to pass
- Add soluble fibre++ to keep the stool soft
- Promote good toileting position++
- Optimise hydration



Common Colorectal Conditions

Diverticular Disease

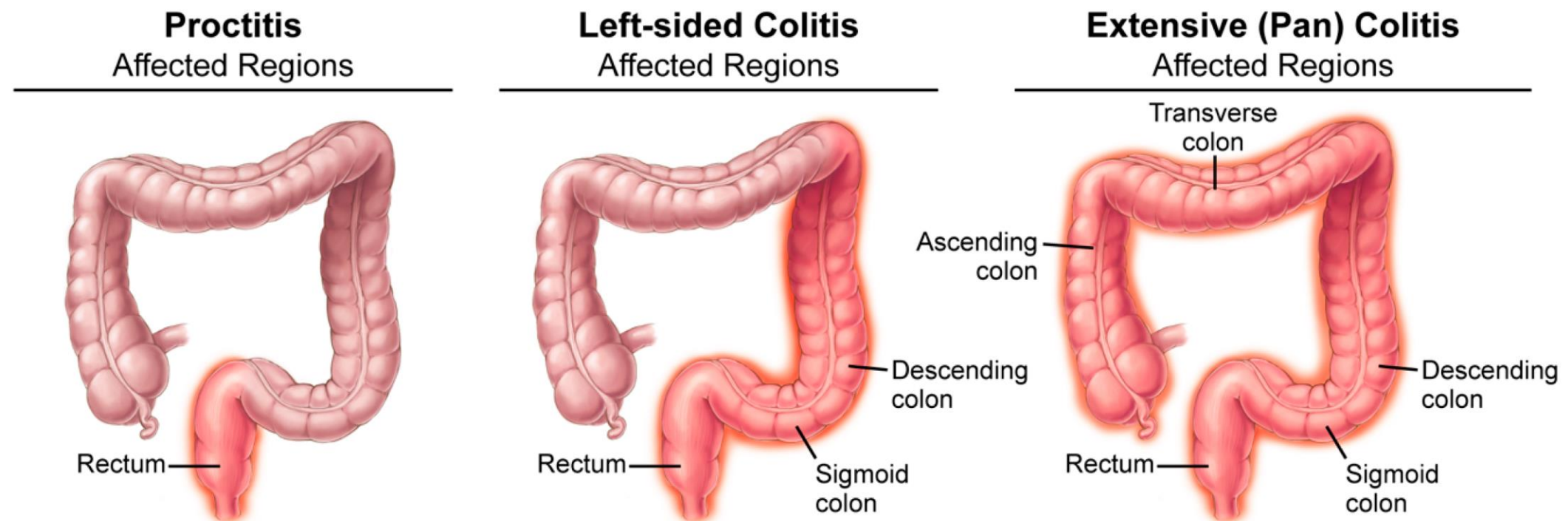
- Affects 1 in 3 to 1 in 2 people over their lifetime
- Historically thought to be caused by poor diet
- Fibre optimisation is key
- Preventing constipation is important
- Prevention of flares and flare management strategies is helpful
- The low residue diet is a useful tool WITH advice on when and how to use



Common Colorectal Conditions

Colitis

- Ulcerative colitis, crohn's colitis, microscopic colitis
- Packing an inflamed and swollen colon with insoluble fibre won't be comfortable or pleasant
- Consider fibre type, consider wider lifestyle, consider probiotics, consider gut rest, always consider dietetic support

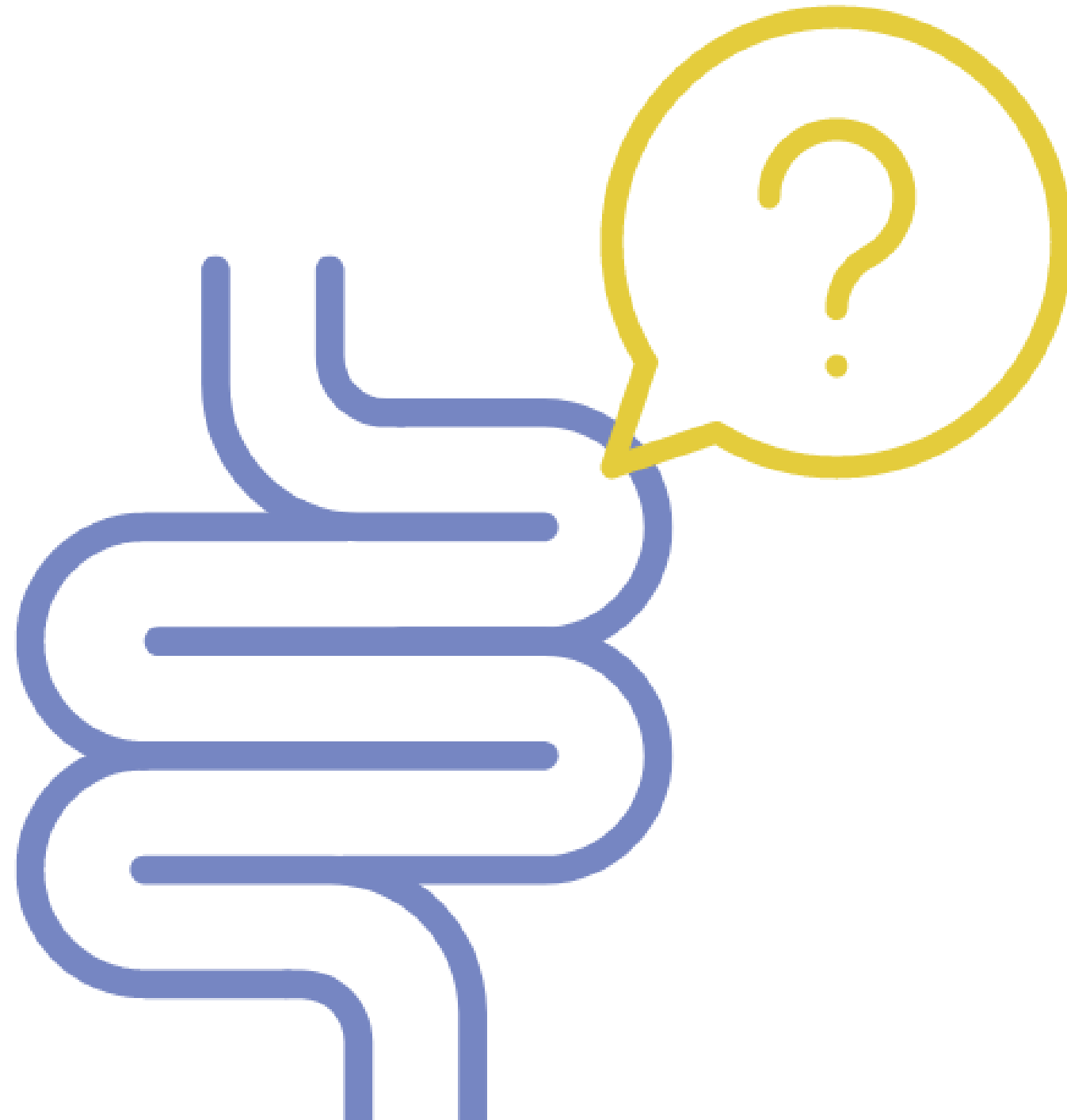


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Fibre Supplements

- Fibre supplements are of huge benefit to my practice
- Tailoring the fibre sources to the symptoms is important
- Fibre supplements can support patients to get off laxatives in some instances
- Fibre supplements in enteral feeding can improve both constipation and diarrhoea

Questions



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