Low FODMAP Diet

The best-evidenced diet for IBS — and it is meant to be temporary.

MAINLY USED FOR	CORE RESTRICTION	EFFORT
Irritable bowel syndrome	Fermentable oligo-, di-, mono-saccharides and polyols	3 of 5

01 How it works

FODMAPs are short-chain carbohydrates that are poorly absorbed in the small intestine. They draw water into the bowel osmotically, then get fermented rapidly by colonic bacteria into gas. In a sensitive gut, that distension is what produces pain and bloating.

Developed at Monash University, the diet runs in three phases: 2-6 weeks of restriction, then structured challenges of each FODMAP subgroup, then a personalised long-term diet that includes everything you tolerate.

Around 70% of people with IBS get meaningful symptom relief in the restriction phase. The phase that determines long-term quality of life, though, is reintroduction.

02 Nutrition at a glance

Low FODMAP is a three-phase diagnostic process, and phase one is the shortest part of it.

Phase 1 elimination	2–6 weeks	Never longer without a dietitian
Phase 2 challenges	6–8 weeks	One FODMAP group at a time, escalating doses
Phase 3	Personalised, long term	The widest diet your gut allows
Response rate	~70% of IBS	One of the better-evidenced dietary therapies
Fibre	25–30 g/day	Low FODMAP does not mean low fibre

Nutrients that often run short: Fibre · Calcium · Iron · Prebiotics · B vitamins.

ELECTROLYTES

A word on electrolytes

Any change in how you eat changes how much sodium, potassium and magnesium you take in — usually downwards, because cooking from scratch removes the packaged foods that supplied most of it. Headaches, cramps, lightheadedness on standing and that flat, foggy feeling in the first fortnight are far more often an electrolyte dip than the diet failing. Drink to thirst rather than to a rule, salt your food unless you have been told not to, and lean on potassium- and magnesium-rich whole foods. If you have kidney disease, heart failure or high blood pressure, or you take a diuretic, ACE inhibitor or ARB, set your targets with your clinician — and avoid potassium-based salt substitutes unless told they are safe for you.

03 Key cautions

The things that most often catch people out — worth raising at your next appointment.

TALK TO A CLINICIAN

Get red flags investigated first

Weight loss, bleeding, anaemia, night symptoms or onset after 50 need investigation for coeliac disease, IBD and cancer before any IBS diet.

WORTH TESTING

Test for coeliac before cutting wheat

Coeliac serology is unreliable once gluten is already out of the diet.

KEEP AN EYE ON

Phase one shrinks beneficial bacteria

Bifidobacteria fall measurably during elimination. That is acceptable for weeks and not for months.

KEEP AN EYE ON

Most people are not sensitive to everything

The usual result is two or three problem groups, with the rest returning freely. Skipping challenges keeps you needlessly restricted.

04 Conditions it is used for

- IBS — all subtypes
- Functional bloating and abdominal distension
- Symptom management in quiescent IBD
- Adjunct in SIBO management
- Endometriosis-associated bowel symptoms

05 Your food lists

Eat freely

Vegetables

- Carrot
- Zucchini
- Cucumber
- Lettuce
- Bell pepper
- Green beans
- Potato
- Spinach
- Tomato
- Aubergine

Fruit

- Strawberry
- Blueberry
- Kiwi
- Orange
- Grapes
- Unripe banana
- Cantaloupe
- Pineapple

Protein

- All plain meat, fish and eggs
- Firm tofu
- Tempeh

Grains and dairy

- Rice
- Oats
- Quinoa
- Gluten-free bread
- Sourdough spelt
- Lactose-free milk and yoghurt
- Hard cheese

Eat with care

Portion determines everything

- Avocado — an eighth is low FODMAP, a half is not
- Sweet potato — half a cup only
- Almonds — ten nuts
- Broccoli heads yes, stalks no
- Butternut squash, beetroot, savoy cabbage in measured portions

Best to skip

Fructans and GOS

- Onion
- Garlic
- Wheat, rye and barley in quantity
- Beans and lentils
- Cashews and pistachios
- Chicory root and inulin

Excess fructose

- Apple
- Pear
- Mango
- Watermelon
- Honey
- High-fructose corn syrup
- Fruit juice

Lactose

- Milk
- Ice cream
- Soft cheese
- Regular yoghurt

Polyols

- Stone fruit
- Mushroom
- Cauliflower
- Sorbitol, mannitol, xylitol
- Sugar-free gum and mints

06 Three days of meals

Day 1

Breakfast: Oats with lactose-free milk, strawberries, maple syrup.

Lunch: Chicken and rice bowl with carrot, cucumber and sesame-free dressing.

Dinner: Steak, roast potato, green beans, garlic-infused oil.

Snack: Ten almonds and a kiwi.

Day 2

Breakfast: Two eggs on sourdough spelt toast with spinach.

Lunch: Tuna salad with lettuce, tomato and pepper on gluten-free bread.

Dinner: Prawn stir fry with bok choy, carrot and rice noodles, ginger and spring onion greens.

Snack: Lactose-free yoghurt with blueberries.

Day 3

Breakfast: Smoothie with unripe banana, lactose-free milk and peanut butter.

Lunch: Rice paper rolls with chicken, cucumber and mint.

Dinner: Baked salmon, quinoa, roasted zucchini and aubergine.

Snack: Orange.

07 Getting started

- Get an IBS diagnosis first. Coeliac disease, IBD and colon cancer can present the same way and need excluding.
- Use the Monash app. Thresholds are portion-based and change with testing; printed lists go stale.
- Restrict for two to six weeks only — never longer without reintroduction.
- Use garlic-infused oil. Fructans are water-soluble, not oil-soluble, so the flavour transfers and the FODMAP does not.
- Challenge each subgroup separately: fructose, lactose, fructans, GOS, sorbitol, mannitol.

08 Common mistakes

- Living on the restriction phase indefinitely and shrinking your microbiome along with your food list.
- Treating it as gluten-free. Wheat is a fructan problem here, not a gluten problem.
- Ignoring portion size — most FODMAP foods are dose dependent.
- Doing challenges while stressed, ill, or menstruating and getting uninterpretable results.
- Forgetting the non-diet drivers: sleep, stress and gut-brain therapies work at least as well for many.

09 Questions people ask

How long is the restriction phase?

Two to six weeks. If there is no improvement in six weeks, FODMAPs are not your trigger and you should stop.

Can I eat gluten?

Yes, if you do not have coeliac disease. Sourdough spelt and small portions of wheat are often fine because the issue is fructan load.

Do I need a dietitian?

It roughly doubles success rates, mostly because reintroduction is where people go wrong on their own.

10 How it overlaps with other diets

- Low FODMAP is the backbone of most SIBO diets.
- Low FODMAP plus gluten-free is easy — most gluten-free grains are low FODMAP.
- Low FODMAP plus low histamine is very restrictive; do them in sequence, not together.

> This guide is educational and is not medical advice. Therapeutic diets can change how medication works and can leave gaps in nutrition, so please plan any of this with your doctor or a registered dietitian.

SneakyKeto · sneakyketo.com/diets/low-fodmap