



## Co-management Guide

Pediatric  
Gastroenterology

Low FODMAP Diet for  
Functional Abdominal Pain

<p><b>Guidelines Referenced</b></p>	<p>Stanford Hospital and Clinics Digestive Health Center and Nutrition Services 2019, <a href="http://www.marinhealthcare.org/upload/Low-FODMAP-Diet.pdf">http://www.marinhealthcare.org/upload/Low-FODMAP-Diet.pdf</a> Accessed 14 September 2019</p> <p>Mission Health Pediatric Gastroenterology Co-Management Guidelines 2017, <a href="https://missionhealth.org/wp-content/uploads/2018/04/Co-Mgt-Guide-Chronic-Abdominal-Pain.pdf">https://missionhealth.org/wp-content/uploads/2018/04/Co-Mgt-Guide-Chronic-Abdominal-Pain.pdf</a>. Accessed 15 June 2019.</p> <p>Diet and Functional Abdominal Pain in Children and Adolescents <a href="https://www.naspghan.org/files/documents/pdfs/cme/jpgn/Diet_and_Functional_Abdominal_Pain_in_Children_and.5.pdf">https://www.naspghan.org/files/documents/pdfs/cme/jpgn/Diet_and_Functional_Abdominal_Pain_in_Children_and.5.pdf</a> Accessed 15 June 2019.</p>
<p><b>Background</b></p>	<ul style="list-style-type: none"> <li>• The Low FODMAP Diet is often used with children and adolescents who are diagnosed with Functional Abdominal pain and Irritable Bowel syndrome.</li> <li>• Chronic Abdominal Pain may be caused by a specific organic disease or be due to a functional disorder (Refer to the Chronic Abdominal Pain Co-management guideline).</li> <li>• Functional Abdominal Pain (FAP) without a clear organic cause is a common complaint among children and adolescents.</li> <li>• Symptoms of Functional Abdominal Pain can include nausea, abdominal pain, abdominal cramping, bloating, constipation and diarrhea.</li> <li>• Symptoms of Functional Abdominal Pain are often exacerbated with irregular eating.</li> <li>• Parents often perceive diet as a major factor in their child's abdominal pain.</li> <li>• &gt;90% of adolescents with IBS report that eating induces their symptoms and this often causes them to change their diet.</li> </ul>
<p><b>Initial Evaluation</b></p>	<ul style="list-style-type: none"> <li>• The FODMAP's are: Fermentable Oligosaccharides, Disaccharides, Monosaccharides and Polyols.</li> <li>• FODMAP's are found in various foods including wheat, milk, legumes, sugar free mints, and apples.</li> <li>• The FODMAP's are poorly absorbed by the GI system and may lead to gas production, distention of the large intestine, bloating, and abdominal pain.</li> <li>• Not all FODMAP's trigger symptoms, only those that are mal-absorbed, and those can vary from patient to patient.</li> <li>• There are limited studies regarding the efficacy of the Low FODMAP Diet on reducing IBS symptoms in Children.</li> <li>• Physiological effects of eating (and irregular eating patterns) may also be a factor in causing Functional Abdominal pain/Irritable Bowel syndrome symptoms.</li> </ul>
<p><b>Initial Management</b></p>	<ul style="list-style-type: none"> <li>• Patients who are interested in using the Low FODMAP Diet are given information from Stanford Hospital and Clinics Digestive Health Center and Nutrition Services (linked in the references)</li> <li>• Normal eating patterns should be promoted along with the Low FODMAP Diet</li> <li>• Limiting the following items in the diet is recommended for patients             <ul style="list-style-type: none"> <li>• Fructose (fruits, honey, high fructose corn syrup)</li> <li>• Lactose (dairy)</li> <li>• Fructans (wheat, onion, garlic, etc.)</li> <li>• Galactans (beans, lentils and other legumes)</li> <li>• Polyols (sweeteners and stone fruits)</li> </ul> </li> <li>• The Low FODMAP Diet should be followed for six weeks before adding back small amounts of the FODMAP foods in order to discover "triggers"</li> <li>• A Low FODMAP Diet limits fiber and gluten but it is not a 100% gluten free diet.</li> </ul>



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<b>When to Refer</b>	If patients and family have concerns or questions about the Low FODMAP Diet.	
<b>Pre-Visit Work Up</b>	It is suggested that patients bring in a food diary for the provider to review.	
<b>Co-management Strategy (as appropriate)</b>	<b>Specialist scope of care</b> N/A	<b>Primary care scope of care</b> N/A
<b>Return to Primary Care Endpoint</b>	When food triggers have been identified and removed from the diet.	