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Short communication

Beyond the prescription: Integrating dietitians and pharmacists into IBS management

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Introduction

Irritable bowel syndrome (IBS) is one of the most common functional gastrointestinal disorders, affecting approximately 10–15% of the global population. Its multifactorial pathophysiology involves disturbances of the gut–brain axis, altered gut motility, visceral hypersensitivity, immune mechanisms, and psychosocial factors, contributing to the complexity of IBS management (Shams et al., 2024).

The role of diet in IBS can be explained by atypical modulatory mechanisms of the gut in response to stimulation of gut receptors mediated by nutrients. Hypersensitivity to certain foods may play a role by causing low-grade intestinal inflammation, an increased epithelial barrier permeability, and visceral hypersensitivity. Certain medications and bioactive food components may contribute to gastrointestinal symptoms in susceptible individuals (Philpott et al., 2014).

Management of IBS

The treatment of IBS is primarily focused on managing symptoms; however, pharmacological therapies have shown limited effectiveness in modifying the long-term course of the disorder. Since IBS symptoms are frequently influenced by dietary habits, nutritional management plays a crucial role in treatment (Jayasinghe et al., 2024).

Conventional dietary recommendations for IBS have primarily focused on the avoidance of certain foods, often resulting in unnecessary dietary restrictions that may compromise nutritional adequacy and increase the risk of nutrient deficiencies. Therefore, it is of utmost importance for dietitians to provide detailed, tailored dietary recommendations to IBS patients. This involves individualized elimination and reintroduction, utilizing structured elimination diets (e.g., the low-FODMAP diet), followed by careful food reintroduction to identify individual triggers; ensuring nutritional adequacy by addressing the risk of malnutrition or disordered eating associated with restrictive diets through monitoring nutritional intake to prevent deficiencies and maintain a balanced, sustainable diet; and implementing symptom-specific modifications through tailored nutritional interventions based on specific IBS subtypes.

Current evidence-based recommendations support a stepwise approach. The first-line strategy consists of dietary and lifestyle modifications to

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establish regular eating habits and reduce exposure to potential dietary triggers. This approach may be recommended by GPs, pharmacists, or dietitians. Second-line management includes advanced dietary modifications designed to alleviate symptoms, with the low-FODMAP diet protocol being the most widely recommended and evidence-based approach. This protocol restricts the dietary intake of different carbohydrates (*F*ermentable *O*ligosaccharides, *D*isaccharides, *M*onosaccharides, and *P*olyols), and it is recommended to be dietitian-led to optimize adherence, symptom control, and nutritional adequacy (Bertin et al., 2024).

A systematic literature review analyzed the efficacy of various dietary interventions in the management of IBS. Key findings suggest that low-FODMAP dietary approaches and interventions targeting the gut microbiota contribute to symptom reduction and improvements in patients' QoL (Shams et al., 2024).

The power of collaborative care

Traditionally, IBS management has been largely physician-led, with a strong focus on symptom control and pharmacological treatment (Chang, 2014). Current approaches emphasize a multidisciplinary model aimed at optimizing symptom control, nutritional well-being, psychological health, and overall quality of life.

As highly accessible healthcare professionals, pharmacists can contribute to early recognition of symptoms suggestive of IBS, initial symptom management, and ongoing care. Pharmacists can identify “red flag” symptoms (e.g., unintentional weight loss, anemia) and refer patients to dietitians or physicians before symptoms become severe. They can recommend OTC products for immediate symptom relief (antispasmodics, laxatives, antidiarrhoeal medicines, and probiotics) and can assess potential food-drug interactions (Black et al., 2021).

A multidisciplinary approach involving dietitians, pharmacists, physicians, and other HCPs has been associated with improved symptom control and quality of life (Chang, 2014; Staudacher et al., 2023). Dietitians and pharmacists may form the frontline of this collaborative care.

Conclusion

Tailored dietary strategies can significantly improve clinical outcomes in IBS patients. Together, dietitians and pharmacists bridge the gap between nutritional therapy, pharmacotherapy, and lifestyle modification. Their combined expertise enables early identification of IBS symptoms, facilitating personalized nutritional and pharmacological counseling. Consequently, this collaborative approach has the potential to optimize healthcare resource utilization while supporting a shift toward more personalized, sustainable, and effective IBS care.

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