



Canadian Foundation for Dietetic Research

Where diet meets dialogue: A scoping review of nutrition counselling for irritable bowel syndrome



INTRODUCTION

- Irritable bowel syndrome (IBS) is a disorder of gut- brain interaction affecting about **1 in 20 Canadians**.¹
- **Nutrition counselling is often the preferred management approach**², yet nutrition counselling remains inconsistent and lacks standardization in clinical practice.³
- Structured counselling models used in other fields, such as gut-directed hypnotherapy⁴, surgical care⁵, and addiction medicine⁶, have improved both patient outcomes and provider confidence. However, **structured counselling appears absent for IBS**.

OBJECTIVES

To summarize how the nutrition counselling component of dietary interventions for IBS is currently described in the literature.

METHOD

1. MEDLINE was searched (Jan 1994–Sep 2023) using MeSH terms for IBS, diet, nutrition counselling, and therapy.
2. Studies of adults with IBS that included nutrition counselling as part of the dietary intervention were screened (titles/abstracts, then full texts) by the primary researcher. Second screener reviewed all decisions (see Figure 1).
3. Data on dietary interventions and six core counselling components (food modifications, tailoring, duration, dietitian involvement, delivery mode, follow-up), selected based on clinical experience and literature verification, were extracted.

RESULTS

Figure 1: Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow diagram illustrating the study selection process. The literature review and screening process yielded 28 articles for inclusion.

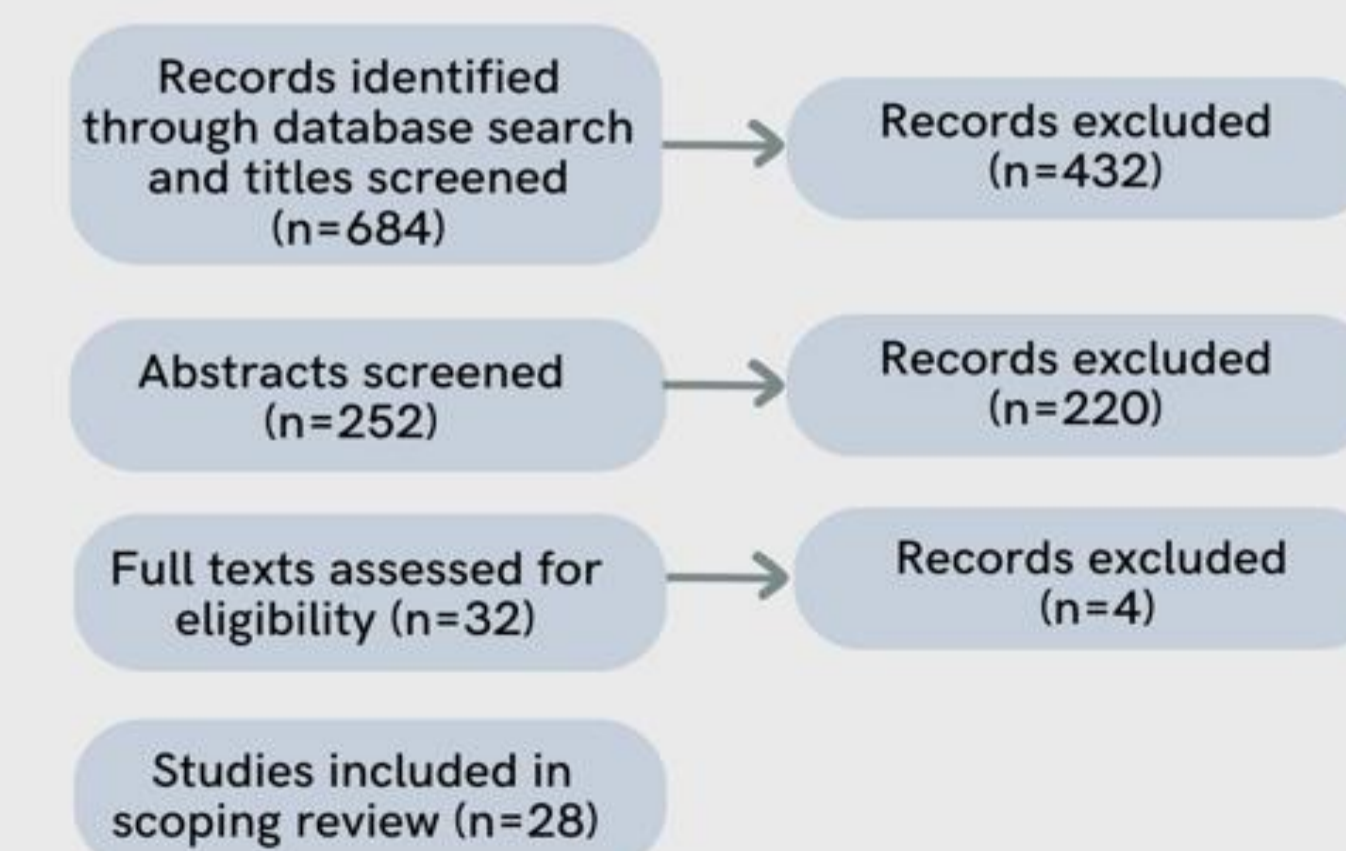


Figure 2: Frequency of reporting for each nutrition counselling component. Follow-up, session duration, and tailoring were reported in less than half of papers.

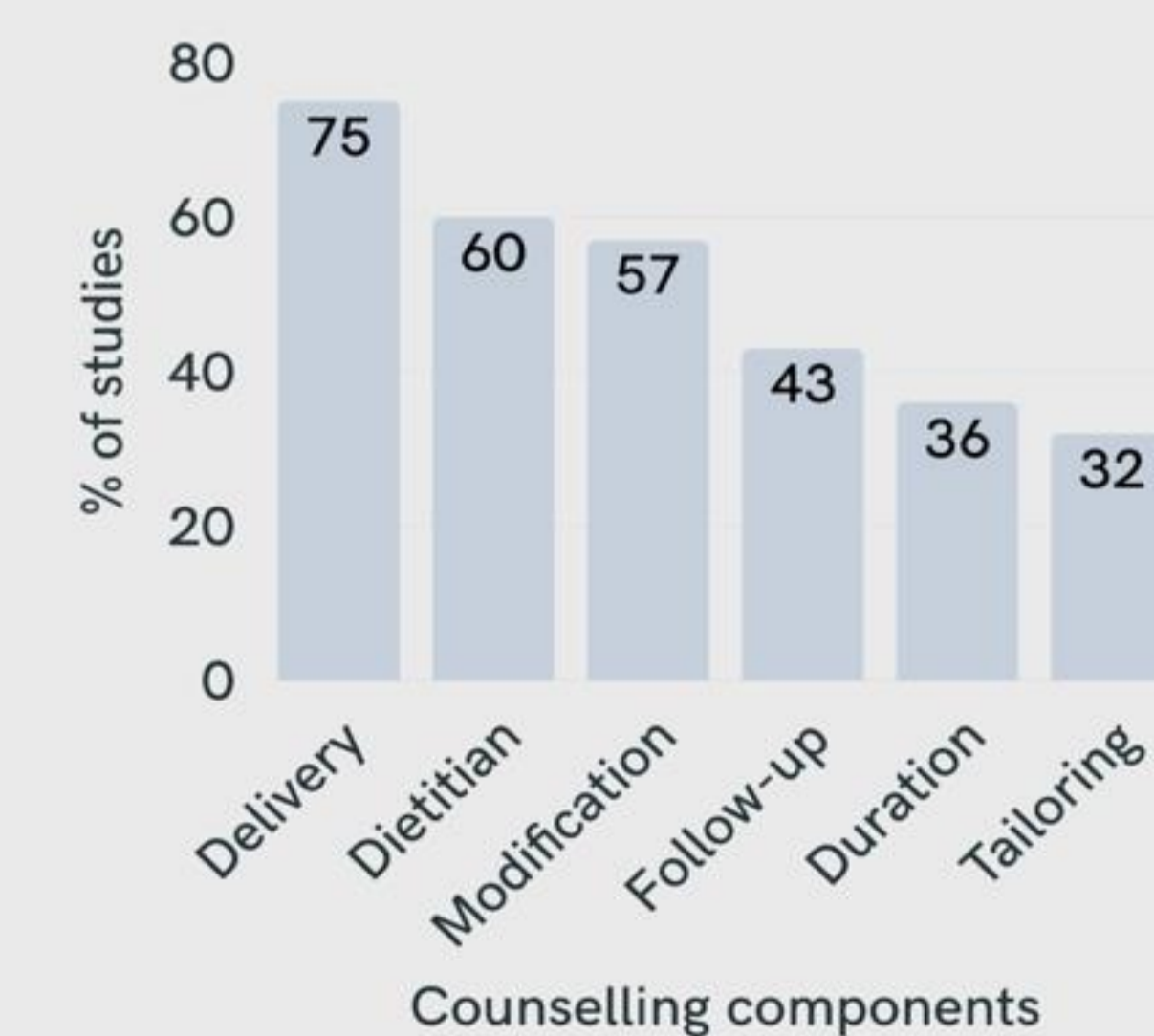
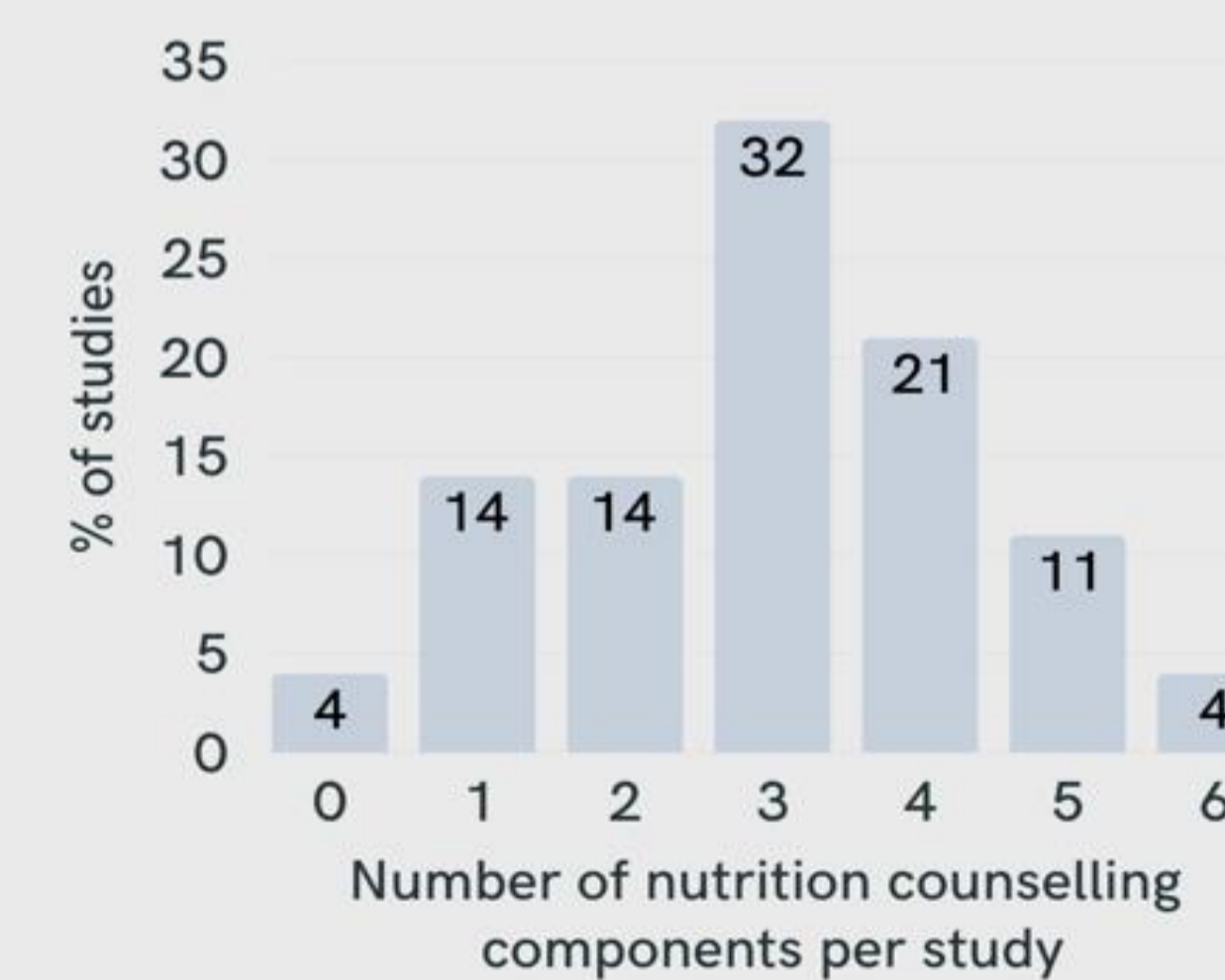


Figure 3: Percentage of studies by number of nutrition counselling components. The average per study was three.



CONCLUSION

FINDINGS: Nutrition counselling for IBS dietary interventions is inconsistently described in the literature. Key components of counselling, such as follow-up, duration, and tailoring were often missing.

IMPLICATIONS: The variability in reporting of nutrition counselling across IBS literature mirrors gaps in clinical practice and hinders assessment of intervention effectiveness and translation into patient care.

NEXT STEPS: Standardized, evidence-based frameworks are needed to improve reporting, intervention fidelity, and patient outcomes for nutrition counselling in IBS.

REFERENCES

1. O. Palsson., Gastroenterology, 2020.
2. R. Sturkenboom., Clin Gastroenterol Hepatol, 2022.
3. A. Lenhart., Journal of J Neurogastroenterol Motil, 2018.
4. W. Hauser., Front Psychol, 2024.
5. M. Dawod., BMC Health Serv Res, 2024.,
6. A. Affentranger., J Nurs Care Qual, 2023.

AUTHORS

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DELIVERY: How counseling was delivered (e.g., in person, video, mobile application, handout; individual or group);
DIETITIAN: Counselling delivered by a Registered Dietitian;
MODIFICATION: Specification of foods to restrict or include;
FOLLOW-UP: Access to clinicians after the initial session (e.g., follow-up appointments, phone, or email contact);
DURATION: Length of time spent with patient;
TAILORING: Adaptation of nutrition advice to individual circumstances (e.g., income, time constraints, cooking skills, religious practices, or preferences).

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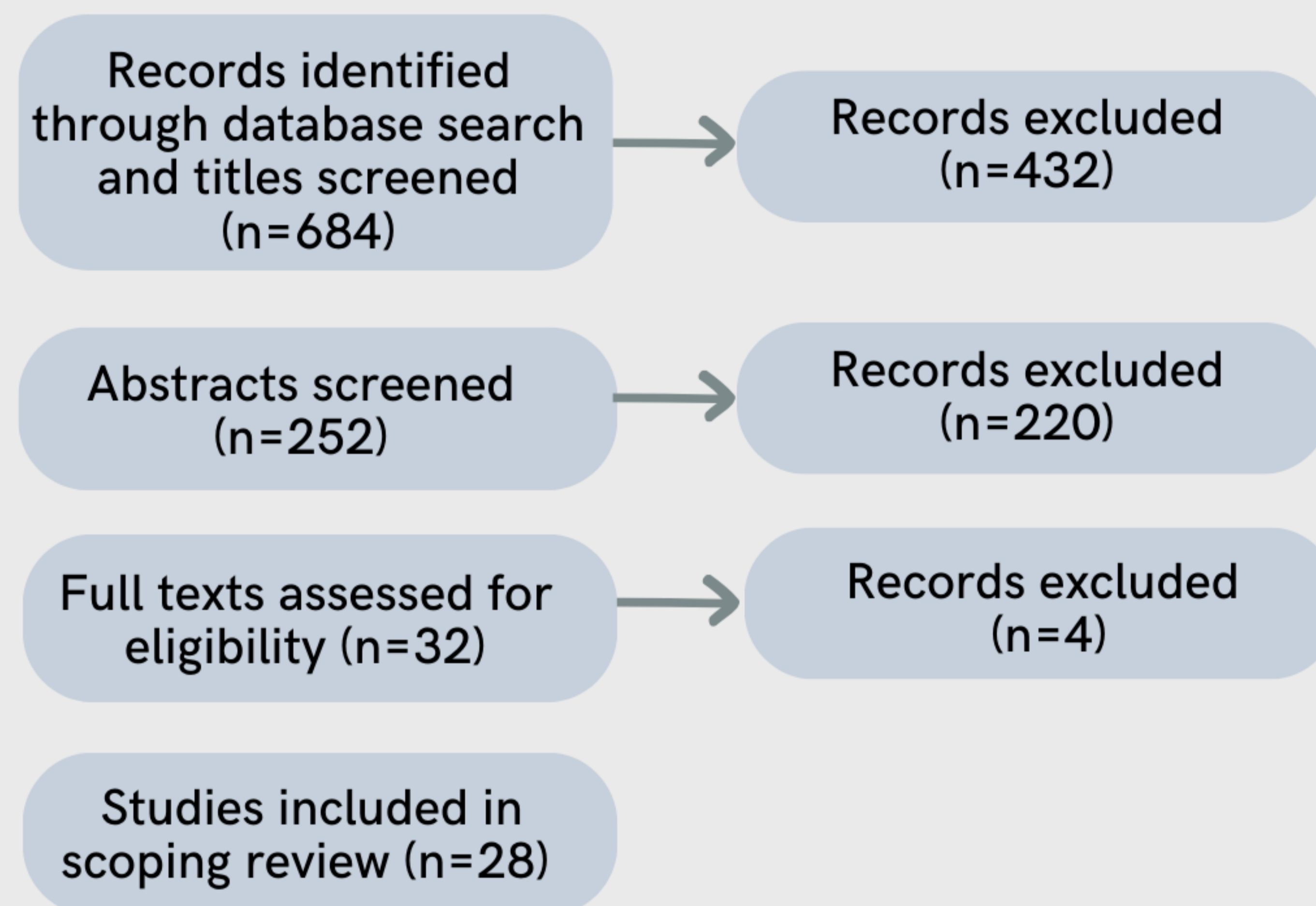


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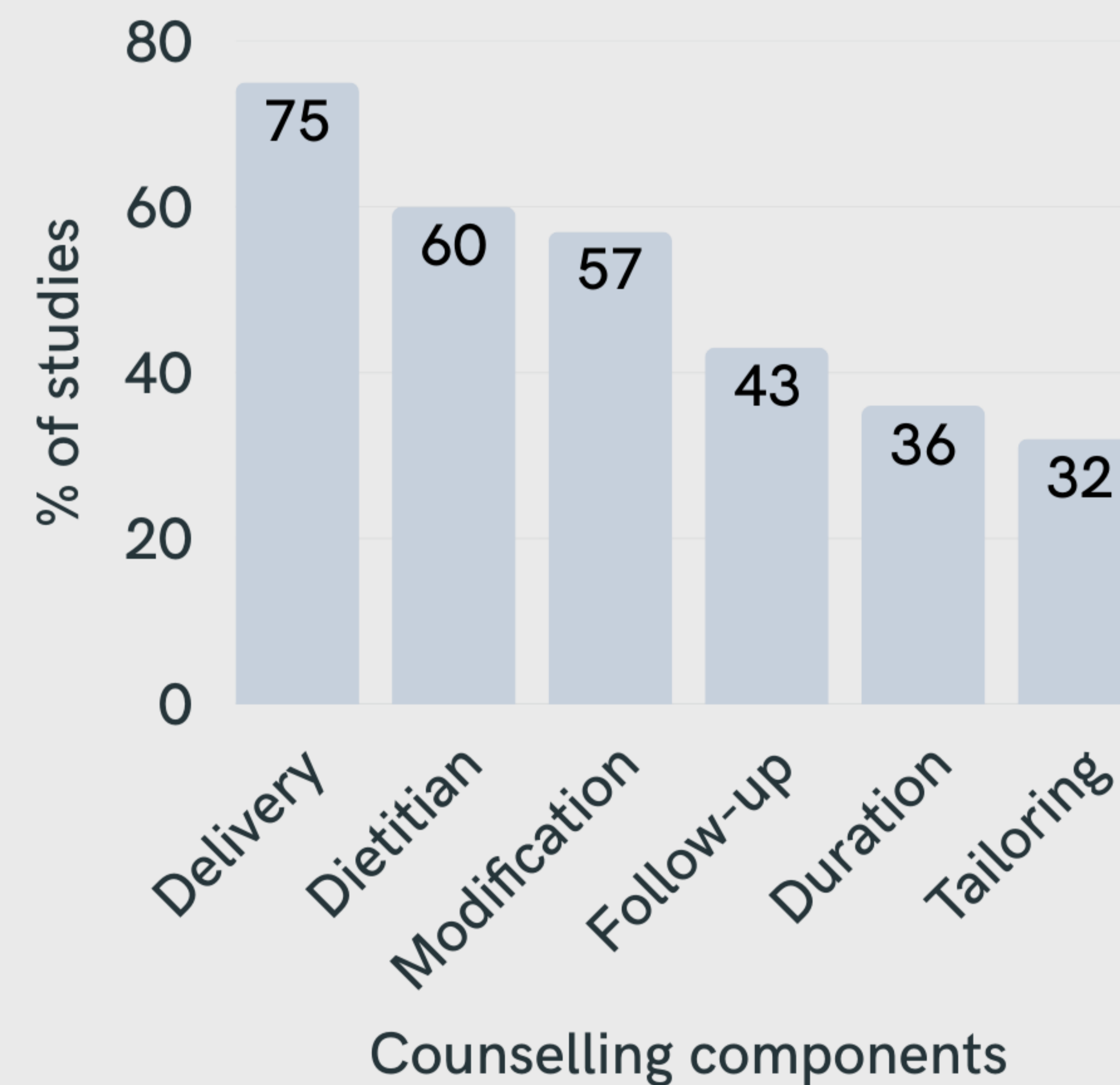
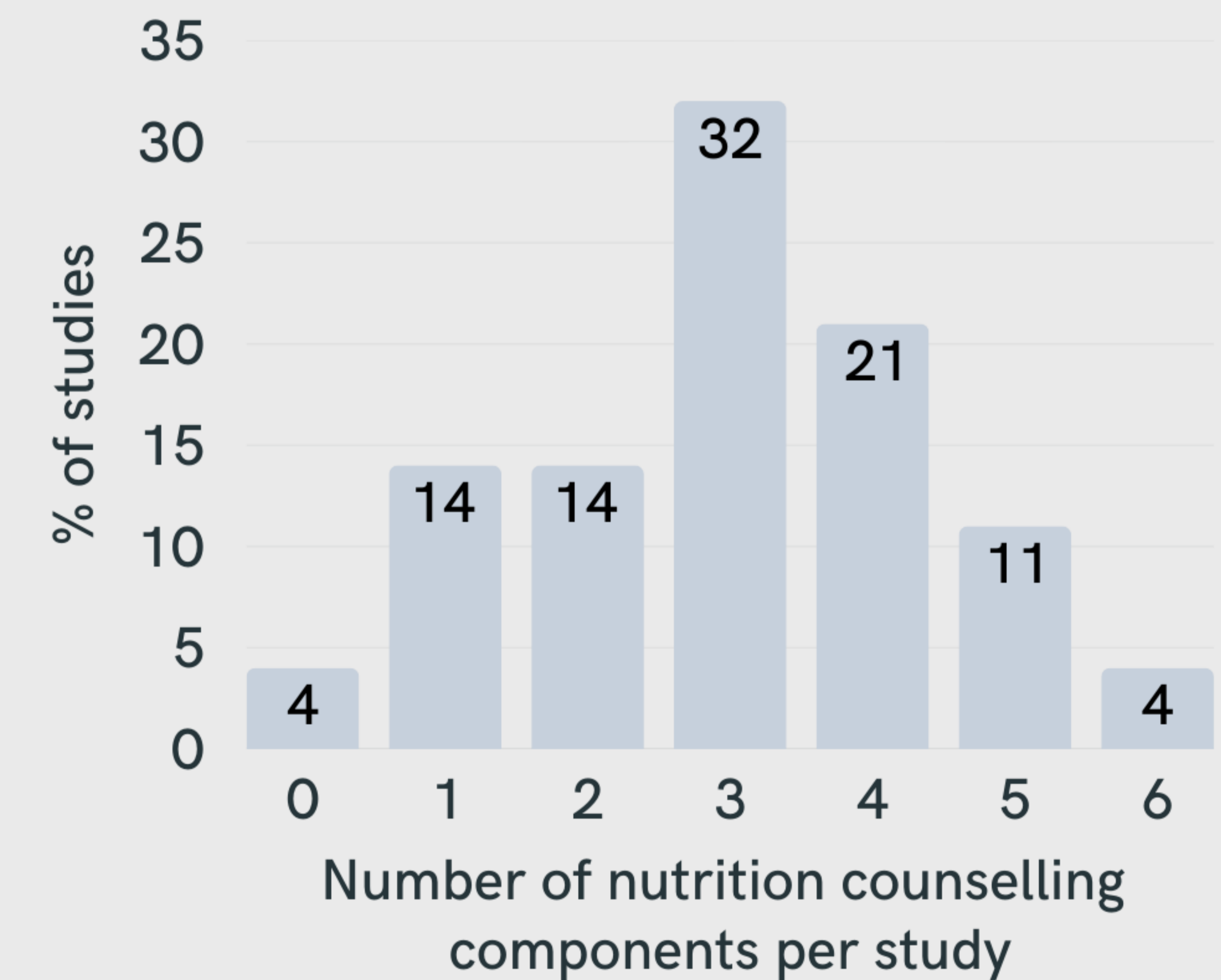


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