

The truth about fibre, bloating and IBS

Recently, some media reports have suggested that increasing fibre in the diet will reduce bloating, one of the key symptoms of Irritable Bowel Syndrome (IBS). While this may help some people with IBS, it depends vastly on what the underlying cause of the bloating is. In some cases, eating additional fibre may actually worsen their symptoms.

What causes bloating?

Bloating is caused by gas in the gut being produced in a process known as fermentation. This excess gas is then trapped, resulting in a distended or swollen stomach – which can be painful. There are several reasons for this which is why it is important to avoid the 'one size fits all' approach.

Bloating can be caused by sensitivity to the fermentation of certain foods, constipation, anxiety, stress, other medical conditions such as Coeliac Disease, (which affects around 1% of the population), a food intolerance, or a combination of these factors.

What affect does fibre have on bloating?

Fibre can be either insoluble or soluble and some foods will contain both types. Soluble fibre acts by absorbing water, creating a gel, and slowing down your gut transit time, while insoluble fibre has the opposite effect. Soluble fibre ferments more than insoluble fibre – creating unwanted gas. Examples of foods which contain soluble fibre are oats, fruit and pulses.

Unfortunately, simply avoiding soluble fibre does not work as many foods which are low in soluble fibre contain FODMAPs* which cause excess gas to be produced. In addition to this, wheat bran which contains insoluble fibre, is thought to make IBS symptoms worse. As a result, simply increasing or reducing different fibre types alone is highly unlikely to make any difference.

Constipation and fibre

Constipation is a common cause of bloating and a low fibre diet is often at the root of this. As some fibre works

by absorbing water, it's important to drink enough fluid to prevent symptoms worsening when increasing fibre intake. It can be difficult to know exactly how much fluid to drink, but most people need at least eight cups per day.ⁱ It all depends on your age, weight and activity level.

Fluid adequacy can be monitored by looking at the colour of your urine as this should be a light straw colour and anything darker is a sign of dehydration. Other indicators can be 'rabbit dropping' stools, headaches and fatigue.

All fluid, apart from alcohol, counts towards your intake and you should aim to spread this throughout the day. It's also important to try and reduce consumption of caffeine-containing drinks to more than three cups per day.

Fibre – more or less?

Despite the need to be wary of fibre, most of us actually do not have enough in our diet at all – recommendations are currently 30g per day.ⁱⁱ So, the likelihood is that you will need to increase your fibre intake for general health benefits anyway. However, make sure you increase this slowly rather than all in one go.

If you suffer with more diarrhoea-type IBS symptoms, there is some limited evidence to show that reducing overall fibre intake can help symptoms. Unfortunately, there is no specific guidance on how low this should be, or whether it is safe in the long-term.

Good sources of fibre are fruits, vegetables, wholegrains, seeds, nuts and cereals. You should try to have a variety of sources in your diet as all provide unique health benefits.

FODMAPs and fibre

A low FODMAP diet can help reduce bloating. However, caution should be taken in those with constipation predominant IBS (or IBS-C) as it may worsen symptoms if the underlying causes of the constipation are not addressed. Those who do not suffer with IBS-C may inadvertently reduce their fibre intake whilst on the diet causing constipation and worsening their bloating.

By Kirsten Crothers

Registered Dietitian & Diet Adviser
to The IBS Network

Kirsten is a specialist gastroenterology Dietitian who has worked in both the NHS and private sectors. She started her career in gastroenterology at Sheffield NHS Teaching Hospitals and now works for The Food Treatment Clinic in Belfast. In her current role, Kirsten provides expert dietary advice for individuals suffering with digestive health problems, including the low FODMAP diet.



To get the diet to work for you, firstly ensure that your fibre and fluid intake is of adequate amounts. It is strongly recommended that anyone following a low FODMAP diet is supervised by a Registered Dietitian.

Top tips

1. Download a food tracking app to track fibre and fluid intake.
2. Keep a food and symptom diary to see if you can see any patterns to your symptoms.
3. Keep consistent – dietary and lifestyle changes must be daily, not just Monday to Friday.

To recap:

- Try and find out what is causing the bloating.
- Ensure you have a diet which meets recommendations for fibre and fluid intake.
- Address any poor habits around exercise, (or lack of exercise).
- Slowly make any changes in the amount of fibre you eat.
- Ask to be referred to a specialist Dietitian.

*FODMAPs: Fermentable Oligosaccharides, Disaccharides, Monosaccharides and Polyols.

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ⁱThe British Dietetic Association, Food Fact Sheet: Irritable Bowel Syndrome and Diet, <https://www.bda.uk.com/foodfacts/IBSfoodfacts.pdf>.

ⁱⁱScientific Advisory Committee on Nutrition (2015). *Carbohydrates and Health*. London, United Kingdom: TSO.

Welcome

In this edition we focus on bloating, looking at the main causes and ways to relieve this symptom common to many of you living with IBS.

Our front cover article by Dietitian and Diet Adviser, Kirsten Crothers, outlines 'The truth about fibre, bloating and IBS' to dispel any surrounding myths. Gastroenterologist and Medical Adviser, Dr Simon Smale, also provides a physician's view of 'Abdominal bloating and distension' on page three.

In 'Real stories', we are very grateful to our member, Sara, who opens up about her daring trip to New York. By sharing her account of a very ambitious journey, we hope it will help if you have IBS and are planning your own travels, however large or small.

Popular features such as 'Ask the experts', 'Recipes', and 'Network News' with the latest updates from the charity, are all covered. If you are thinking of setting up an IBS support group in your area, don't forget we have a training day for leaders in July. Full details are on the back page.

As always, please get in touch with me or any of the team if you have any topics for us to discuss in future editions. Your feedback is always welcome.

Best wishes,

Jo Hutchinson
Communication
Manager



Recipes

Hot smoked salmon with spinach and lemon

Fish contains important amounts of protein, essential fats, vitamins and minerals. This gut-friendly recipe is a combination of three simple flavours. The sweetened lemon cuts through the rich salmon and the earthy spinach complements both.

The hot smoked salmon is served cold in this recipe but, can be warmed, if you prefer.

Ingredients

- 1 lemon**
- 2 tsp caster (superfine) sugar**
- 2 tsp capers, drained and rinsed**
- 2 tbsp olive oil**
- 400g/14oz spinach, rinsed well**
- 4 x 150g/5oz portions of hot smoked salmon**
- Sea salt and freshly ground pepper**

Method

Hands-on time: 10 minutes.

Cooking time: 3 minutes.

Peel the skin and pith from the lemon. Slice the flesh thinly and remove any pips. Place the lemon, any excess juice, caster sugar, capers and olive oil in a bowl and mix well. Set aside.

Cook the spinach in a saucepan for a couple of minutes with 2 tbsp of

water or steam it over boiling water. Turn the spinach leaves with tongs halfway through cooking and cook until the leaves are wilted. Drain and squeeze excess moisture from the leaves.

Divide the spinach between four plates and place a portion of salmon on top of each. Place a little sliced lemon to one side and dress the salmon and spinach with the remaining lemon juice, capers and olive oil, seasoning well. This dish works well served with lemon rice with coriander and mustard seeds or plain basmati rice.

Recipe from 'Cooking for the Sensitive Gut' book. Delicious soothing recipes for everyday by Dr Joan Ransley and Dr Nick Read. Available to buy via The IBS Network online shop, visit www.theibsnetwork.org/shop

Abdominal bloating and distension: a physician's view

Abdominal bloating and distension are common symptoms in Irritable Bowel Syndrome (IBS). In medical terms, bloating refers to a person's sensation of abdominal fullness, whereas distension is a visible or measurable increase in abdominal girth, so not surprisingly they commonly occur together. People often perceive symptoms of bloating as due to excessive accumulation of gas but this is frequently not the case. For many, the sensation of bloating reflects a heightened sensitivity to normal amounts of abdominal gas. Nevertheless, there is little doubt that many people respond to diets that reduce the production of gas in the bowel.

A little bit about bowel gas

The chemical composition of gas and where it comes from varies significantly in different parts of the bowel. People who complain of belching and upper gut or gastric wind are usually swallowing air, often subconsciously as they swallow other foods or fizzy drinks. For many people with repetitive belching, the gas does not even get as far as the stomach but is taken into the oesophagus and then released without delay. The composition of gas within the oesophagus and stomach often closely resembles that of the swallowed air. Anxiety can often make this worse, although people are not always aware that they are swallowing air at all.

The small bowel does not usually contain very much gas but a few people with symptoms consistent with IBS, such as pain, wind and bloating, which are often worse after they've eaten carbohydrates, have Small Intestinal Bacterial Overgrowth (SIBO). Bacteria do not usually occur in significant numbers in the small bowel but in people with pre-existing bowel abnormalities or who have had gastrointestinal surgery, bacteria sometimes proliferate in the small bowel where they can then ferment ingested carbohydrate. When bacteria ferment the carbohydrate, this produces gas and associated abdominal distension. In cases of bacterial overgrowth where fermentation occurs, carbon dioxide, hydrogen and methane are produced and, whilst nitrogen remains the commonest gas, these gases become more prevalent in bacterial overgrowth. The increased production of hydrogen forms the basis of the hydrogen breath test which is sometimes undertaken to diagnose SIBO.

The commonest cause of bloating is gas accumulating within the large bowel. Whilst people often perceive this gas to be excessive, numerous studies have shown that many people with IBS have normal quantities of gas production, but rather are extremely sensitive to normal distension, which in such people may cause bloating and abdominal pain.

Dr Simon Smale Gastroenterologist, Medical Adviser and Trustee at The IBS Network

Dr Simon Smale is a Consultant Physician and Gastroenterologist. He provides outpatient, inpatient and endoscopy (upper and lower gastrointestinal) services at York Hospital NHS Foundation Trust and privately at York Nuffield Hospital.

Dr Smale is also a tutor for the Royal College of Physicians (York) and works as the Deputy Training Programme Director for Continuing Medical Trainees (CMTs) in the Hull and East Yorkshire Deanery.



So why does my tummy distend?

There is little doubt that some people with IBS produce too much gas due to excessive fermentation of carbohydrate and fats in the colon, but most do not. Distension usually occurs due to disordered coordination of the diaphragm in response to increased pressure due to either food or normal quantities of gas. Instead of being displaced upwards many people with abdominal distension displace the diaphragm downwards (a disordered abdomino-phrenic reflex).

Other people, whilst producing normal amounts of gas, have disordered gastrointestinal motility. In other words, the gas does not move around the bowel normally. This can lead to pain, bloating and discomfort. Sometimes, increasing gut motility can help the movement of gas and improve symptoms. Drugs, exercise and diet all have influence over this.

Increasing weight in association with increasing abdominal girth can, of course, relate to eating too many calories and accumulating intra-abdominal adipose tissue. Nevertheless, some people with bloating do suffer from excessive fermentation of carbohydrates reaching the colon, where bacteria break down the carbohydrate to form gas. The fermentation of resistant carbohydrate and sugars, such as fructose and oligosaccharides and monosaccharides is a cause of excessive bloating. The low FODMAP* diet, which has become so popular in helping people improve these symptoms, is based on avoiding these sugars and hence the fermentation that results.

So, in conclusion, bloating is a common symptom in IBS and distension is often seen. Both these complaints have a number of causes but identifying triggers, eg fizzy drinks, indigestible sugars etc, reaching the colon or disordered motility often all play a part. It is generally a case of trial and error to identify each individual's triggers, which can then be avoided.

*FODMAPs: Fermentable Oligosaccharides, Disaccharides, Monosaccharides and Polyols.

Ask the experts

Lee Martin

Registered Dietitian and Adviser to The IBS Network



Q I experience constipation, wind and abdominal pain. I have tried antispasmodics and peppermint capsules, but the pain and wind persists. Will changing my diet have any effect?

A Constipation is often associated with excessive wind, pain and typically bloating. A slower gut transit time can contribute to symptoms due to food 'hanging around' which continue to ferment in the bowel causing gas and distension which can trigger pain. Managing constipation can be difficult but there are several dietary approaches which you can try.

The first thing is to ensure you are getting a range of fibre in your diet from different sources (fruit, vegetables, oats, pulses, nuts, seeds, cereals). If you are already doing this, then increasing the soluble fibre from food may be beneficial. For example, having more oats regularly in the diet or including more seeds such as linseeds/flaxseeds which have been found to help relieve constipation and are not fermentable. You can also buy soluble fibre supplements such as psyllium husk which can be introduced gradually. Sometimes natural laxatives, such as prunes/prune juice, can stimulate the bowel. You may require laxative medications, as it seems you are not taking any at the moment, but speak to your GP beforehand.

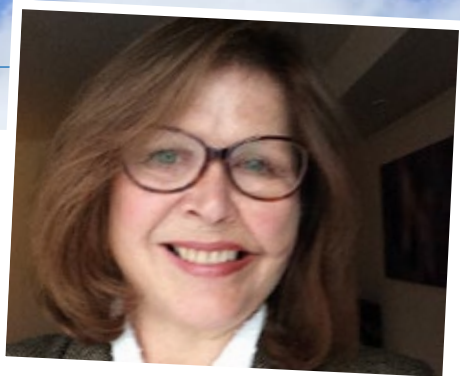
Try and get plenty of exercise and escape from your daily routine to find time for yourself (constipation often has connotations of control and entrapment).

As a last resort, a short-term restriction of foods high in FODMAPs* may help. While a low FODMAP diet can be useful to suppress symptoms of diarrhoea and bloating, a higher FODMAP diet can be good for constipation. If you want to try a FODMAP diet, you should speak to a Registered Dietitian as it is likely you will need a balance between eating enough high FODMAP foods to help you go to the toilet and not eating too many high FODMAP foods which can trigger bloating, wind and pain.

*FODMAPs: Fermentable Oligosaccharides, Disaccharides, Monosaccharides and Polyols.

Q I have very foul smelling wind which can be really embarrassing. I have reduced my intake of fatty foods but have not noticed a difference. How else can I manage this?

A Intestinal gas is generated by colonic bacteria. The bad smell is often related to sulphur compounds like hydrogen sulphide or volatile substances from the decomposition of protein. If you are eating large amounts of meat/fish, this may be why as it would contain a lot of sulphur. You could try reducing your meat intake or combining it with more carbohydrates and perhaps trial the use of a probiotic in the hope that altering your gut microbiota may reduce the smell.



Laurin McDonald

Clinical Hypnotherapist and Adviser to The IBS Network

Q How does bowel directed hypnotherapy work?

A Gut directed hypnotherapy uses guided imagery and direct suggestions to help regulate bowel habit and relieve pain.

Using a deep state of relaxation, (a trance), the therapist will suggest that you use your hands resting on the abdomen to relieve discomfort in various ways. For instance, visualisations might be suggested, such as picturing your gut is flowing like a river, to help improve symptoms. You are in complete control throughout the process, with the therapist acting as a guide to help improve your symptoms.

Q Would bowel directed hypnotherapy help with abdominal pain?

A Bowel directed hypnotherapy and other treatment methods using hypnotherapy have been proven to work through

studies, however, it is not a magic wand. It is of prime importance that you are highly motivated to get better. This motivation is then harnessed by the therapist to help 'reprogramme' some of the thought patterns and habits around your specific symptoms. It requires commitment from both parties. For instance, some therapists insist that you listen to recordings of carefully devised hypnotherapeutic sessions every day during treatment which might be spread over many weeks. However, with the right motivation and commitment it can help improve pain and other symptoms.

Q How do I get referred to a Hypnotherapist?

A In some cases, you can be referred to a Hypnotherapist by your GP but this varies by location. You can find a trained and qualified Hypnotherapist through organisations such as The National Council for Hypnotherapy or ask the Complementary & Natural Healthcare Council for advice on accredited organisations. More details at:

<https://www.hypnotherapists.org.uk>

<https://www.cnhc.org.uk>

<http://www.hypnotherapy-directory.org.uk>

IBS Support Group Leader Training Day 15 July 2017, Sheffield

We are continuing to expand the network of IBS support groups across the UK. The next leader's training day takes place in July. If you are interested in setting up a group in your area, please email sam@theibsnetwork.org for an application form.

Setting up a local IBS Support Group

Before setting up a local IBS support group I spent a long time weighing up what it would involve. I was aware that getting a group up and running might take a lot of effort as would organising the monthly meetings and wondered if I would have time. Now, I'm a few months into running the group, so thought I'd share my experiences with others.



When I set off at 5am for the 200-mile drive for the Support Group Leaders' Training day in Sheffield last year, I was still unsure if it was the right thing to do. However, as soon as I arrived I realised I was in for an interesting day and felt optimistic. There were a variety of great speakers from Gastroenterologists, to someone running a local group and a complementary therapist. The IBS Network charity organised a fascinating and very useful day. I went away feeling inspired and equipped to take on the task ahead.

My motivation to run the group was to reach out to people in similar situations that I used to face when I suffered badly with IBS. Every step outside the house was an unpredictable nightmare. I felt so isolated, embarrassed and frustrated. Self-hypnosis helped me and I was so amazed at its impact that I have since trained as a Hypnotherapist (www.hypnotherapywithruth.co.uk).

Organising the venue and setting the meeting time and dates were quite straightforward. Promoting the group has been the challenging aspect. I've put posters up, contacted doctor's surgeries and spoken to the local media. The most successful avenue has been communicating with people in my area via The IBS Network.

At the meetings we have honest and open discussions about the difficult realities of living with IBS. These are often mixed with lively chatter and plenty of laughs. Stories are shared and coping tips exchanged. It is a lovely group where anything can be openly talked about in a friendly and non-judgmental environment. At the last meeting for someone's birthday, a member very kindly made chocolate brownies to share – they were dairy, wheat, gluten and yeast-free, yet still delicious! We have plenty of plans for future meetings including exchanging recipes and inviting speakers, such as Dietitians.

Despite my prepared agenda, the meetings seem to run themselves. I believe the commitment over time will be reasonably low and manageable and that group numbers will continue to increase if I keep up the promotional activity!



Ruth Hazeldine

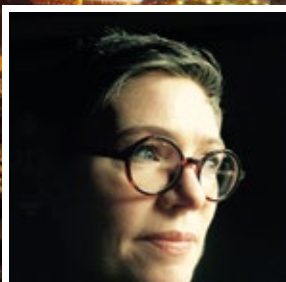
Ruth runs the Alton IBS Support Group on the second Tuesday of each month, 7 – 8pm, Alton Community Centre, Amery St, GU34 1HN.

For more information, please email sam@theibsnetwork.org

Real stories

With summer holidays just around the corner for many, one of our members' has written about her trip to New York which will hopefully inspire others to plan trips and avoid letting their IBS hold them back.

Don't forget that throughout 2017 if we publish your story, you will receive a free Emergency Kit Bag. If you would like to share your real life experiences of IBS, please email jo@theibsnetwork.org



Sara's story

Sara, from West Sussex, has lived with diarrhoea predominant IBS (IBS-D) for over 20 years. She has kindly shared excerpts from her travel journal following her recent trip to New York.

In a 'moment of madness', I booked flights to New York (NY) to see my brother and his family. Readers might ask – why on earth would I consider such a lengthy trip, and what made me think that I could actually achieve this?

I'd had a few months of relatively calm health and achieved many of my small goals – this journey felt like the next step, albeit a big one. I wanted to do this but I was also strongly motivated to try and beat back what I called 'my dragon at the door'. I was simply down to my last ounce of acceptance that the fears built up over the years of living with IBS-D would continue to rule my life.

My IBS-D symptoms started over 20 years ago when I was working and living in London in a stressful, but enjoyable job, advancing quickly up the career ladder, and enjoying city life. A difficult break-up of a long-term relationship, and increased pressure at work coincided with a few embarrassing incidents when I had near misses getting to the loo in time, and I then started to experience cramping and debilitating energy-sapping diarrhoea more frequently. I went to my doctor which resulted in tests and more tests, being given the wrong medication (to treat constipation), seeing a Homeopath (helpful, but only short-term) and having internal examinations at the hospital. I felt I was going around in circles, bothering doctors who were too busy to treat what they saw as trivial and when the tests showed there was nothing life-threatening I was told it was "just IBS" and that was that. "Live with it!"

So, I did just that, and in the process, I slowly lost that hopeful, positive and confident young woman and became a frightened, insecure, doubtful and increasingly ill one. I carried on working, but London soon became more challenging than ever and I would dread the long commute. Any invitations to see people were refused and I withdrew more and more from my social circle. In the early days of my change in health, I had met a lovely, kind and gentle man, who I now lived with and it was a constant worry that I was letting him down. I could see the woman looking back at me in the mirror was no longer the outgoing, happy-go-lucky girl he had first fallen in love with. Amazingly, he stuck with me, and is still here by my side to this day. This has played an integral part in my ability to achieve what I would have considered impossible five years ago. I looked at a flight to NY as a sort of therapy. By tackling what for me was a huge challenge, it would hopefully make my day-to-day tasks less frightening.

Just under three months before the journey, I was able to relax a little initially and plan ahead. The flight was nearly eight hours there but shorter on the way back. My brother would meet me at the airport, but the transfer into NY to his house was a big unpredictable worry. Whilst there, how would I cope with food, as often my guts would wrench and cramp just after eating? My mantra became, 'what will be will be' to a certain extent.

I found several things which helped

I started a journal. Every day I would write down how I was feeling. It was repetitive and full of angst, but it meant I got it out of my head and onto paper. Close the journal, and resume daily life.

I learnt to meditate. 10 minutes of meditation each day taught me to breathe, centre and relax. It gave me techniques which I would call on during those moments when I wanted to run. There are a few online apps you can use – I found www.headspace.com excellent.

I made a friend of my fear. Fear is there to protect us and, on the whole it is just doing its job, saying “avoid that, don’t go there, stay safe, don’t upset the status quo, don’t venture...” By befriending fear, I could step back and say, thanks very much fear and for walking alongside me, but it’s fine. Please relax, calm down and leave it to me.

I taught myself a ‘Tapping’ technique for those moments of high anxiety. Google this. It works!

I made something positive about the upcoming experience. I am currently teaching myself to make clothes. I set myself the goal of making a full length tweed coat to wear on my trip. Not only did I achieve this, I also made an oilskin flight bag to carry all my comfort-related paraphernalia en-route.

I gave myself lots of distractions for the journey – books, audio on my phone, crossword puzzles, and my trusty journal to write in.

So, why did I put myself through this?

Every person has a different motivation, but when you are feeling at your lowest ebb, knowing that you may achieve something you once thought impossible is a massive confidence boost. I told only those closest to me that I was doing this. This removes the pressure you might put on yourself that, once you’ve told everyone, you then have to complete it. This gave me a ‘get-out’ clause if I felt I could not go through with it.

As the day approached, I started to become more unwell. I did not want to accept that it was my subconscious giving my guts the ‘danger’ signal, but it was very likely. I altered my diet to cut out foods that sometimes irritated me, such as dairy, fatty and processed foods and coffee.

The night before we left, my anxiety was sky high. We had a very early flight so would have to leave at my most gut-sensitive time of day. A night of burning, feverish, anguish threw every conceivable terrorising scenario at me. My guts wrenched and rumbled. My mind told me that I was a fool and my body reacted predictably.

But somehow I knew that I just had to do this. My brother would certainly have accepted it if I hadn’t got there, my husband would have told me it was fine... but I would very likely have had the full breakdown that had lingered and threatened to take me down over the years. I had to try.

At 4.30am I started to get ready. Breaking it down into simple steps was really helpful. I have tried over the years to just skip food, but I cannot function and get dizzy if I don’t eat, so I knew I had to have something. I ate a few spoonfuls of my usual porridge with rice milk and had a cup of black tea. One hour later I took two Imodium Comfort, then got dressed.

Peace of mind is so important. I’ve learnt over the years to go through the “what’s the worst that can happen?” scenario and to accept that, at most, I will be embarrassed. If I couldn’t find a toilet in time, this would be beyond embarrassing. So, I wore incontinence pants to travel on this journey. Knowing I had this extra protection gave me a small comfort, and slowed down my heart rate during the periods of travelling when I knew there was no possibility of going to the loo. I know some people would not be bothered by doing this, but I found it so hard, to even go into the chemist to buy the pants, let alone put them on.

If you are considering travelling, by plane, train or boat, there will certainly be times en-route when you will not have access to a toilet. Wearing this protection will comfort you, I promise. One thing I will add though, I did get searched at security and the woman asked me what I had under my trousers. I explained I had ‘extra pants’ and she was absolutely fine about it.

I was worried that the motion and acceleration of the flight, followed by the ascent would turn my stomach over, but when things are so far out of your control, you just have to go with it. Remarkably, I think your adrenalin in this situation works to help you. Coupled with the Imodium I had taken, I had no symptoms either during take-off or during the flight.

What followed were two days of me being in situations so far outside my little secure comfort zone but I somehow managed it. With the help of frequent prayers and more Imodium, not only did I have a relatively bowel-controlled few days, I very nearly relaxed!

Now I am home, I have felt a great sense of achievement. Yet, I am sad that what is easy for so many to do, is so very hard for those of us with IBS. This has not cured me. Today my stomach has been out of control. But, when half the struggle is mental, I know that my mind is fit and healthy. The ‘dragon at my door’ has gone away for now. And that gives me the confidence I need to continue to live the life I choose.

This article has been edited from Sara’s full story which can be viewed on our website.

Meet the team



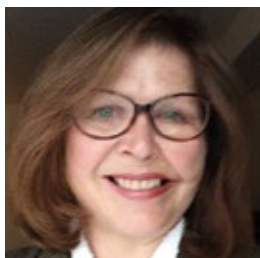
We're delighted to welcome new members to our team of volunteers as the charity continues to grow:

Bernard Coleman

Trustee

Kirsten Crothers

Registered Dietitian, Advisory Board Member



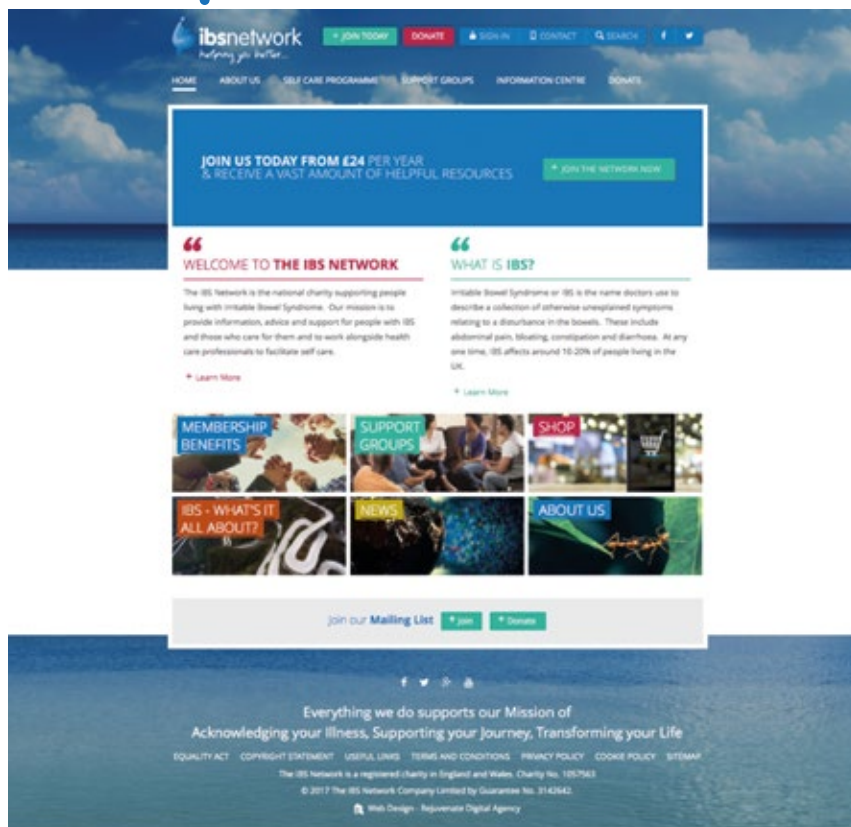
Lee Martin

Registered Dietitian, Advisory Board Member

Laurin McDonald

Clinical Hypnotherapist, Advisory Board Member

Revamped website



For all eagle-eyed members, you may have already noticed that we recently updated the layout of our website so it's easier to navigate and find the information you need. Content on the site is being updated regularly with all the latest news on IBS and the charity. Please take a look around and send us your feedback www.theibsnetwork.org

IBS Awareness Month

April saw an unprecedented amount of media coverage as we were inundated with journalist requests to cover IBS Awareness Month. Our charity and members were featured across local and national radio stations, newspapers, publications and websites, which has been fantastic in helping to talk about IBS and break the taboo surrounding the condition.

We'd like to thank all those members who have come forward and spoken openly about their experiences of living with IBS, which helps others find ways to manage their own symptoms and realise that they're not alone. To hear or read the media coverage, please visit the 'News' pages on our website or social media channels.

Our Annual General Meeting (AGM)

The Trustees of the charity held their AGM on Saturday 29 April in Sheffield. The meeting started with a lively debate from two Gastroenterologists and Medical Advisers to the charity, Dr Simon Smale and Dr Anurag Agrawal. The debate chaired by Trustee, Vicky Grant, entitled ***'This house believes that IBS is a definite diagnosis based upon a characteristic history and investigation findings rather than a diagnosis of exclusion'*** proved thought-provoking and enlightening. After a vote the position that IBS was a definite diagnosis was carried by the meeting.

The formal part of the meeting was chaired by Tony Whiting, Chair of the Board of Trustees. Tony reported the progress the charity had made over the last year and explained why the charity was moving towards establishing itself as a CIO, (Charity Incorporated Organisation). Tony also announced the new mission statement of the charity as being:

'Acknowledging your illness. Supporting your journey. Transforming your life.'

The charity's CEO, Alison Reid, outlined a number of the challenges faced by small charities in the current climate and talked about how The IBS Network would meet them in the future.

If you would like a copy of the minutes of the meeting please contact info@theibsnetwork.org

Our core team: Jo Hutchinson (Communication Manager), Sam Pennington (Administrative Assistant), Alison Reid (CEO), Jennifer Tyson (Membership Officer), Sam Yardy (Operations Manager).

Our Board of Trustees: Bernard Coleman (Trustee), Rosemary Finn (Trustee), Vicky Grant (Trustee), Dr Simon Smale (Trustee & Medical Adviser), Tony Whiting (Chair).

Follow us:



The IBS Network, Unit 1.16 SOAR Works, 14 Knutton Road, Sheffield, S5 9NU

0114 272 3253 info@theibsnetwork.org www.theibsnetwork.org

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