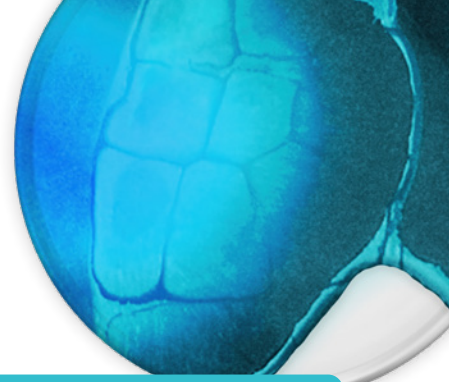
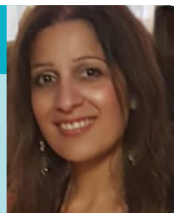


Exploring Supportive Strategies in Functional Gastrointestinal Care



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Summary

In this article, I reflect on my dietetic management approach for a male (Daniel*) presenting with persistent gastrointestinal symptoms, including daily bloating, abdominal pain, and irregular bowel habits, all of which were exacerbated by stress and negatively impacted his quality of life. I outline the rationale for the selected management strategy, which incorporated dietary modification with a low FODMAP approach, stress-management techniques, and a probiotic formulation containing *Bifidobacterium longum* 35624™ and *Bifidobacterium longum* 1714™ to support the gut microbiome and symptom management.

*Name has been changed

Introduction

I am a Registered Dietitian and member of the British Dietetic Association (BDA), committed to delivering evidence-based nutritional care in line with professional standards. As a Senior Dietitian specialising in gastroenterology, Bowel surgery, and nutrition support, I manage people with complex gastrointestinal conditions requiring advanced and individualised dietary interventions.

In my practice, I frequently see patients presenting with a range of gastrointestinal disorders. Emerging research suggests that the gut microbiome may play a vital role in the management of these conditions¹, highlighting the importance of considering microbiome-targeted interventions alongside dietary and lifestyle strategies. Evidence indicates that the effects of probiotics are strain-specific², therefore careful selection based on symptom profile and research evidence is essential.

My dietetic management approach for individuals experiencing gastrointestinal symptoms, such as bloating and abdominal pain, focuses on providing personalised dietary and lifestyle guidance tailored to each person's needs.

Dietetic Review

Daniel, a 56-year-old male was referred for dietary management to address persistent gastrointestinal symptoms. He reported experiencing near-daily bloating and abdominal pain, with bowel habits ranging from once every two days to up to five times per day, often accompanied by urgency. Daniel noted that his symptoms were exacerbated by stress and described increasing embarrassment, as the impact on his social life and participation in community activities was contributing to reduced confidence and heightened feelings of stress and anxiety.

Daniel's dietary history indicated regular consumption of home-cooked meals, with occasional social meals eaten out. He reported a high intake of vegetables, fruit, wheat, and dairy, following a predominantly plant-based and pescatarian diet, with chicken and red meat consumed no more than once every two weeks. Alcohol intake was minimal, averaging less than four units per week.

Prior to consultation, Daniel had not attempted any dietary or lifestyle modifications, including a low FODMAP approach. He reported no other medical conditions and was not taking any medications.



Dietetic Management Plan

In collaboration with Daniel, we agreed on a multi-faceted approach to address his symptoms. This included incorporating stress-management strategies, such as daily walks and social support through talking with friends, with techniques carefully selected to integrate seamlessly into his routine and encourage long-term adherence.

A low FODMAP diet was introduced as part of the management plan. This dietary approach involves limiting foods high in fermentable oligosaccharides, disaccharides, monosaccharides, and polyols—short-chain carbohydrates that can be poorly absorbed in the small intestine and fermented by gut bacteria, leading to gas, bloating, abdominal pain, and altered bowel habits³.

Aligned with emerging evidence on the role of strain-specific probiotics in supporting gastrointestinal health, we also discussed incorporating a probiotic into his management plan. Given that probiotic strains confer distinct, targeted benefits², I reviewed the available research to select strains shown to help manage gastrointestinal symptoms and, where evidence supported, to help modulate stress-related effects on gut function. The *Bifidobacterium longum* 35624™ strain has been extensively investigated in both randomised, placebo-controlled trials^{4,5} and real-world studies⁶⁻⁸, providing a robust evidence base for its effects in people with irritable bowel syndrome. Clinical trials have reported significant improvements in symptom scores for all IBS symptoms in all IBS sub-categories, abdominal pain/discomfort, bloating, bowel habit satisfaction and quality of life⁴⁻⁸. Separately, in further quality studies in healthy adults, *Bifidobacterium longum* 1714™ was shown to improve perceived stress and cortisol output^{9,10}. Therefore, as part of a holistic approach to supporting Daniel's dietary management, I recommended an initial eight week trial of a probiotic containing 1×10^9 colony forming units (CFU) of a combination of *Bifidobacterium longum* 35624™ and 1714™.

Dietetic Aims and Outcomes

The overall aim of the management plan was to reduce bloating, discomfort and achieve a more regular bowel habit, whilst also trying to reduce associated stress and embarrassment. In collaboration with Daniel, we chose the following as outcomes that would indicate whether this aim had been achieved:



- Less bloating and fewer episodes of bloating
- Fewer occasions of looser stools
- Fewer occasions of constipation
- Feeling less embarrassed, more confident and less anxious

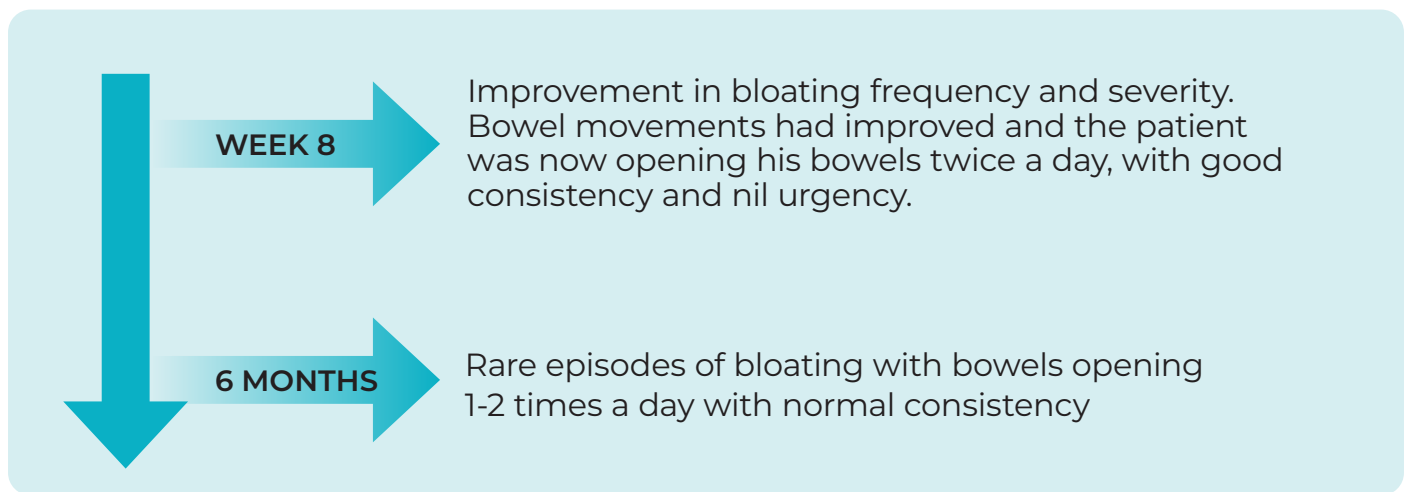


Dietetic Follow-up

After eight weeks, I conducted a face-to-face follow-up in clinic to review Daniel's progress. He reported a noticeable improvement in bloating, although occasional episodes persisted, which were relieved upon defaecation. Bowel habits had improved significantly, with regular movements occurring twice daily, normal stool consistency, and no urgency. At this point we discussed the slow and gradual re-introduction of the higher FODMAP foods in planned succession.

I met with Daniel again six months later for a follow-up consultation. During this period, he had continued to adhere to the dietetic approach recommended at his initial visit. At this consultation, he reported feeling "much better," with further improvements in his symptoms. Bloating was now infrequent, and bowel movements remained regular, occurring 1–2 times per day with normal consistency. Daniel noted improvements in mood and confidence, alongside reduced feelings of anxiety and stress. He described his symptoms as "generally fairly controlled" and expressed being "very pleased" with his progress. Specifically, he reported greater confidence in performing community duties and no longer needed to worry about urgently needing the bathroom during activities such as giving a speech.

At the conclusion of the appointment, it was agreed that Daniel would continue incorporating regular walks and other stress-reduction techniques into his routine. He was advised to continue to gradually reintroduce FODMAP-containing foods according to his tolerance while maintaining dietary variety. Continued use of the probiotic formulation was recommended as appropriate to support ongoing gastrointestinal health.



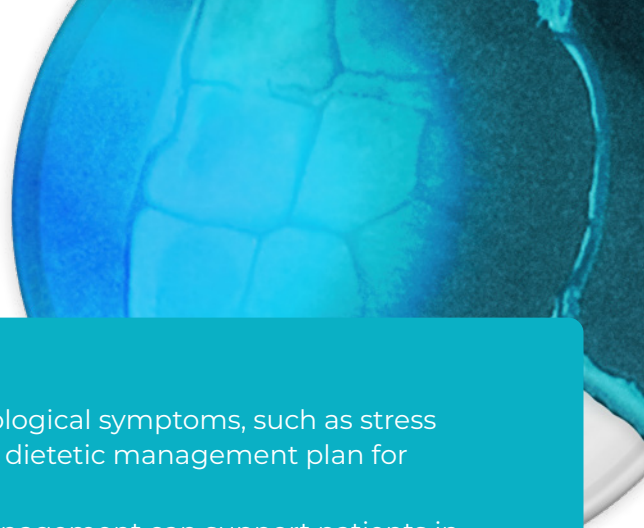
Dietetic Reflections

Daniel's experiences of abdominal pain, bloating, discomfort, and irregular bowel movements are common in clinical practice, and I see many people presenting with similar symptoms. These gastrointestinal issues can significantly affect quality of life, often leading to feelings of embarrassment and reduced confidence, as well as limiting participation in social activities and daily routines. Addressing both the physical symptoms and their psychosocial impact is therefore an important aspect of effective management.

Feelings of stress and anxiety are common in individuals with gastrointestinal symptoms^{11,12}, and I frequently observe this in my clinical practice. Research highlights that psychological stress often accompanies gastrointestinal symptoms, reflecting the bidirectional communication of the gut-brain axis, where emotional and cognitive factors can influence gut motility, sensitivity, and overall digestive function¹².

Taking the time to gain a comprehensive understanding of Daniel's lifestyle, including the factors influencing his dietary habits and physical activity, was essential in developing an effective, personalised dietetic management plan. By exploring his experiences of stress and anxiety, we were able to tailor the approach to address these factors, incorporating targeted stress-reduction strategies alongside a probiotic containing *Bifidobacterium longum* 1714™, which has been shown to reduce perceived stress, modulate brain activity related to fatigue and energy, and influence cortisol levels in adults^{9,10}. To address the gastrointestinal symptoms, *Bifidobacterium longum* 1714™ was combined with *Bifidobacterium longum* 35624™, which has been shown to help manage gastrointestinal symptoms in people with irritable bowel syndrome⁴⁻⁸.

My reflections provide a real-world example of how specific, evidence-based probiotic strains can be integrated into dietary management to support symptom relief and overall wellbeing in individuals experiencing gastrointestinal disturbances and stress-related gut symptoms.



Learning Points

- Taking the time to explore and understand underlying psychological symptoms, such as stress and anxiety, is essential in creating an effective, individualised dietetic management plan for gastrointestinal disorders.
- Incorporating behavioural change techniques into dietary management can support patients in adopting and maintaining lifestyle modifications that improve gastrointestinal symptoms and overall wellbeing.
- Evidence-based, strain-specific probiotics may serve as a useful adjunct in dietetic management for individuals experiencing high levels of everyday stress alongside gastrointestinal symptoms, supporting both gut function and stress modulation.

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This article reflects upon my real-life dietetic management of an individual - their name has been changed. I received payment from Novonesis solely for my time taken to write this article. All views are my own.

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