

# The low-FODMAP diet

## to improve symptoms of irritable bowel syndrome (IBS)

### Summary

Irritable bowel syndrome (IBS) is a common disorder affecting one in seven adults. The symptoms of IBS often include bloating, excess wind (flatulence), abdominal (belly) pain and changes in bowel habits (diarrhoea, constipation or both). These symptoms can cause anxiety and stress, interfere with busy schedules and affect everyday life.

Changes to your diet can improve the symptoms of IBS. One approach relates to a key group of carbohydrates called “fermentable oligosaccharides, disaccharides, monosaccharides and polyols”, or FODMAPs. Studies have shown that eating foods containing a large amount of FODMAPs can make symptoms worse in people with IBS, while reducing the amount of FODMAPs in a person’s diet can improve symptom control.

FODMAPs don’t cause IBS, but the digestive system of people with IBS is sensitive to their effects. When FODMAPs reach the large intestine, they produce gas and attract water, and this is what can make IBS symptoms worse. The types and amounts of FODMAPs that makes symptoms worse differs from one person to the next.

If you are having symptoms of IBS, it’s important not to “self-diagnose”. Other gastrointestinal diseases and disorders can also cause the same symptoms, and you may need medical rather than dietary management.

FODMAPs are found in many of the foods we eat. You should only start a diet low in FODMAPs with the help of a dietitian. This diet often includes three phases: restriction, reintroduction and personalisation. A dietitian can also help you to

### What is the low-FODMAP diet?

The low-FODMAP diet involves making changes to your diet in three phases. It’s recommended that you work with an accredited practising dietitian to follow this diet. This fact sheet gives you a brief overview of the diet.

### What are FODMAPs?

FODMAPs are a group of carbohydrates found in many common foods, such as some dairy products, wheat and grain products, fruits and vegetables. They are also sometimes included as additives in food products.

#### FODMAP is an acronym for:

##### Fermentable

**Oligosaccharides** Fructans and galacto-oligosaccharides

**Disaccharides** Lactose

**Monosaccharides** Fructose (when eaten in a greater amount than glucose)  
**And**

**Polyols** Sorbitol, mannitol, erythritol, maltitol, isomalt

### How do FODMAPs affect the gut?

Some FODMAPs have an “osmotic effect” (meaning they draw fluid) that causes more water to be delivered into the small intestine. FODMAPs are not well absorbed in the small intestine, so they enter the large intestine, where they are fermented by bacteria, which makes gas. This gas can lead to wind (flatulence), bloating, discomfort and abdominal (belly) pain. Gas and extra water can change bowel “motility”, or movement, which may cause diarrhoea, constipation or both. FODMAPs can also cause symptoms by changing communication between the gut and the brain and by affecting the gut lining.

#### Foods high in FODMAPs (please see your dietitian for a full list)

##### Fruits and vegetables

Apples  
Pears  
Cauliflowers  
Garlic  
Onions

##### Bread and cereals

Wheat breakfast cereal (e.g. Weet-Bix)  
Wheat bread  
Wheat pasta  
Rye bread

##### Dairy

Milk (when consumed in large quantities, i.e. >100 mL)

##### Other

Fructose as an added sweetener  
Inulin (e.g. in diet shakes)  
Sorbitol (e.g. in sugar-free gum)

## Do FODMAPs affect everybody?

No-one fully absorbs FODMAPs, but people with particular gut problems, like IBS, are thought to experience uncomfortable symptoms because their gut is unusually sensitive. “Distension”, or stretching, in the large intestine from gas or water can trigger symptoms in susceptible people.

## How do I know if I should try the low-FODMAP diet?

There is no test that can diagnose IBS, and a doctor will diagnose it based on symptoms. It’s important to see a medical professional and be checked for other gastrointestinal conditions that might have similar symptoms, like inflammatory bowel disease, coeliac disease or bowel cancer.

## How do I follow the low-FODMAP diet?

A low-FODMAP diet can be started with the help of a dietitian, who can take you through each of the three phases of the diet.

### Phase 1 – FODMAP reduction

This phase involves lowering your intake of FODMAPs, and it should last for 2–6 weeks. This phase shows whether changing your FODMAP intake improves your symptoms. Dietitians are experts in assessing your symptoms and your diet, providing dietary counselling, working with you to personalise advice specific to your needs, and giving you practical strategies to put the diet in place.

### Phase 2 – Reintroduction

If your symptoms don’t improve in Phase 1 then alternative approaches can be discussed with your dietitian. You will move to Phase 2 if your symptoms improve in Phase 1. Your dietitian will help you to gradually reintroduce FODMAPs back into your diet. Many people can tolerate some FODMAPs without their symptoms getting worse.

### Phase 3 – Personalisation

This phase involves working out a longer-term plan for your diet that gives you the greatest variety in your diet while controlling your symptoms.

## What if I’m already on a special diet?

You may already have a particular diet if, for example, you are vegetarian or vegan, or you had to make dietary changes because you have a chronic condition like diabetes. In most situations, you can still try a low-FODMAP diet. Be guided by advice from your GP, gastroenterologist and dietitian. If you’re already on a modified diet, it’s even more important that you have the help of a dietitian. The dietitian may suggest an approach that only removes some FODMAPs from your diet to start with.

## But can I follow a healthy FODMAP diet?

When changing the FODMAP content of your diet, it’s important to balance good nutrition with symptom control and to eat from all of the five recommended food groups. The recommended target for each food group is shown in the table below:

Food group (serve size)	Recommended serves per day for adults
Bread, cereals, rice, pasta, noodles (1 slice, ½ cup)	4–6
Vegetables and legumes (75 g)	5–6
Fruit (150 g)	2
Meat, fish, poultry, eggs, nuts (about 100 g, 30 g nuts)	1–2
Dairy (1 cup milk, 200 g yoghurt, 40 g cheese)	2–3

Here are some ways to help meet these targets:

- Choose colourful fruits and vegetables that are low in FODMAPs, and spread them throughout the day.
- Fruit such as strawberries, bananas, blueberries, grapes, rockmelon, pineapple, oranges and kiwifruit are great choices.
- Vegetables such as spinach, carrots, capsicum, eggplant, bok choy, tomatoes and zucchini are great choices.
- Many spelt sourdough or gluten-free breads are low in FODMAPs
- Choose low-lactose dairy foods, like hard cheese (e.g. cheddar or parmesan) and lactose-free yoghurt.
- Include pulses, like lentils and chickpeas, in small amounts (<30 g per meal) or choose tinned versions.
- Snack on nuts and seeds that are low in FODMAPs, like walnuts, almonds, pecans, linseeds and sesame seeds.

## If I'm constipated, should I follow a low-FODMAP diet?

Some people with IBS have constipation as their main symptom. Changing your diet can be very helpful to improve constipation. However, a low-FODMAP diet may not always be enough on its own. Your dietitian will assess your symptoms and diet and work with you to find the best diet for you. For example, a low-FODMAP diet combined with some ways to eat more fibre can be very effective for some people.

## If I have gut symptoms but I don't have IBS, should I follow a low-FODMAP diet?

Research has shown that the low-FODMAP diet improves symptoms of bloating, abdominal pain, diarrhoea and even "functional dyspepsia" (where you feel full or have stomach pain after meals). If you have one of these symptoms, the low-FODMAP diet may be appropriate for you. But get advice from your GP or gastroenterologist and a dietitian before trying to change your diet.

## FODMAPs and the microbiome

The "microbiome" refers to the many micro-organisms (bugs or bacteria) that live in our gastrointestinal tract. Some FODMAPs are natural prebiotics, which means they encourage good bacteria to grow in the gastrointestinal tract. Fructans and galacto-oligosaccharides can encourage the growth of good bacteria like *Bifidobacteria*. Studies have shown that lowering FODMAP intake (in Phase 1) leads to a drop in *Bifidobacteria* in the gastrointestinal tract of people with IBS. This highlights how important it is to go through all three phases of the low-FODMAP diet, so you can have the most diverse diet possible. Your dietitian will help you to achieve this.

## Common questions

### 1. Do I have to follow the low-FODMAP diet for life?

Many people stay on a version of the low-FODMAP diet for a long time because reintroducing foods high in FODMAPs makes their symptoms return. However, it's important to remember that you can change how strict you are with the diet, depending on how severe your symptoms are. For example, many people find they can relax their diet if their life becomes less stressful. A dietitian can guide you on how to do this in Phase 3 of the low-FODMAP diet.

### 2. Do I need to be gluten-free while following a low-FODMAP diet?

No, you don't need to be gluten-free while following a low-FODMAP diet. Most people with IBS don't have an allergy or intolerance to gluten, but often they can't tolerate the fructans in many gluten-containing breads and cereals. Some grain products, like breads, that are recommended for a low-FODMAP diet just also happen to be labelled as gluten-free.

### 3. What do I do if the low-FODMAP diet doesn't work for me?

If you have worked with a dietitian and found that the low-FODMAP diet hasn't helped with your IBS symptoms, then there are other things that might help. These include taking probiotics or medications, or brain-gut therapies like hypnotherapy. See your GP or gastroenterologist for further advice on what is most suitable for you.

### 4. How do I find a dietitian?

Dietitians work in a range of settings, including GP clinics, hospitals and private practice. Your GP or gastroenterologist can give you a referral letter. The Dietitians Australia website (see below) also lists details of dietitians specialising in gut disorders.

## Additional Information

- Monash University FODMAP team  
<https://www.monashfodmap.com/>
- Monash University FODMAP app
- King's College London FODMAPs team  
<https://www.kcl.ac.uk/slcps/our-departments/fodmap>
- *Australian dietary guidelines*  
<https://www.eatforhealth.gov.au/>
- Dietitians Australia  
<https://dietitiansaustralia.org.au/seeing-dietitian-australia>

*This fact sheet gives only general information about the low-FODMAP diet. It does not replace personal advice from your medical practitioner. If you have any questions or need advice, please speak with your doctor or an accredited practising dietitian.*

## Acknowledgements

This resource was reviewed and updated in 2025 by the following health care professionals:

**Dr Heidi Staudacher**, Dietitian, Monash University, Melbourne, Vic  
**Dr Chamara Basnayake**, Gastroenterologist, St Vincent's Hospital, Melbourne, Vic  
**Dr Abhinav Vasudevan**, Gastroenterologist, Eastern Health, Melbourne, Vic

The development of this resource was led and funded by GESA, independent from pharmaceutical or device companies. It is possible that the above listed contributors have received funding from pharmaceutical or device companies in a different capacity.

Requests and enquiries concerning reproduction and rights should be addressed to: Gastroenterological Society of Australia (GESA)  
Level 3, 517 Flinders Lane, Melbourne VIC 3000 | Phone: 1300 766 176 | email: [gesa@gesa.org.au](mailto:gesa@gesa.org.au) | Website: <http://www.gesa.org.au>

This document has been prepared by the Gastroenterological Society of Australia and every care has been taken in its development. The Gastroenterological Society of Australia and other compilers of this document do not accept any liability for any injury, loss or damage incurred by use of or reliance on the information. This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use, or for use within your organisation. Apart from any use as permitted under the *Copyright Act 1968*, all other rights are reserved. © 2025 Gastroenterological Society of Australia ABN 44 001 171 115.