

Forward for JGH Supplement:**INTRODUCTION**

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Nearly everyone either is personally affected or knows someone with a gastrointestinal (GI) problem. No condition is more emblematic of the challenges that face persons that suffer with GI symptoms than irritable bowel syndrome or IBS. IBS is a symptom-based condition defined by the presence of abdominal pain and altered bowel habits (1). Though not required for the diagnosis, the vast majority of IBS patients also report bloating or abdominal distention. IBS does not cause mortality or predispose to lethal conditions like cancer. However, the impact of IBS is underappreciated given its worldwide prevalence of 12%, negative effects on quality of life and work productivity, and financial burden for patients, families, and society (2).

Traditionally, treatment of IBS has focused on the patient-provider relationship and medications targeting the patient's most bothersome symptom/s. Over time, as providers have been forced to redirect their attention from patients to the electronic medical record and its associated clerical duties, an unanticipated casualty has been the patient-provider relationship. Ironically, rather than improving efficiencies and bringing the primary stakeholders, patients and providers closer together, the current generation of health information technology has driven them farther apart (3). The view from the clinical trenches as it pertains to prescription medications holds its own challenges. In randomized controlled trials conducted over the past 20 years, medications for IBS have produced improvements in up to half of patients leading to therapeutic gains over placebo of 8-20% (4). Some believe that these marginal benefits over placebo equate with a lack of efficacy of drugs for IBS. However, given that most of the drugs target a specific receptor or physiologic pathway and IBS is a symptom-based disorder of heterogeneous pathogenesis, the fact that the available drugs only improve symptoms in a subset of IBS sufferers is hardly surprising. Complicating matters further are the economics of healthcare. The rising cost of care and changing demographics in westernized

countries are forcing health care systems to make difficult choices. For every life altering breakthrough for lethal conditions like inflammatory bowel disease, hepatitis C or cancer there is a very large price tag, leaving fewer dollars to spend on drugs for “quality of life” disorders like IBS.

Given the unsettled treatment environment for IBS, providers and, more importantly, patients are hungry for treatment solutions that stray from the beaten path. Increasingly, patients are seeking more “holistic” solutions which for younger patients, in particular, equate with treatment strategies which do not require the chronic use of medications. Chief amongst information that IBS patients want their providers to address is what foods they can safely eat (5). Indeed, diet as a cause and treatment of IBS has been undergoing a renaissance. In a way, diet has been “hiding in plain sight” for decades as surveys report that up to 80% of IBS patients associate their symptoms with eating a meal (6). Despite this, evidence-based diet strategies for IBS have been lacking. Over the last several years, there has been a growing body of evidence to support an important role for food in the pathogenesis and treatment of gastrointestinal disorders (7). In particular, the effectiveness of a diet which restricts intake of fermentable oligo-, di- and mono-sacharrides and polyols or FODMAPs has increasingly been reported in IBS and IBD patients (8).

The first GastroDiet 2015 meeting sponsored by Monash University was hosted in Prato, Italy from November 1 to November 3, 2015. The meeting served as a forum for persons with an interest in diet and nutrition to learn about the current state of the art from an internationally renowned cast of speakers (Figure 1). Perhaps more importantly, the meeting created a nurturing environment that enabled scientists and clinicians to interact and exchange ideas on how to advance the science and improve the clinical application of dietary therapies, including the low FODMAP diet, for

gastrointestinal illness. In the manuscripts that follow, readers will get a taste of the deliberations in Prato that will hopefully whet their appetites for a future where food is not just a source of sustenance but an important new age source of medicinal therapies.

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