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A preliminary assessment of food intolerance and dietary behavior in an Australian Chronic Fatigue Syndrome/Myalgic Encephalomyelitis cohort

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Statement of the Problem: Gastrointestinal symptoms and food intolerance are prevalent in Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) patients, with much higher proportion of these patients reporting a diagnosis of Irritable Bowel Syndrome (IBS) than is found the general population. Many patients report using dietary modification and the use of various nutritional supplements in an effort to reduce gastrointestinal symptoms, however results supporting the efficacy of supplements in CFS/ME are not consistent, and as yet a comprehensive long term dietary study has not yet been completed in CFS/ME patients. The purpose of this study was to determine whether diet and gastrointestinal symptoms differed between CFS/ME patients and healthy controls, and whether further investigation into this area is warranted.

Methodology & Theoretical Orientation: An online survey including questions on gastrointestinal symptoms, diet modification, nutrient supplementation, and food intolerance was developed and distributed to both CFS/ME patients meeting the CDC diagnostic criteria and healthy controls. Data were analysed using a t-test or Fisher's exact test where appropriate.

Findings: 10 CFS/ME patients and 9 age- and sex-matched healthy controls were eligible for participation. CFS/ME patients experienced gastrointestinal complaints significantly more frequently than healthy controls (d.f.=1, P=0.02). CFS/ME patients demonstrated a higher prevalence of food intolerance, dietary changes, food exclusion, and nutrient supplementation than healthy controls, however these results were not statistically significant.

Conclusion & Significance: CFS/ME patients are more likely to experience gastrointestinal symptoms than healthy subjects. Although food intolerance and self-management of gastrointestinal symptoms were not significantly more prevalent in CFS/ME patients, results were approaching significance for some questions and may have been affected by small sample sizes. Further investigation into gastrointestinal symptoms, food intolerance, and dietary behavior in CFS/ME patients is warranted to determine whether the future development of a CFS/ME-specific dietary regime could help to ease gastrointestinal symptoms in these patients.

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