



----- Issue 6 / February 2017 -----

WELCOME!

A very warm welcome to our first newsletter of 2017. In this issue you will find our feature interview with award winning, specialist IBS and allergy dietitian, Marianne Williams. Functional bowel disorders, and specifically IBS, affects up to 10-15% of the general population in industrialised countries. Marianne answers all of our questions on low FODMAP diets which we hope you will find interesting and relevant to your work. Also in this issue you will find details of our upcoming events, the latest product news, as well as our delicious Chocolate Mousse recipe. If you would like to find out more about Oatly please visit the Healthcare Professional area of our website at www.oatly.com/hcp.

Kind regards,

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LOW FODMAP DIETS

Can you tell us about FODMAPs?

In 2009 a team from Guys & St Thomas's and King's College London started to investigate a new diet that was emerging from research in Australia which looked at a range of fermentable carbohydrate foods which could be aggravating IBS symptoms, including wheat, certain fruit and vegetables and high lactose foods such as animal milk, yogurt or ice-cream. The diet was called the 'Low FODMAP Diet'.

F Fermentable
O Oligo-saccharides (fructans & galacto-oligosaccharides)
D Di-saccharides (lactose)
M Mono-saccharides (fructose)
A And
P Polyols (sugar alcohols)

The mechanisms by which these fermentable carbohydrates provoke gut symptoms is due to two underlying physiological processes: firstly, there is an osmotic effect whereby fermentable carbohydrates increase water delivery to the small intestine leading to altered bowel habit i.e. diarrhoea/loose stools.⁽¹⁾ Secondly, these carbohydrates are indigestible and subsequently fermented by a proportion of the bacteria in the colon which leads to gas production. This gas can alter the luminal environment and cause visceral hypersensitivity in those who are susceptible to gut pain⁽²⁾, resulting in the classic IBS symptoms of wind, bloating, abdominal pain and gurgling.

KEEP READING ON NEXT PAGE!

Marianne Williams BSc Hons, RD, MSc Allergy is a specialist IBS and allergy dietitian working for Somerset Partnership NHS Trust. She set up the first UK 'Dietetic-Led Primary Care Gastroenterology Clinic'. This fully funded service improves the quality of life in over 74% of patients using a range of specialist evidence based dietary interventions for adult patients with IBS and gastrointestinal allergy.



BITS & PIECES

NAME CHANGE FOR FOAMABLE

We have two exciting bits of news regarding Oatly Foamable Oat Drink. Firstly, it is now available in selected branches of Sainsbury, making it even easier to find. See the latest stockist information in our new, [printable sheet here](#).

Secondly, you will notice Foamable become Barista Edition. It's just the name that's changing, the product will remain exactly the same. To find out more about Barista Edition visit:

www.oatly.com/products/international/oatdrinkbaristaedition/



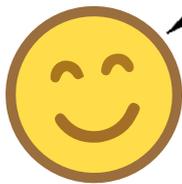
CALLING ALL PRIMARY CARE NURSES IN SCOTLAND!

On 7th March 2017, Oatly will be at the Nursing in Practice event, SECC, Glasgow. Please come and visit us at stand 50. For more information on the conference visit:

www.nursinginpractice-events.co.uk/scotland/

SUITABLE FOR THE LOW FODMAP DIET!*

Scanned Feb 17



What level of success can we expect?

Research in 2011 showed that the FODMAP diet was more effective than traditional NICE guidance for IBS⁽³⁾ and indeed in 2015, the FODMAP diet was noted in the newly updated IBS guidance from NICE. Additionally, the 2016 British Dietetic Association guidelines for IBS now recommend the FODMAP diet as second line treatment when first line healthy eating/low lactose advice has failed to help. International research consistently shows that the FODMAP diet is successful particularly for bloating, abdominal pain and diarrhoea with many research projects showing over 70% of patients improving.⁽³⁻⁵⁾

Do you need specialist training to give FODMAPs advice?

The low FODMAP diet is a complex diet, which requires sufficient initial consultation time i.e. 45 minutes to 1 hour⁽⁶⁻⁷⁾ and the expertise of a FODMAP trained dietitian⁽⁶⁾ with good communication skills⁽³⁾. A carefully taken diet and medical history is vital to ensure that the patient is suitable for this dietary approach and that there is not another underlying cause for their symptoms e.g. gastrointestinal allergy, coeliac disease or red flags requiring further investigation. Detailed patient literature is vital⁽³⁾ and research showing the effectiveness of the diet in the UK has so far utilised high quality resources based on the most recent food composition data available.

Fundamentally, if the dietary advice is given effectively and with supportive suitable patient literature then, in our experience, patient compliance is high.

Are oats and oat based products suitable for people restricting FODMAPs?

Plain, porridge oats are fine for people restricting FODMAPs. If oat based products are free of FODMAPs then they make an excellent source of nutrition and carbohydrate for those on the low FODMAP diet.

You have considerable experience in FODMAPs, indeed you have won a number of awards for your work, what would be your 'top tip' to maximise the chance of success?

I would suggest that patient motivation and practitioner time are key. Make sure first line advice has been given before embarking on this diet and do not ask patients to, "go and look up the FODMAP diet" themselves - it is a false economy.

Could you recommend any sources of further information for those of us wanting to learn more about FODMAPs?

Always endeavour to refer them to a suitably qualified dietitian but here are two important sources of accurate information that you can give them in the meantime:

1. Utube Video from Monash University on the physiology behind the low FODMAP diet - exceptionally useful video to direct patients to: https://www.youtube.com/watch?v=Z_1Hz19o5ic

*2. Kings College London low FODMAP app for mobile devices - excellent videos and very useful app to help patients follow the diet and to use when shopping <http://www.kcl.ac.uk/lsm/research/divisions/dns/projects/fodmaps/FODMAP-app.aspx>

OATLY CHOCOLATE MOUSSE

INGREDIENTS:

- 150 g of quality plain chocolate (60% cocoa solids)
- 3 tablespoons Oatly Vanilla Custard
- 3 tablespoons caster sugar
- 3 eggs
- 200 ml Oatly Oat Fraiche (1 pot)
- Optional extra flavouring, for example rum, grated orange zest, fresh ginger

Topping: Caramelised nuts and fresh berries, for example raspberries and blueberries

METHOD

1. Break the chocolate into pieces and melt in a heatproof bowl over a pan of gently simmering water (take care that the base of the bowl isn't actually in the water). Add the vanilla custard and 1 tablespoon of the sugar. Remove from the heat and put to one side to cool a little.
2. Separate the eggs, place yolks in a glass and egg whites in a bowl.
3. Beat the egg whites with an electric whisk, then add the remaining sugar little by little, until it forms stiff peaks.
4. Mix the egg yolks into the chocolate mixture one at a time, then add the oat fraiche and any other flavouring you are adding until smooth.
5. Gently fold the whipped egg white into the chocolate mixture, being careful to prevent the foam collapsing.
6. Carefully pour into individual ramekins/wine glasses/coffee cups and place in the refrigerator for 2-3 hours before serving with caramelised nuts and berries.

SERVES 6



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6. McKenzie YA, Bowyer RK, Leach H, Gulia P, Horobin J, O'Sullivan NA, et al. British Dietetic Association systematic review and evidence-based practice guidelines for the dietary management of irritable bowel syndrome in adults (2016 update). *J Hum Nutr Diet.* 2016;29(5):549-75.
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