LIVING WELL WITH SIBO

A Guide to Easing the Bloating, Understanding Your Options and Enjoying Food Again



SUSAN McDOWELL

Thinking School

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This book replaces and greatly expands the author's earlier, shorter book, Understanding SIBO.

A NOTE TO THE READER

The information in this book is provided for educational purposes only and is not intended to replace the advice of a qualified health professional. Always consult your doctor before making changes to your diet, medication or treatment. The author and publisher are not responsible for any adverse effects arising from the use or application of the information in this book.

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Introduction

Before we begin, I want to point out that SIBO is a living field of study: new research on this syndrome is published every year.

I want this book to be a snapshot of that knowledge as it stands today.

> KEY CONCEPT · WHAT IS SIBO?
>
> **Small Intestinal Bacterial Overgrowth**
>
> SIBO is an excess of bacteria in the small intestine, typically bacteria that normally live in the large intestine. This imbalance can cause bloating, gas, changes in bowel habits and, in some cases, poor absorption of nutrients.

SIBO (small intestinal bacterial overgrowth) is a condition that has gained attention recently, although it is not new. It is usually not severe. It is characterized by an excess of bacteria in the small intestine (bacteria that normally reside in the large intestine), creating an imbalance in the body.

The most common symptoms include bloating, gas, abdominal discomfort, diarrhea or constipation; in more severe cases, poor absorption of nutrients. Lifestyle habits may help reduce the risk of relapse, although many causes are beyond our control, such as gastrointestinal disorders or anatomical abnormalities.

Diagnosis is commonly made with a breath test, which measures the concentrations of hydrogen and methane in the breath after the patient drinks a sugar solution, such as glucose or lactulose.

Treatment varies from patient to patient, but a diet low in fermentable foods, especially certain sugars and carbohydrates, is generally recommended. Antibiotics are also used to control the bacterial overgrowth, and probiotics may be used to help restore a healthy internal balance.

Throughout this book, emphasis is placed on maintaining a healthy balance of gut bacteria, known as the **microbiota**, which is essential for nutrient absorption and for the overall functioning of the body. Although SIBO is usually not severe, it is advisable to consult a specialist if symptoms persist.

That is the main reason for this book: to explain how the digestive system works, what goes wrong in SIBO and what the evidence says about each option, in language you can follow at the end of a long day. Our digestive system is much more than a mechanism for processing food; it is a complex and dynamic ecosystem made up of trillions of microbes, known as the gut microbiota, which plays a central role in our overall health.

"Our digestive system is much more than a mechanism for processing food; it is a complex and dynamic ecosystem."

One of the central topics of this book is SIBO, a disorder that affects a considerable number of people and can trigger a variety of uncomfortable symptoms and digestive problems. We will explore in depth what SIBO is, along with its causes, risk factors and diagnostic methods, giving you a solid understanding of this condition.

But we will not stop at SIBO, as our approach is holistic. We will uncover the close relationship between SIBO and other health

conditions, such as autoimmune diseases and nutrient malabsorption, to understand how these complex connections affect our digestion.

We will also discover the importance of maintaining a healthy microbiota and how our diet and lifestyle habits can influence its balance. We will look at how the timing of our meals and our daily rhythms affect the gut, what healthy bowel habits really look like, and how the constant conversation between the gut and the brain shapes digestion, mood and sleep. We will learn which foods help promote a healthy microbiota and how a personalized diet can be key to preventing SIBO from coming back and to improving our digestive health. A chapter of recipes with a 7-day meal plan turns that advice into everyday meals, a chapter of frequently asked questions answers the doubts that come up most often, and the tools at the back of the book help you put it all into practice.

Throughout this book, we will demystify scientific concepts and medical terms so you can easily understand how your digestive system works and how you can care for it effectively.

Our goal is to empower you with the knowledge and tools you need to make informed decisions about your digestive health. With the right support and guidance from health professionals, you will be able to address SIBO and other digestive conditions effectively, and cultivate a healthy microbiota that supports a full and vital life.

This book does not promise a cure, and it does not sell a protocol. What it offers is a careful reading of what is known, and an honest account of what is not, so that you can walk into your next appointment with better questions.

How this book weighs the evidence

Much of what circulates about SIBO is confident and thinly sourced. For the claims in these pages, I have gone back to the

original study rather than the headline about it, and asked three questions: compared with what, in how many people, and who paid for it. Where the answer is a guideline from a gastroenterology society or a large trial, the text says so. Where it is a single study, a small one, a study in animals or the experience of clinicians, the text says that too.

The distinction matters more than it seems. The short summary at the top of a research paper, the abstract, does not have to mention the study's weaknesses. A treatment can be described as having significantly improved symptoms compared with where patients started, while doing no better than the dummy pill given to the comparison group. Researchers who review supplement studies for a living make the same point: read the full paper, look at the comparison, and look at the range of uncertainty around the result. A small trial whose range runs from slight harm to clear benefit has not told us much yet.

The same caution applies to the most persuasive evidence of all, our own experience. If you feel better after starting a supplement, you cannot tell on your own whether it was the supplement, the diet you changed that same week, the natural ebb and flow of symptoms or the simple expectation of relief. That is why trials use a comparison group, and why Chapter 5 describes a fairer way to test foods and supplements on yourself. None of this makes your experience less real. It means that the explanation for it deserves the same scrutiny as any other claim.

How to use this book

Right after this introduction you will find Your SIBO Roadmap: eight steps, from noticing the first symptoms to dealing with a relapse, each pointing to the chapter where it is covered. If you only have time for a few pages today, start there.

You can read the book straight through, from how the gut works to long-term habits, or you can jump to the chapter you need right now, whether that is the breath test, the list of foods to limit or an idea for tonight's dinner. Each chapter opens with a short list of what it covers, and cross-references point you to related material elsewhere in the book.

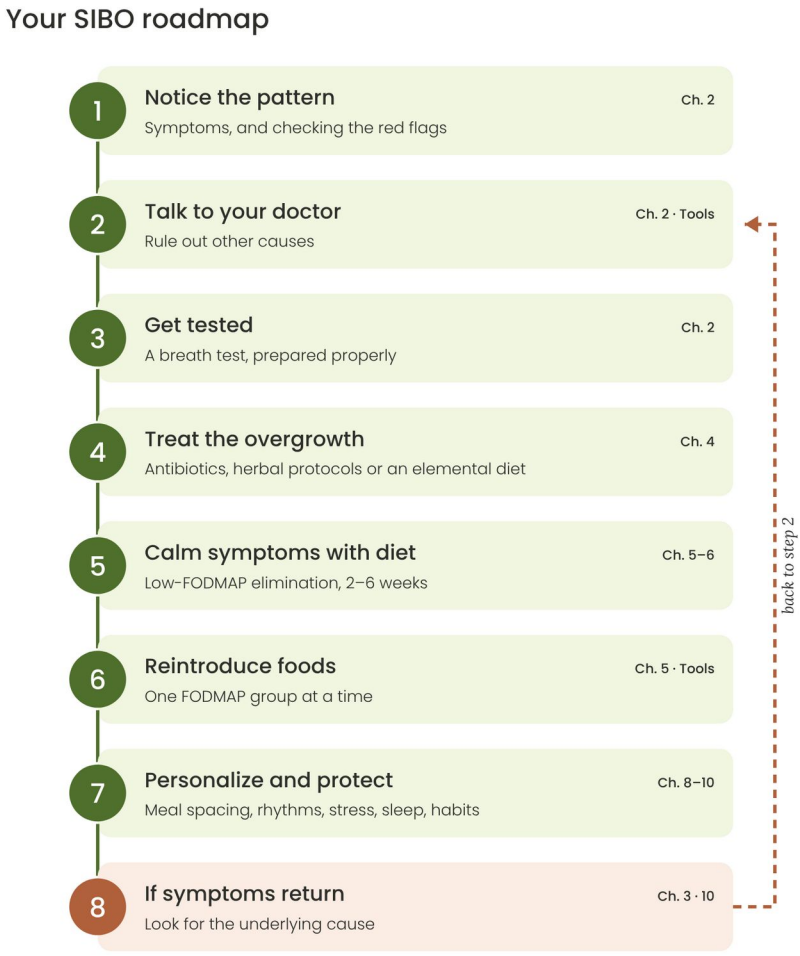
At the back you will find the Tools and Worksheets, including questions to take to your doctor and a tracker for reintroducing foods, which you can copy and fill in by hand, and a Glossary that explains the medical terms used in these pages.

Here and there you will also come across short stories labelled "A composite story". They are composites: they draw on experiences commonly reported by people with SIBO, and their names and details are invented. None of them describes a real individual. They are there to show what the steps in this book can look like in everyday life, setbacks included.

Finally, remember that this book is a guide, not a substitute for medical care. Use it to understand your options and to have better conversations with your doctor.

Your SIBO Roadmap

When you first suspect SIBO, it can be hard to know where to start. Should you change your diet, ask for a test or try the supplement a friend recommended? This short chapter sets out the usual path in eight steps, from the first signs to life after treatment. For each step, it tells you what to do and where in the book to find the details. Think of it as a map you can come back to whenever you lose your bearings.



The SIBO roadmap: eight steps, from noticing the pattern to looking for the underlying cause if symptoms return.

1. Notice the pattern

SIBO rarely announces itself clearly. The usual clues are bloating that builds during the day or soon after meals, excess gas, abdominal discomfort and changes in bowel habits, from diarrhea to constipation. Write down what you notice, when it happens and what you ate. Just as important, read the warning signs in Chapter

2. Blood in the stool, unintentional weight loss, anemia, difficulty swallowing or symptoms that wake you at night are not something to manage at home: they need prompt medical attention.

2. Talk to your doctor

Many conditions look like SIBO, including irritable bowel syndrome, celiac disease, inflammatory bowel disease and food intolerances. Your doctor's first job is to rule these out and to look for the reasons SIBO might have developed. Chapter 2 explains how these look-alikes differ, and Tools and Worksheets, at the back of the book, includes a list of questions for your doctor to take to your appointment. Bring your notes from step 1 and a list of every medicine and supplement you take.

3. Get tested

If your doctor suspects SIBO, the usual test is a breath test with glucose or lactulose, which measures hydrogen and methane. Chapter 2 describes how it works and how the results are read. Preparation matters: you will usually avoid antibiotics in the weeks beforehand, follow a restricted diet the day before and fast overnight. Some medicines may also need to be paused, but never stop a prescribed medicine on your own; check with the doctor who ordered the test.

4. Treat the overgrowth

Treatment aims to reduce the bacteria in the small intestine. The main options are antibiotics, most often rifaximin; herbal protocols; and, in some cases, an elemental diet, a liquid formula that replaces food for a set period. Chapter 4 covers these options. The right choice depends on your test results, your symptoms and your health history, so it is a decision to make with your doctor. An elemental diet in particular should only be followed under medical

supervision, especially if you have diabetes, are pregnant or are underweight.

5. Calm symptoms with diet

While the overgrowth is being treated, and often for a while afterwards, a low-FODMAP diet can ease bloating and discomfort. This is the elimination phase. It usually lasts two to six weeks and is not meant to be permanent. Chapter 5 explains which foods to limit and why, and Chapter 6 turns the theory into recipes and a 7-day meal plan. If you have a history of disordered eating, talk to your doctor before starting any restrictive diet.

6. Reintroduce foods

Once your symptoms have settled, bring foods back one FODMAP group at a time, testing each one over a few days in increasing portions and noting how you feel. This phase shows you which foods you tolerate and which ones you need to limit, so that your diet does not stay narrower than it needs to be. Chapter 5 describes the method, and the reintroduction tracker in Tools and Worksheets helps you record the results. A dietitian who knows the low-FODMAP approach can guide you through it.

7. Personalize and protect

The aim now is a varied diet you can enjoy and habits that help keep SIBO from coming back. Leave about four to five hours between meals so that the gut's cleaning waves can do their work, keep regular daily rhythms, manage stress, protect your sleep and build routines you can sustain. Chapter 8 covers meal timing and bowel habits, Chapter 9 the gut–brain connection, stress and sleep, and Chapter 10 everyday habits and strategies to prevent a relapse.

8. If symptoms return

For some people, SIBO comes back, often because the factor that allowed it to develop is still there. A relapse is not a failure, but it is a signal. Go back to step 2 and, with your doctor, look for the underlying cause, such as slow intestinal motility, a structural problem, a medicine or a related condition. Chapter 3 explains these contributing factors, and Chapter 10 describes strategies to prevent the overgrowth from returning.

KEY CONCEPT · KEEP IN MIND

A path, not a race

The steps are numbered, but real life is rarely so tidy. Steps can overlap: you may start the diet while you are still being treated, or work on sleep and stress from the very first week. Timelines vary from person to person, so there is no right speed. And some steps, such as testing, choosing a treatment and starting again after a relapse, happen together, under the guidance of your doctor rather than on your own.

CHAPTER ONE

What Is SIBO?

IN THIS CHAPTER

- Definition and concept
- Your microbiome and the gut's natural gradient
- Causes of SIBO
- Risk factors

Definition and concept

SIBO (SMALL INTESTINAL BACTERIAL overgrowth) is a gastrointestinal disorder characterized by an abnormal and excessive increase of bacteria in the small intestine. Under normal conditions, the small intestine contains relatively few bacteria compared with the large intestine, which is where most bacterial fermentation takes place.

SIBO is not a new condition. Gastroenterologists have been aware of it since the 1950s and 1960s, when it was linked to poor digestion and malabsorption. Over time, the concept of SIBO has evolved from a complication associated with gastrointestinal surgery, intestinal motility disorders (such as those seen in scleroderma or diabetes) or insufficient production of gastric juice, to a far more common disorder found even in otherwise healthy individuals. SIBO is also common in people with symptoms similar to irritable bowel syndrome (IBS). In studies, a substantial share of people with IBS-like symptoms test positive for SIBO; estimates vary widely with the test used, and are often around one in three.

Although the cause of bacterial overgrowth is not fully understood in every patient, any condition that blocks the intestine or slows it

down can lead to SIBO. Food poisoning, for example, has been shown in animal studies to slow transit in the small intestine.

Medications that slow intestinal motility, such as opioids and anticholinergics, as well as medications that disrupt the gut flora, such as antibiotics, can also promote bacterial overgrowth in some people. Some people with SIBO worry that eating gluten causes it; there is no good evidence for this unless they have celiac disease. Acid-reducing medicines such as omeprazole are different: long-term use has been linked to a higher risk of SIBO in several studies, although the size of the effect is debated. Never stop one without talking to your doctor (see Chapter 10).

In SIBO, bacteria normally found in the colon move into the small intestine and begin to multiply excessively. This uncontrolled proliferation can impair digestive function and the absorption of nutrients, because the bacteria may consume some of the nutrients before the body has a chance to absorb them.

KEY CONCEPT · WHY LOCATION MATTERS

The right bacteria in the wrong place

Most of the bacteria involved in SIBO are not "bad" in themselves. The problem is where they are. In the large intestine they do useful work; in the small intestine, where food is still being digested and absorbed, they ferment it too early, producing gas and competing with us for nutrients.

Bacteria in the small intestine can produce gas and toxic substances, which can lead to uncomfortable gastrointestinal symptoms and other health problems. Symptoms vary significantly from person to person, but some of the most common include:

- Abdominal bloating
- Excessive flatulence (gas)