

# 5 Evidence-Based Strategies to Reduce Bloating

## IBS-focused, evidence-based guidance you can put into action today

By Katie Sanders, Specialist Gut Health Dietitian

This guide is for education only and does not replace personalised medical or dietetic advice.

Please speak to your GP if you have new, changing or concerning symptoms.

If you're unsure whether your symptoms fit IBS, please speak to your GP.

### ★ Strategy 1

**Reduce gas-producing foods for 2–4 weeks (short-term only)**

**What to do:** Temporarily reduce common highly fermentable foods — including onions, garlic, cauliflower, beans/pulses and sugar-free gum/products.

**Why it works:** These foods contain carbohydrates that rapidly ferment in the gut, producing gas and abdominal distension.

**How to start today:**

- Use garlic infused oils instead of whole onion/garlic
- Use green end of spring onion and chives for onion flavour
- Swap cauliflower for carrots/courgette/green beans

*This is not a forever restriction — it's a short trial to reduce gas load.*

## ★ Strategy 2

Eat regularly & avoid long gaps – but leave 2-3 hours between meals

**What to do:** Eat every 3-4 hours, while avoiding constant grazing.

### **Why it works:**

Long gaps can trigger strong contractions and cramping when you finally eat. Constant snacking stops the Migrating Motor Complex (MMC) from working effectively clearing gas between meals.

### **How to start today:**

Breakfast → lunch → afternoon snack → dinner

with 2-3 hours in between meals/snacks without nibbling (can add mid morning snack if needed)

## ★ Strategy 3

Keep fruit to 3 portions/day & spread across the day

**What to do:** Stick to up to three portions of fruit per day, spaced out.

**Why it works:** Multiple portions in one sitting can ferment quickly, increasing gas and bloating for some.

Get the rest of your 5-a-day from vegetables / salad

#### ★ Strategy 4

##### Support bowel regularity first

**What to do:** Aim for daily bowel movements (Type 3–4 on the Bristol Stool Chart) with a feeling of complete emptying.

**Why it works:** When stool builds up, gas can become trapped, worsening bloating. There is also more time for fermentation of fibres and sugars in the large intestine with slow gut transit.

**How to start today:**

- 30 g fibre/day, especially soluble fibre (oats, chia, psyllium, 5 fruits & vegetables/day)
- Adequate fluids - on average 2L fluid/day
- Regular movement, even a daily walk

#### ★ Strategy 5

##### Eat in a calm state & slow the pace of meals

**What to do:** Prioritise a relaxed environment when eating and reduce rushed eating

**Why it works:** Stress reduces digestion and swallowed air from fast eating/talking increases gas and distension.

**How to start today:**

- Take 3 slow breaths before eating
- Keep belly soft (not "sucked in")
- Put cutlery down between bites
- Aim for 15–25 minutes per meal

## ★ Bonus – Probiotics

Some probiotic strains have evidence for improving IBS symptoms, including bloating, but effects are strain-specific – so it's important to choose a product that has been researched for the symptoms you're experiencing.

A probiotic isn't essential for everyone, but it can be an optional add-on alongside the 5 strategies in this guide.

Probiotics with clinical research for IBS-type symptoms:

**Symprove Liquid** - clinical research in IBS including improvements in bloating and overall symptom severity. You can use this link for 50% off -

Symprove  
50% off -  
click for link

or code KSDIETITIAN50

**Alflorex** (*Bifidobacterium longum* 35624) - Strong strain-specific evidence for IBS, particularly abdominal pain, bloating and stool regularity

**CDS22** - Multi-strain product; used clinically for IBS symptoms including gas and bloating

How to trial a probiotic properly

To give a fair assessment:

- Take daily for 1-3 months (studies vary for evidence of beneficial effect)
- Track symptoms weekly
- Try one product at a time
- If no improvement after 12 weeks → stop and consider a different strain or alternative strategy

When to check with a GP first

- If pregnant
- If immunocompromised
- If on immunosuppressive medication
- If symptoms are new or worsening