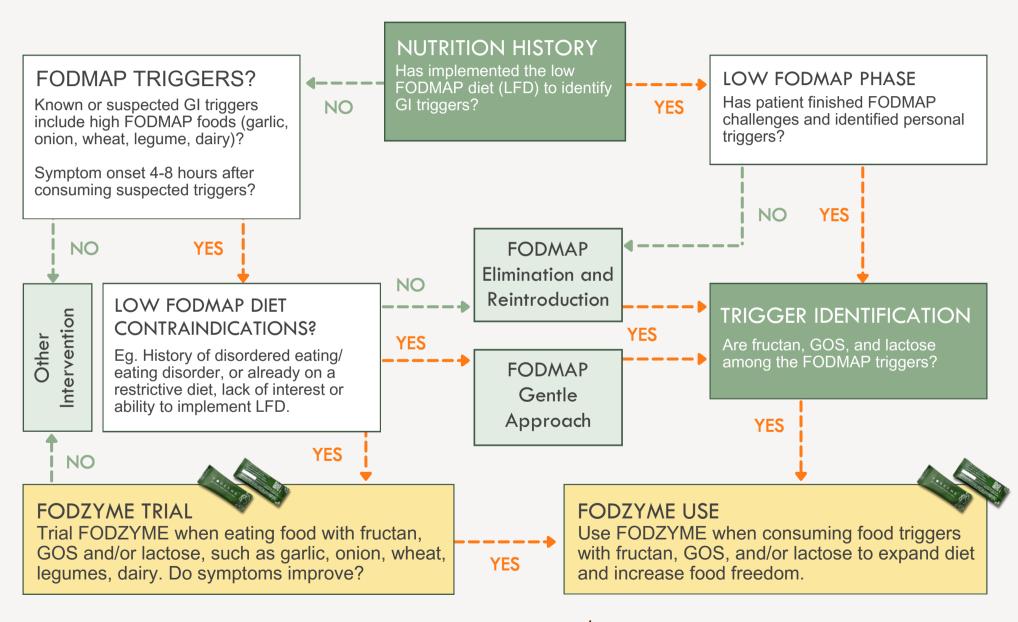
FODZYME® CLINICAL SUPPORT TOOL

for patients with intermittent bloating, diarrhea, constipation & gas







FAQs on how to use this tool

What is the purpose of the clinical support tool?

Use this tool to integrate FODZYME into your care process. Consider it a guide on how to identify appropriate candidates for FODZYME.

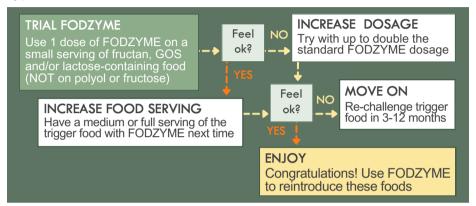
Managing gastrointestinal symptoms can take multiple interventions. For those with **FODMAP intolerances** and **food-related anxiety**, FODZYME can be a highly effective tool. FODZYME's digestive enzymes help manage symptoms, promote dietary diversity, and reduce fear and anxiety associated with food.

Due to the variety of patient histories, lifestyles, dietary preferences, and presenting symptoms, FODZYME can also be a useful option for a wide range of individuals.

There is no 'right' or 'wrong' way to use FODZYME with patients. However, we recommend waiting until the personalization phase of the low FODMAP diet before introducing a tool like FODZYME. This allows patients to develop a clear understanding of their FODMAP triggers and tolerance thresholds during the elimination and reintroduction phases of the diet.

How do I help a patient trial FODZYME?

The standard dose of FODZYME (1 stick pack or 1/4 tsp) is designed based on common FODMAP tolerance thresholds and the typical amounts of FODMAPs in a meal.



If a patient sees partial benefit from a single dose of FODZYME, trial again with increased dosage. Increase by 0.5 or 1 dose each time when adjusting dosage.

What is the FODMAP gentle approach?

In 2019, Monash University published recommendations for a "FODMAP gentle" approach **for those with contraindications** for the full low FODMAP diet. It provides a framework to help patients pick & choose which high FODMAP groups to eliminate.

The targeted FODMAP gentle approach eliminates just the most common FODMAP triggers, such as milk, wheat, legumes, garlic, onion, cauliflower, mushrooms, stone fruit and others. This approach is less restrictive and enables trigger identification without implementation of the full low FODMAP diet, though is still complex and should be implemented with an RD.

What are good foods for a first trial?

FRUCTAN	GOS	LACTOSE
Spaghetti squash with olive oil, 1/4 clove garlic & fresh basil	Chickpeas (1/2 cup), diced zucchini & red pepper, & olives	Puffed rice with strawberries & 1/4 cup cow's milk
Western omelette (1/8 onion, ham, red or green pepper)	Smoothie: 1/4 cup silken tofu, spinach, pineapple & ginger	Carrots & tzatziki (3 oz plain yogurt, cucumber, dill)
Quinoa with chicken, carrots & 3 brussels sprouts	Frittata made with 1/8 cup green peas, kale & fresh herbs	Rice cake with 2 oz ricotta & smoked salmon
Wheat bread with peanut butter	Salted popcorn & 15 almonds	1/2 cup pineapple & 1 kiwi with 3 oz plain yogurt & cinnamon

Halmos EP, Gibson PR. Controversies and reality of the FODMAP diet for patients with irritable bowel syndrome. J Gastroenterol Hepatol. 2019;34(7):1134-1142. doi:10.1111/jgh.14650



