



Transformative Digestive Relief

Simple, effective symptom management without a restrictive diet

HOW FODZYME® DIGESTIVE ENZYMES ALLOW PATIENTS TO ENJOY THE FOOD THEY LOVE — WITHOUT WORRY OR FEAR

KEY TAKEAWAY

FODZYME® can simplify symptom management, increase patient satisfaction, and facilitate confidence around food to support a balanced, wholesome diet and enhance quality of life.

Background

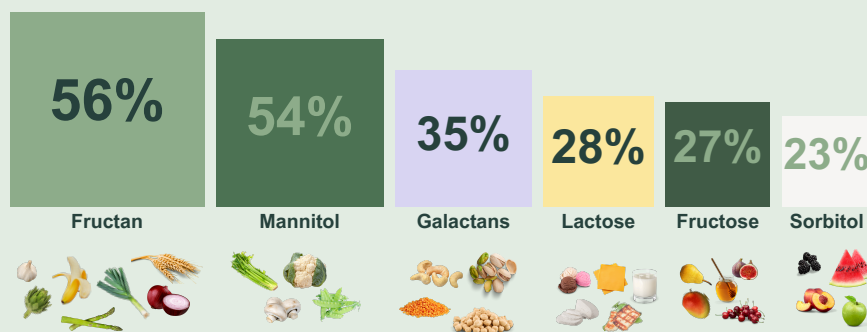
For 50-80% of patients with Irritable Bowel Syndrome (IBS), a low fermentable oligo-, di-, monosaccharides, and polyols (FODMAPs) diet manages abdominal pain, bloating, and other symptoms. However, the low FODMAP diet (LFD) is highly complex and burdensome.

Excessive dietary restriction on the LFD is common and long-term adherence increases risk for nutritional deficiencies, disordered eating, gut microbiome changes, and negative psycho-social consequences.

3x risk
for disordered eating in patients on a restrictive diet

Common high FODMAP foods include garlic, onion, wheat, dairy and beans, among others. Increasingly, fructans are recognized as the most common FODMAP triggers.

Prevalence of FODMAP Triggers



When consumed with food, digestive enzymes like FODZYME® break down FODMAP content before progression to the colon. This avoids subsequent FODMAP fermentation by colonic bacteria and helps control IBS-like symptoms.

FODZYME® expedites digestive relief. With FODZYME®, patients can enjoy a flexible, wholesome diet and engage socially around food without fear of symptoms.

Case Study

TRADITIONAL LOW FODMAP DIET WITH FODZYME®

presented by Niki Strealay, RDN, LD

Patient History and Assessment

- 39 yo female w/ history of H pylori and gastric ulcers from an early age. Also with depression and anxiety that is managed with medications. Experienced many UTIs in early 20s that resulted in many courses of antibiotics.
- Developed new onset of severe diarrhea in mid 30's after psychiatric medication changes.
- Followed low FODMAP diet for three months. Was unable to tolerate any FODMAP challenges during reintroduction phase.
- Shortly after failing low FODMAP reintroduction phase, was also diagnosed with SIBO. Treated with antibiotics for SIBO (Xifaxan) but remained SIBO positive for several months. Treated with a second round of Xifaxan and added on herbal treatments for SIBO.
- Missed eating out with friends and family at restaurants or her friends' houses.

Approach and Intervention

- Guided through all three phases of low FODMAP diet (elimination, reintroduction, personalization).
- During FODMAP reintroduction, learned biggest FODMAP triggers are fructans, especially wheat, garlic and onions.
- Introduced FODZYME® during Personalization phase, after SIBO treatment.

Results and Outcome

- Now successfully tolerates FODMAP triggers with FODZYME® and can enjoy meals with friends and family without needing to prepare a separate meal.
- Appreciates the freedom FODZYME® enables her not always eat low FODMAP.

Case Study

EXPANDING SOCIAL OPTIONS WITH FODZYME®

presented by Niki Streal, RDN, LD

Patient History and Assessment


- 79 year old female with history of binge eating, though no formal diagnosis of an eating disorder.
- Experienced alternating diarrhea/constipation, bloating and GERD.
- Diagnosed with SIBO, but was not treated for 6 months.
- Poor candidate for low FODMAP diet due to history of disordered eating, elderly status and reliance on meals from outside of home for social and community engagement.

Approach and Intervention

- Guided through all three phases of low FODMAP diet (elimination, reintroduction, personalization), but was unable to tolerate any FODMAP challenges.
- Switched from psyllium to Sunfiber. Treated for SIBO and shortly after started bingeing again.
- Added FODZYME® to allow her to socialize with friends and spend more time with her community.

Results and Outcome

- Still managing bingeing and bowel movements with diet, fiber and magnesium.
- With FODZYME®, she can now eat out with friends again and remain engaged in her social activities.



I would tell people they've got nothing to lose! It's a **great option for eating "normal"** when you go on vacation, are traveling, or want to take a break from eating Low FODMAP. Occasionally I will have a mild reaction to taking it (abnormal BM's) but it's NOTHING compared to my usual symptoms. I can finally show up to holidays and parties and **eat what everyone else is eating and not have to prepare myself** a whole separate meal. It's been a life saver!"

- Patient and FODZYME® user of 3 years

Case Study

TRADITIONAL LOW FODMAP DIET WITH FODZYME®

presented by Jessie Wong, MAcc, RDN, LD

Patient History and Assessment

- Patient with IBS-C, experiencing bloating, pain, visceral sensitivity.
- Followed low FODMAP diet by herself for 1 year but faced difficulties with how to reintroduce foods and conduct FODMAP challenges.

Approach and Intervention

- Focused on understanding where low FODMAP process had veered off course and how to implement low FODMAP diet as recommended.
- Implemented a focused low FODMAP elimination phase as a quick reset then prioritized reintroduction of FODMAPs as soon as possible to learn triggers and tolerated portions.
- Identified significant GOS intolerance and moderate fructan intolerance.
- Introduced FODZYME® to open up her diet during personalization.



**Targeted by
FODZYME®**



Results and Outcome

- Uses FODZYME® eat more diverse foods with less food fear and anxiety.
- Now able to eat more high FODMAP foods and make meal choices with confidence.

Case Study

SIMPLIFIED FODMAP APPROACH WITH FODZYME

presented by Jessie Wong, MAcc, RDN, LD

Patient History and Assessment

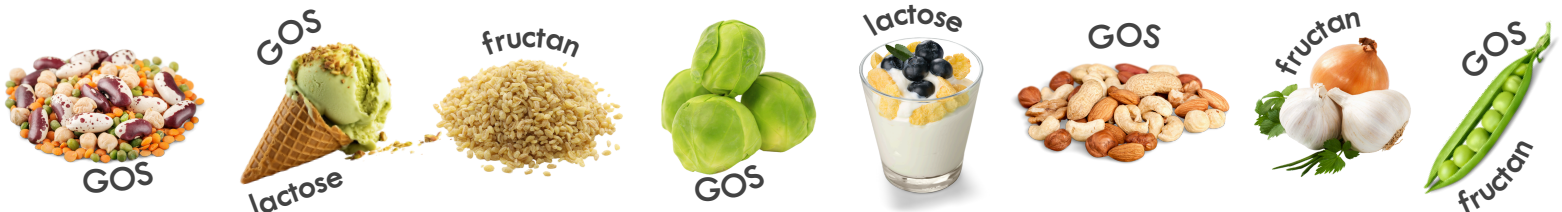
- Patient with IBS-D, experiencing significant food fears.
- History of trialing many elimination diets and protocols, though none provided consistent relief.
- Conducted full dietary assessment and identified FODMAPs as likely digestive triggers.
- Also considered at risk for disordered eating due to pre-existing food fears.

Approach and Intervention

- Implemented strategic FODMAP restrictions and swaps based on current diet to avoid excessive dietary restriction.
- Narrowed in on fructan and GOS as biggest triggers based on response to targeted restrictions.
- Reintroduced FODMAPs group by group to learn tolerance thresholds.
- Identified lactose and onion (fructan) as triggers in large quantities and introduced FODZYME® to support tolerance.

Results and Outcome

- Now uses FODZYME® to incorporate lactose and fructans into her diet and is able to eat high FODMAP foods with confidence and less worry of symptoms.



Making food painless by breaking down FODMAPs

As the meal is digested, FODZYME[®] breaks down FODMAPs into simple carbohydrates, that are quickly absorbed in the small intestine, reducing the amount of FODMAPs in the digestive tract.

HOW IT WORKS

FODZYME[®] BREAKS DOWN

- Galacto-oligosaccharides (GOS)
- Lactose
- Fructan (inulin, FOS, levan)

FODZYME[®] gets sprinkled directly on food and mixed in to maximize contact between enzymes and FODMAPs



Soy-free



Vegan



Non-GMO



Egg-free



Gluten-free



Casein-free



Dairy-free



No artificial colors or flavors

[LEARN MORE](#)

References

- [1] Geary R, Skidmore P, O'Brien L, Wilkinson T, Nanayakkara W. Efficacy of the low FODMAP diet for treating irritable bowel syndrome: the evidence to date. *Clinical and Experimental Gastroenterology*. Published online June 2016:131. doi:10.2147/ceg.s86798
- [2] 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
- [3] Ochoa KC, Samant S, Liu A, Duysburgh C, Marzorati M, Singh P, Hachuel D, Chey W, Wallach T. In-Vitro Efficacy of Targeted FODMAP Enzymatic Digestion (FODZYME[®]) in a High-Fidelity Simulated Gastrointestinal Environment. *Gastro Hep Advances*. Published online 2022. <https://doi.org/10.1016/j.gastha.2022.10.011>
- [4] Atkins M, Zar-Kessler C, Madva EN, et al. History of trying exclusion diets and association with avoidant/restrictive food intake disorder in neurogastroenterology patients: A retrospective chart review. *Neurogastroenterol Motil*. 2023;35(3):e14513. doi:10.1111/nmo.14513
- [5] Sultan N, Varney JE, Halmos EP, et al. How to Implement the 3-Phase FODMAP Diet Into Gastroenterological Practice. *J Neurogastroenterol Motil*. 2022;28(3):343-356. doi:10.5056/jnm22035
- [6] Eswaran S, Jencks KJ, Singh P, Rifkin S, Han-Markey T, Chey WD. All FODMAPs aren't created equal: Results of a randomized reintroduction trial in patients with irritable bowel syndrome. *Clin Gastroenterol Hepatol*. Published online May 8, 2024. doi:10.1016/j.cgh.2024.03.047
- [7] Van den Houte K, Colomier E, Routhiaux K, et al. Efficacy and Findings of a Blinded Randomized Reintroduction Phase for the Low FODMAP Diet in Irritable Bowel Syndrome. *Gastroenterology*. Published online February 23, 2024. doi:10.1053/j.gastro.2024.02.008
- [8] Kaye A, et. al., S818 FODZYME[®] at Its Finest: A Case Series Exploring a New Option for IBS Patients. *The American Journal of Gastroenterology* 119(10S):p S561, October 2024. doi: 10.14309/01.ajg.0001032640.36029.68