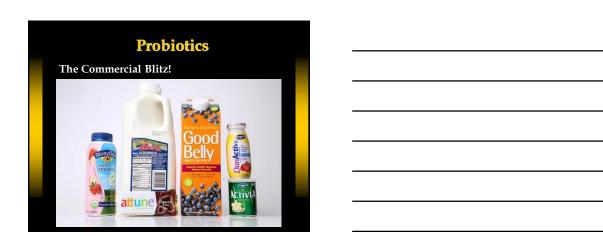


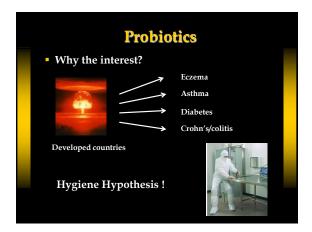
Disclosure Statement	
I have the following financial relationship to disclose:	
Astra-Zeneca - Consultant	
No products or services produced by this company is relevant to my presentation.	
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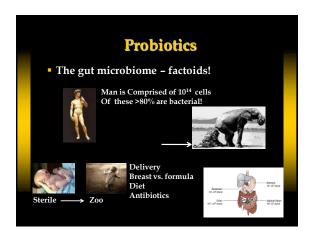


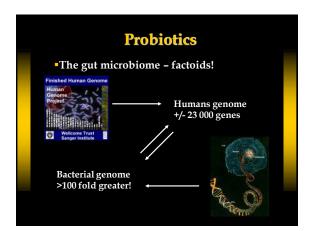


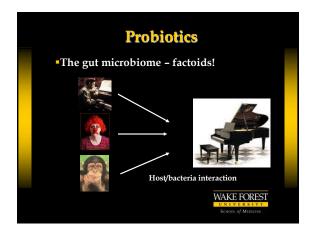
Probiotics	
 Probiotics categories Drugs (intended to cure, treat, prevent or mitigate diseases) - requires FDA approval Dietary supplements Foods "May impact normal functioning of the body" No FDA approval required 	
 "Probiotic foods and supplements may not contain clinically tested strains at efficacious concentrations." 	
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Probiotics
• Aims
•Why the interest?
■ The gut microbiome
•What are probiotics?
• How are they supposed to work?
• Are they clinically useful?
• What is the evidence?
WAKE FOREST UNIVERSITY Sonos Officials



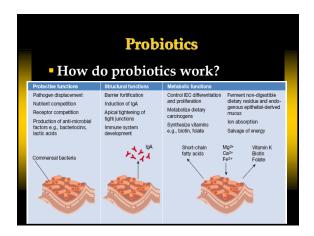






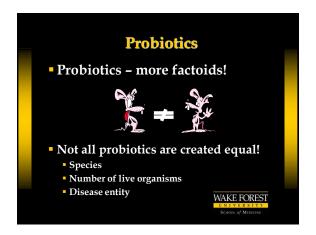
Probiotics	
•The gut microbiome - factoids!	
Gut microbe composition has a profound impact on immunological differentiation! "Germ free" animals: mucosal & systemic immune dysfunction	
Immunological dysfunction corrected with luminal	
colonization with commensal WAKE FOREST UNIVERSITY School of Minicrob	

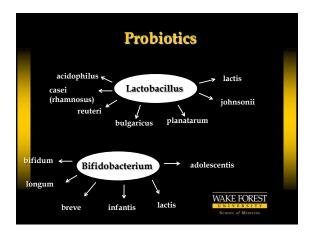
Probiotics • What are probiotics?	
"A live microbial food ingredient that, when ingested in sufficient quantities, exerts health benefits on the consumer"	
Prebiotics and Synbiotics!	
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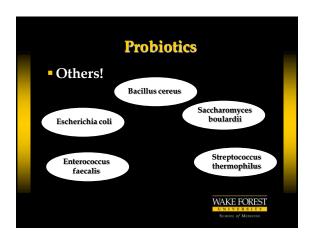


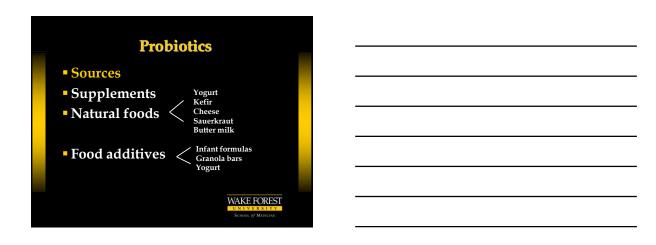
	Prob	iotics	
How do	o probioti	ics work	?
	prevent disrup 157:H7- infect		
LGG — EHEC —	- •	-	+
a			
K. Donato et al., Inf	ect Immun 2008;76:	:1340-8	WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE

Pre	obiotics
•Can they trea	s clinically useful? at diseases/conditions? vent disease/conditions?
Can they pro health?	mote general good
The evidence	Consider Fig. 1



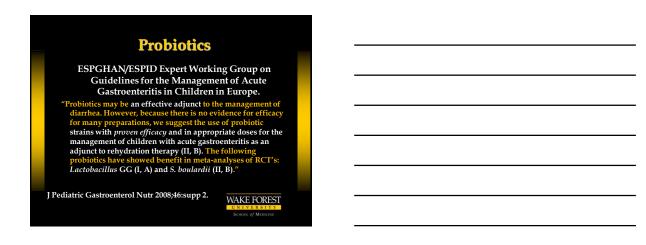






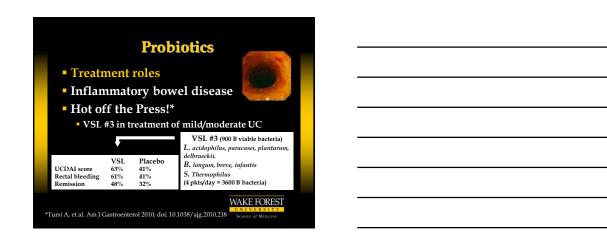
TreatmentDiarrhea	Probiotics troles	
	L rhamnosus (GG)* .CT's x 8 - (~1000 pts)	
All comers: 1 day decreas duration		d diarrhea (> 7 days) ecreased - RR = 0.25
Rotavirus: 2 days decrea duration	Hospital se in 1	duration: day decrease
	Minimum of 5 billion CFU' No proven benefit in bacter benterol 2008;42:S53-S57	

	Probioti	CS
	ent roles	
• Diarrh		1
-	S boulardii RCT's x5-(>600) pts)
All comers: 1 day de duration	crease in	olonged diarrhea (> 7 days) decreased - RR = 0.25
Rotavirus: data not	extracted H	ospital duration: no data available
ľ	lo proven benefit in bac	terial diarrheas
Gaundalini S. J Clin	Gastroenterol 2008;42:S53-S57	



Prob	iotics
■ Treatment roles ■ Atopic eczema*	6
Lrhamnosus	or B lactis
Clinical improvement Decreased SCORAD scores Intestinal inflammatory markers decreased	Limitations: Relatively small numbers Applies only to those with food allergies
Mechanism? – decreased intestina J Pediatr 2004;145:612-6 *Isolauri E. J Clin Gastroenterol 2008;42:59	WAKE FOREST

Probiotics
Treatment rolesInflammatory bowel disease
Crohn's disease - E coli, S boulardii, L rhamnosus - no good evidence! Ulcerative colitis - E coli
- no good evidence! Pouchitis - VSL #3 - good evidence!
IBS - B infantis - conflicting results B animalis, VSL #3, L plantarum - no good evidence WAKE FOREST UNIVERSITY SCHOOL of MEDICAL

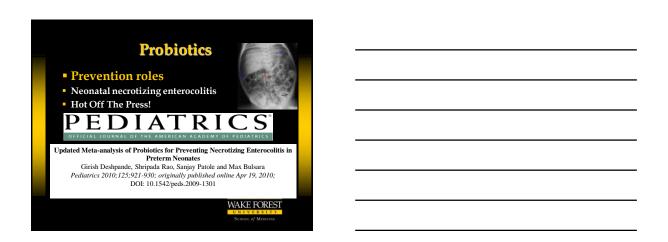


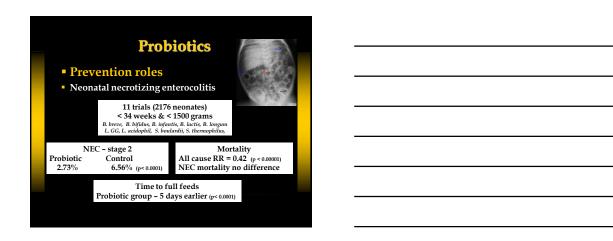
Prevention roleDiarrhea	S	
Day care centers 5 RCT's - formula additive L. GG, l. reuteri, B. lactis, S. thermoph.	Nosocomial diarrhea Formula + B. lactis & S. therm. (7% vs 31%) Supplement - L. GG	
Conclusions: "Modest benefit of questionable clinical significance"	2 x (6x10 ¹⁰ CFU's) - (7% vs 33%) 1 x (10 ¹⁰ CFU's) - (13% vs 21%) Conclusions "Weak evidence of benefit"	

Probiotics
■ Prevention roles
■ Antibiotic associated diarrhea ■ Adults ~ 25% Children ~ 11% -30%
 Causes – overgrowth, motility or osmotic
10 RCT's in children – overall suggestive benefit. Problems – multiple species and doses! Teasing the facts! - no benefit starting after onset of diarrhea
- subanalysis - L. GG and S. boulardii most effective Conclusions - can recommend L. GG or S. boulardii - dose 5- 40 billion CFU's per day
- begin with start of antibiotics J Clin Gastroenterol 2008;42:553:570



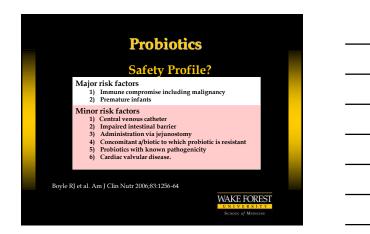
Probiotics				
Prevention rolesAsthma? - no eviAtopic eczema?	dence!			
Believers! Lancet 2001;357:1076-79 Lancet 2003;36:11869-71 J Allergy Clin Immunol 2007;119:1174	Non believers! Clin Exp Allergy 2006;36:899-906 J Allergy Clin Immunol 2007;119:184			
*Isolauri E. J Clin Gastroenterol 2008;42:S91-S96 WAKE FOREST UNIVERSITY School of Marieuri				





Probiotics				
 Health promotion role! Live cultures ≠ probiotics 	Live cultures - microbes as food fermentation agents			
Colds/URI's Decrease duration not frequency	Work/Day care absence (11% vs 26%)			
Growth 1.3 kg vs. 0.8 kg (less diarrhea) Colic (L. r. Decrease in time, GER au	crying			
Data suggestive of benefit - not conclusive. Single studies and relatively small numbers!	WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE			

Probiotics
■ Hot off the Press!!
Lactobacillus reuteri DSM 17 938 in Infantile Colic: A Randomized, Double-Blind, Placebo-Controlled Trial Pediatrics 2010;126:e526-e533
 Breast fed infants – study 25, control 21 10⁸ CFU's per day Decreased daily crying rates (p = .022 on day 21)
• No adverse effects
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Probiotics				
ConclusionsAccumulating eviden	ce of benefit			
 Disease specific Strain specific Dose related 	Strong evidence Viral diarrhea Antibiotic diarrhea Pouchitis Food induced eczema Good evidence Recurrent CDAD			
 Safety profile Generally good Cautions! 	UC relapse NEC Questionable evidence Health maintenance			
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