



ASK THE EXPERT – PROBIOTIC BACTERIA IN PATIENTS WITH IBS

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QUESTION:

Is there a clinical use for Probiotic Bacteria in Patients with IBS?

ANSWER:

Probiotics are live micro-organisms (bacteria) which, upon ingestion, benefit the host beyond their inherent general nutrition. The most studied organisms in the treatment of human intestinal diseases are the *Lactobacilli* (*L. GG*, *L. plantarum*, and *L. acidophilus*), and *bifidobacteria* (*B. infantis*). The apparent success of probiotics in several intestinal disorders -- including chronic inflammatory bowel diseases (IBD), childhood diarrhea (rotavirus infection), and travelers diarrhea -- has led to increased interest in their use in patients with IBS. Data on the use of probiotics in IBS is still very limited and the results are not consistent. However, some of the studies show encouraging results and suggest clinical symptomatic response and parallel improvement in quality of life. For example, Nobaek et al reported a decrease in abdominal pain and bloating in patients with IBS that were treated with *Lactobacillus plantarum*, and a more recent study by Kim et al reported decrease in bloating, but no effect on pain or gut transit, in IBS patients with diarrhea that were treated with VSL#3 (a probiotic composite containing multiple bacterial strains).

Probiotics are regarded as 'diet supplements'. They are provided in the format of capsules, tablets, gel caps, and liquids. They fall under the US Food and Drug Administration (FDA) special categories of dietary supplements (1995) and, therefore, are under FDA jurisdiction regarding their safety, labeling, and health statements.

The growing interest in the potential health benefits of certain diets and nutritional food supplements has led to a significant increase in the availability and marketing of these products. However, despite some preliminary encouraging results, current data do not allow a definitive conclusion or recommendation regarding the use of probiotics in IBS. Only a few clinical studies have been performed, most of them have involved only a small number of treated subjects, and they differ in terms of bacterial strains and doses. Much larger double-blind, placebo-controlled studies are required. Until such studies are performed, the use of probiotics in the treatment of IBS should be considered speculative and experimental.

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