

Systematic review: probiotics in the management of lower gastrointestinal symptoms in clinical practice – an evidence-based international guide

A. P. S. Hungin*, C. Mulligan*[†], B. Pot^{‡,§,¶,***}, P. Whorwell^{††}, L. Agréus^{‡‡}, P. Fracasso^{§§}, C. Lionis^{¶¶}, J. Mendive^{***}, J.-M. Philippart de Foy^{†††}, G. Rubin*, C. Winchester[†] & N. de Wit^{‡‡‡} for the European Society for Primary Care Gastroenterology

*School of Medicine, Pharmacy and Health, Durham University, Stockton-on-Tees, UK.

[†]Research Evaluation Unit, Oxford PharmaGenesis™ Ltd, Oxford, UK.

[‡]Institut Pasteur de Lille, Centre for Infection and Immunity of Lille, Lille, France.

[§]Université Lille Nord de France, Lille, France.

[¶]CNRS UMR 8204, Lille, France.

^{**}INSERM U1019, Lille, France.

^{††}Centre for Gastrointestinal Sciences, University of Manchester, Wythenshawe Hospital, Manchester, UK.

^{‡‡}Centre for Family Medicine, Karolinska Institute, Stockholm, Sweden.

^{§§}Gastroenterology Unit, Don Bosco Outpatient Clinic, Rome, Italy.

^{¶¶}Clinic of Social and Family Medicine, School of Medicine, University of Crete, Heraklion, Greece.

^{***}La Mina Primary Care Centre, Barcelona, Spain.

^{†††}Nutrition Committee of the Scientific Society of General Practice (SSMG, Belgium), Brussels, Belgium.

^{‡‡‡}Julius Centre for Health Sciences and Primary Care, UMC Utrecht, Utrecht, The Netherlands.

Correspondence to:

Prof. A. P. S. Hungin, School of Medicine, Pharmacy and Health, Durham University, Stockton-on-Tees, TS17 6BH, UK.

E-mail: a.p.s.hungin@durham.ac.uk

Publication data

Submitted 12 July 2013

First decision 18 July 2013

Resubmitted 30 July 2013

Accepted 31 July 2013

EV Pub Online 27 August 2013

This uncommissioned systematic review was subject to full peer-review.

SUMMARY

Background

Evidence suggests that the gut microbiota play an important role in gastrointestinal problems.

Aim

To give clinicians a practical reference guide on the role of specified probiotics in managing particular lower gastrointestinal symptoms/problems by means of a systematic review-based consensus.

Methods

Systematic literature searching identified randomised, placebo-controlled trials in adults; evidence for each symptom/problem was graded and statements developed (consensus process; 10-member panel). As results cannot be generalised between different probiotics, individual probiotics were identified for each statement.

Results

Thirty seven studies were included; mostly on irritable bowel syndrome [IBS; 19 studies; treatment responder rates: 18–80% (specific probiotics), 5–50% (placebo)] or antibiotic-associated diarrhoea (AAD; 10 studies). Statements with 100% agreement and ‘high’ evidence levels indicated that: (i) specific probiotics help reduce overall symptom burden and abdominal pain in some IBS patients; (ii) in patients receiving antibiotics/*Helicobacter pylori* eradication therapy, specified probiotics are helpful as adjuvants to prevent/reduce the duration/intensity of AAD; (iii) probiotics have favourable safety in patients in primary care. Items with 70–100% agreement and ‘moderate’ evidence were: (i) specific probiotics help relieve overall symptom burden in some patients with diarrhoea-predominant IBS, and reduce bloating/distension and improve bowel movement frequency/consistency in some IBS patients and (ii) with some probiotics, improved symptoms have led to improvement in quality of life.

Conclusions

Specified probiotics can provide benefit in IBS and antibiotic-associated diarrhoea; relatively few studies in other indications suggested benefits warranting further research. This study provides practical guidance on which probiotic to select for a specific problem.

Aliment Pharmacol Ther 2013; **38**: 864–886