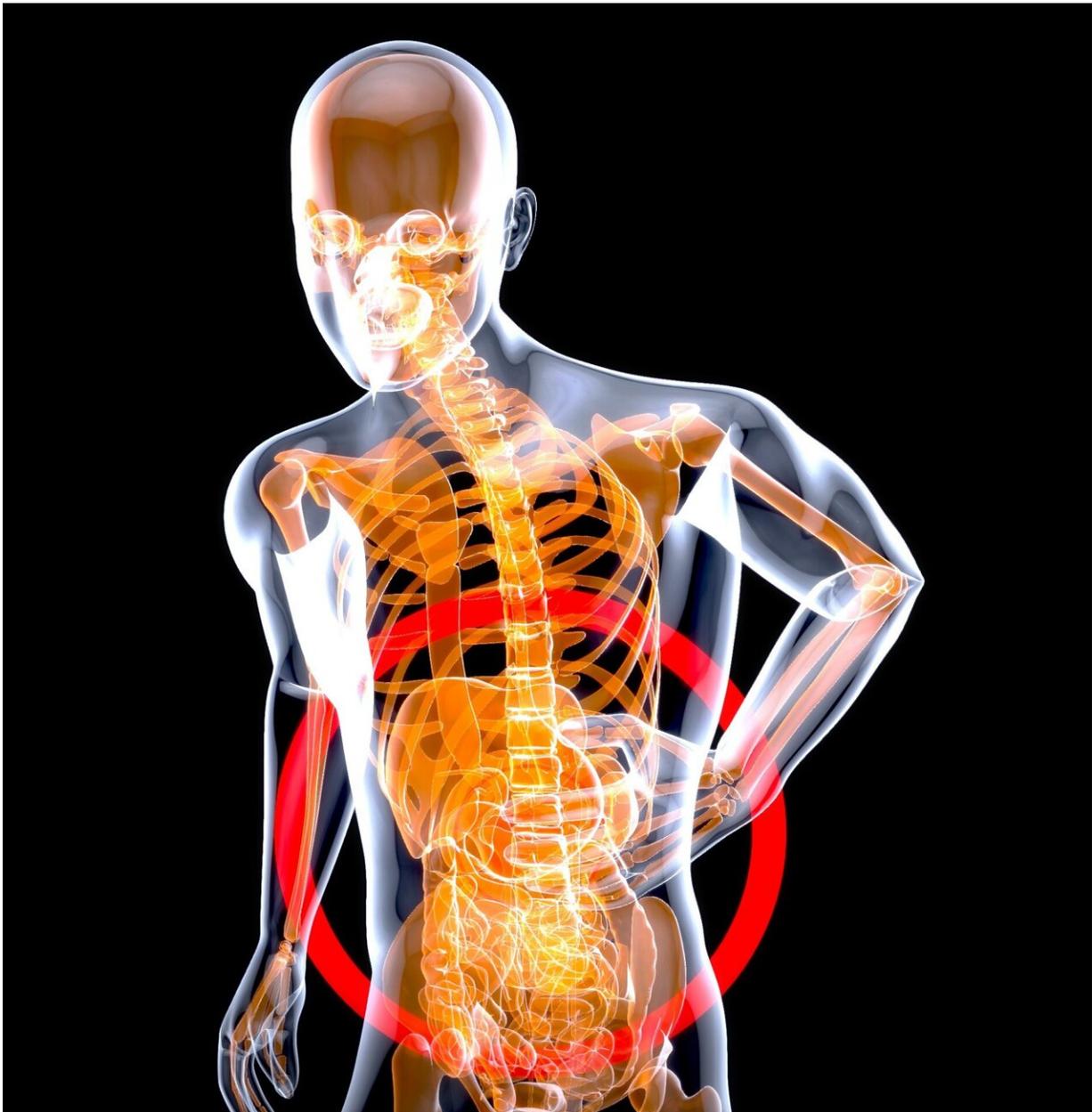


New resource for gastroenterologists on using probiotics and prebiotics in clinical practice

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Scientific evidence, not popular ideas, should drive probiotic and prebiotic recommendations in clinical settings. Globally, evidence is continually emerging on how probiotics and prebiotics can be effectively used in patient care but health care professionals often struggle to find out where the evidence stands for a particular condition.

The World Gastroenterology Organization (WGO) recently published an updated guideline document, aimed at helping gastroenterologists and other physicians understand appropriate clinical applications for probiotics or prebiotics. The guideline was created with contributions from experts in gastroenterology, probiotics, and prebiotics, with the efforts co-led by experts from the International Scientific Association for Probiotics and Prebiotics (ISAPP).

To create the guideline, the experts comprehensively evaluated the evidence from randomized, controlled trials on gastrointestinal conditions, including which strain or specific prebiotic substance showed a positive effect. The guideline features a list of conditions that have positive evidence for the efficacy of probiotics and/or prebiotics.

A condition was included in the list if at least one randomized, controlled trial demonstrated a beneficial effect. The guideline also includes the level of evidence supporting benefits in each condition, based on a classification from Oxford Centre for Evidence-Based Medicine.

Prof. Francisco Guarner, MD, Ph.D., leader of the WGO project, commented, "Our goal for this project was to provide a guideline to global gastroenterologists and other health care professionals to enable

them to integrate probiotics and prebiotics in an evidence-based manner into their daily work of patient care."

The conditions for which probiotics / prebiotics show benefit include some well-known ones: diarrheal conditions, [irritable bowel syndrome](#), inflammatory bowel disease and lactose maldigestion. For infants, infantile colic and necrotizing enterocolitis are included in the list. Yet positive evidence also exists for some conditions that are not often associated with probiotic / prebiotic benefits: [insulin resistance](#), [non-alcoholic fatty liver disease](#), H. pylori infection, and even general health-related quality of life.

The evidence summarized in the guideline reinforces the notion that not all probiotics are equal and that positive results in trials depend on which probiotics or prebiotic substances are being tested, and at what dose.

The experts were careful to note that not all of the products shown to be effective are found in all countries. In addition, despite overall favorable evidence in the listed conditions, clinicians should not expect all probiotics or prebiotics to be effective for every person.

Dr. Mary Ellen Sanders Ph.D., ISAPP executive science officer and co-chair of the project, stated, "This guideline recognizes that actionable evidence exists for probiotic and prebiotic use in clinical practice. It is an excellent tool for [health care providers](#) to aid them in matching the probiotic or prebiotic to patient needs."

More information: Guideline: www.worldgastroenterology.org/...otics-and-prebiotics

Provided by International Scientific Association for Probiotics and

Prebiotics

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