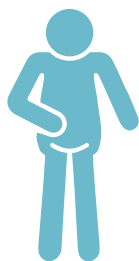


# Probiotics and Irritable Bowel Syndrome: International Guidelines & Expert Opinions

Irritable bowel syndrome (IBS) is a relapsing long-term condition that affects the digestive system<sup>1</sup>. Affecting 1 in 10 people globally, IBS is the most common functional gastrointestinal disorder (FGID)<sup>2</sup>. Common symptoms of IBS include<sup>3,4</sup>:



Abdominal pain



Bloating



Constipation



Diarrhoea

Using the established criteria outlined by the Rome Foundation, IBS is defined by<sup>1,2,4</sup>:

Recurrent abdominal pain occurring at least one day/week in the last three months on average, associated with **two or more** of the following criteria:

1. **Related to defecation**
2. **Associated with a change in frequency of stool**
3. **Associated with a change in form (appearance) of stool**

\* For the last three months with symptom onset at least six months prior to diagnosis

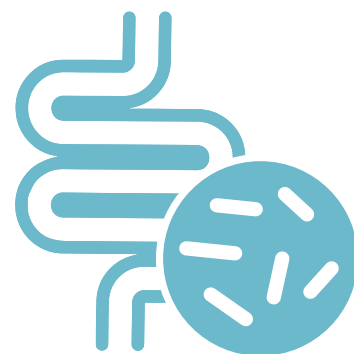
IBS is a lifelong chronic condition<sup>5</sup>, however, it is possible to successfully manage symptoms. Firstline treatment involves dietary and lifestyle approaches<sup>6</sup>. As the gut microbiota has been implicated in the pathophysiology of IBS<sup>7,8</sup>, probiotics are increasingly considered as a potential therapeutic tool in clinical management of symptoms.

This document summarises international and national guidelines on the use of probiotics for the management of IBS.

# International Guidelines

**The World Gastroenterology Organisation (WGO)** (2015) guidelines on IBS recommend trying a quality probiotic with proven efficacy<sup>5</sup>. The WGO guidelines include the following information:

- ▶ Recent meta-analyses confirm a role for probiotics in IBS, but also make it clear that the effects of probiotics in IBS are highly strain-specific
- ▶ *Bifidobacterium longum* **35624**<sup>®</sup> currently has the best evidence base for efficacy in IBS
- ▶ The **35624**<sup>®</sup> strain (one capsule per day) has been shown to reduce pain, bloating, and defecatory difficulty and to normalise stool habits in IBS patients, regardless of predominant bowel habit



Later WGO guidelines on probiotics and prebiotics<sup>9</sup> also highlighted improvements in global assessment of IBS symptoms with *Bifidobacterium longum* **35624**<sup>®</sup> in two high quality RCTs<sup>10,11</sup>, and stressed the importance of evidence from human studies when recommending any probiotic in clinical practice.

**The European Society of Primary Care Gastroenterology Guidelines** (2018) on probiotics in the management of lower gastrointestinal symptoms concluded that specific probiotics can relieve lower GI symptoms in IBS<sup>12</sup>. The ESPCG guidelines noted that, in particular, *Bifidobacterium longum* **35624**<sup>®</sup> may help to<sup>11</sup>:

- ▶ Relieve overall symptom burden in some patients with IBS (Grade of evidence: High; Agreement: 100%)
- ▶ Relieve overall symptom burden in some patients with IBS-D (Grade of evidence: Moderate; Agreement: 100%)
- ▶ Reduce abdominal pain in some patients with IBS (Grade of evidence: High; Agreement: 100%)
- ▶ Reduce bloating/distension in some patients with IBS (Grade of evidence: Moderate; Agreement: 80%)
- ▶ Improve frequency and/or consistency of bowel movements in some IBS patients (Grade of evidence: Moderate; Agreement: 100%)



The guidelines also noted that probiotics have a favourable safety profile in patients with a large range of lower GI symptoms typically managed in primary care or general practice (Grade of evidence: High; Agreement: 100%)

Meaning for physicians regarding grade of evidence:

**HIGH** – Probiotics with supportive evidence for benefit should be tried;

**MODERATE** – Probiotics with supportive evidence for benefit could be tried.

# National Guidelines

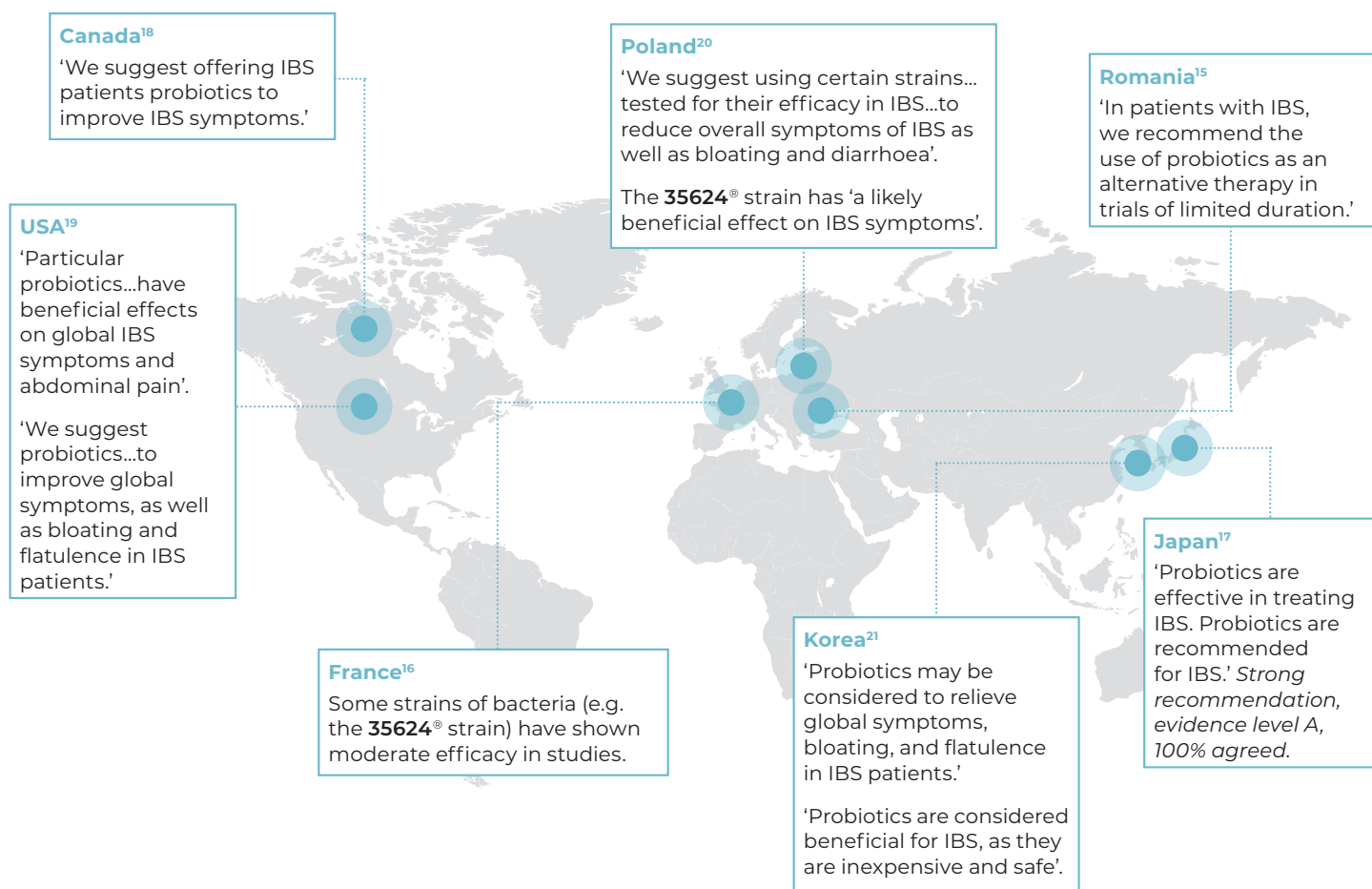
In the UK, guidance is primarily influenced by guidelines from the **National Institute for Health and Excellence** (NICE) the **British Dietetic Association** (BDA), and the **British Society of Gastroenterology** (BSG).

- ▶ Guidelines from NICE 2017<sup>6</sup> and the BDA<sup>13</sup> recommend that people with IBS choosing to take probiotics should be advised to try them for a minimum of 4 weeks, at the dosage recommended by the manufacturer. The effects should be monitored during this time.
- ▶ More recent (2021) guidelines from the BSG recommend extending this period to 12 weeks in order to evaluate their effect<sup>14</sup>.



“Probiotics, as a group, may be an effective treatment for global symptoms and abdominal pain in IBS...”

British Society of Gastroenterology guidelines (2021)<sup>14</sup>



Scientific information. For healthcare professionals only

## Conclusion

IBS is a chronic condition affecting a large number of people globally. It is well documented in international and national clinical guidelines, that certain probiotics are recommended to help manage the symptoms of IBS. Within these guidelines, *Bifidobacterium longum* 35624® is widely recognized as having strong clinical evidence to support its use in the management of IBS.

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**Note** – The 35624® culture has been reclassified as belonging to the species *Bifidobacterium longum* (formerly *Bifidobacterium infantis*).

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## References

1. Drossman DA. Functional Gastrointestinal Disorders: History, Pathophysiology, Clinical Features and Rome IV. *Gastroenterology*. 2016.
2. Black CJ, Ford AC. Global burden of irritable bowel syndrome: trends, predictions and risk factors. *Nature Reviews Gastroenterology & Hepatology*. 2020;17(8):473-486.
3. Şimşek I. Irritable bowel syndrome and other functional gastrointestinal disorders. *J Clin Gastroenterol*. 2011;45 Suppl:S86-88.
4. Mearin F, Lacy BE, Chang L, et al. Bowel Disorders. *Gastroenterology*. 2016.
5. Quigley EM, Fried M, Gwee KA, et al. World Gastroenterology Organisation Global Guidelines Irritable Bowel Syndrome: A Global Perspective Update September 2015. *Journal of Clinical Gastroenterology*. 2016;50(9):704-713.
6. National Institute for Health and Care Excellence. Clinical guideline 61: Irritable bowel syndrome in adults: diagnosis and management. <https://www.nice.org.uk/guidance/cg61/chapter/Introduction>. Accessed 06.01.22.
7. Schmulson MJ, Drossman DA. What Is New in Rome IV. *Neurogastroenterology and Motility*. 2017;23(2):151-163.
8. Kennedy PJ, Cryan JF, Dinan TG, Clarke G. Irritable bowel syndrome: a microbiome-gut-brain axis disorder? *World J Gastroenterol*. 2014;20(39):14105-14125.
9. Guarner F, Sanders ME, Eliakim R, et al. World Gastroenterology Organisation Global Guidelines. Probiotics and Prebiotics. 2017. Accessed 17.05.22, 2017.
10. O'Mahony L, McCarthy J, Kelly P, et al. Lactobacillus and Bifidobacterium in irritable bowel syndrome: symptom responses and relationship to cytokine profiles. *Gastroenterology*. 2005;128(3):541-551.
11. Whorwell PJ, Altringer L, Morel J, et al. Efficacy of an encapsulated probiotic Bifidobacterium infantis 35624 in women with irritable bowel syndrome. *American Journal of Gastroenterology*. 2006;101(7):1581-1590.
12. Hungin APS, Mitchell CR, Whorwell P, et al. Systematic review: probiotics in the management of lower gastrointestinal symptoms - an updated evidence-based international consensus. *Alimentary pharmacology & therapeutics*. 2018;47(8):1054-1070.
13. McKenzie YA, Bowyer RK, Leach H, et al. British Dietetic Association systematic review and evidence-based practice guidelines for the dietary management of irritable bowel syndrome in adults (2016 update). *Journal of Human Nutrition and Dietetics*. 2016;29(5):549-575.
14. Vasant DH, Paine PA, Black CJ, et al. British Society of Gastroenterology guidelines on the management of irritable bowel syndrome. *Gut*. 2021;70(7):1214-1240.
15. Dumitrascu DL, et al. Romanian guidelines for nonpharmacological therapy of IBS. *Journal of Gastrointestinal and Liver Diseases*. 2021;30(2):291-306
16. Sabaté JM, Jouët P. Prise en charge du Syndrome de l'Intestin Irritable (SII). Conseil de pratique. *Société Nationale Française de Gastro-Entérologies (SNFGE)*. 2016. [https://www.snfge.org/sites/default/files/recommandations/2016\\_sii.pdf](https://www.snfge.org/sites/default/files/recommandations/2016_sii.pdf) Accessed 06.01.22.
17. Fukudo S, et al. Evidence-based clinical practice guidelines for irritable bowel syndrome 2020. *Journal of Gastroenterology*. 2021;56(3):193-217.
18. Moayyedi P, et al. Canadian Association of Gastroenterology Clinical Practice Guideline for the Management of Irritable Bowel Syndrome (IBS). *Journal of the Canadian Association of Gastroenterology*. 2019;2(1):6-29.
19. Ford AC, et al. American College of Gastroenterology Monograph on management of irritable bowel syndrome. *American Journal of Gastroenterology* 2018;113(2):1-18.
20. Pietrzak A, et al. Guidelines on the management of irritable bowel syndrome. *Przegląd Gastroenterologiczny*. 2018;13(4):259-88.
21. Song KH, et al. Clinical Practice Guidelines for irritable bowel syndrome in Korea, 2017 Revised Edition. *Journal of Neurogastroenterology and Motility* 2018;24(2):197-215.