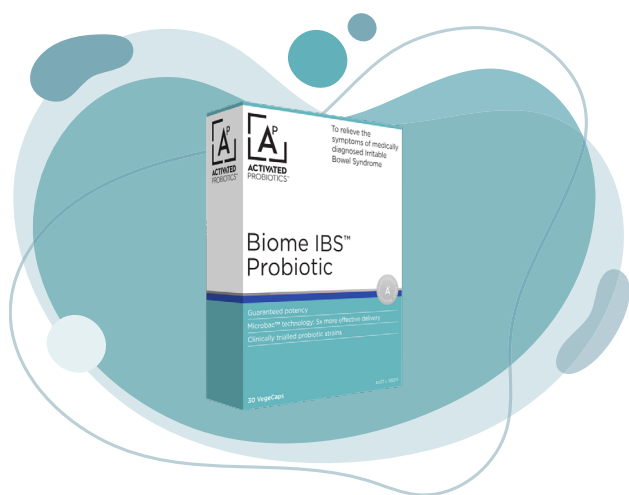




Biome IBS™ Probiotic

Condition Management Guide IBS relief



INTRODUCTION

Irritable Bowel Syndrome (IBS) is a common functional gastrointestinal disorder characterised by recurrent abdominal pain, bloating, and constipation and/or diarrhoea. As the underlying pathophysiology of the condition is complex and likely multifactorial, treatment options aim to manage the most distressing symptoms, such as laxatives for constipation, or loperamide for diarrhoea.

Clinical trials in patients with IBS have demonstrated the efficacy of two key probiotic strains for the reduction of the symptoms of IBS: *Lactobacillus plantarum* 299v and *Lactobacillus rhamnosus* GG (1)(2). Biome IBS™ Probiotic contains these two key probiotic strains, each at a therapeutic dose supporting by the clinical research (10 Billion Live Bacteria), and is indicated for the management of the symptoms of medically diagnosed Irritable Bowel Syndrome.

We recommend co-prescribing Biome IBS™ Probiotic to patients with medically diagnosed IBS as an adjunct to medications indicated for IBS, or for use as a complement or alternative to listed medicines indicated for IBS.

CONSIDER AS AN ADJUNCT TO:

Anti-Depressants Indicated for IBS

Anti Diarrhoeal Medication

Anti-Gas Medicines

Medications for Abdominal Cramping



CONSIDER AS A COMPLEMENT TO:

CAMs indicated for IBS

Laxatives for Constipation

Fibre Supplements



REFERENCES

1. Ducrotte P, Sawant P, Jayanthi V. Clinical trial: *Lactobacillus plantarum* 299v (DSM 9843) improves symptoms of irritable bowel syndrome. *World J Gastroenterol* WJG. 2012 Aug 14;18(30):4012–8.
2. Pedersen N, Andersen NN, Vêgh Z, Jensen L, Ankersen DV, Felding M, et al. Ehealth: Low FODMAP diet vs *Lactobacillus rhamnosus* GG in irritable bowel syndrome. *World J Gastroenterol* WJG. 2014 Nov 21;20(45):16215–26.



Biome IBS™ Probiotic

Supporting clinical
research



World J Gastroenterol. 2012 Aug 14;18(30):4012-8. doi: 10.3748/wjg.v18.i30.4012.

CLINICAL TRIAL: LACTOBACILLUS PLANTARUM 299V (DSM 9843) IMPROVES SYMPTOMS OF IRRITABLE BOWEL SYNDROME.

Ducrotté P, Sawant P, Jayanthi V.

AIM

To assess the symptomatic efficacy of *Lactobacillus plantarum* 299v (*L. plantarum* 299v) (DSM 9843) for the relief of abdominal symptoms in a large subset of irritable bowel syndrome (IBS) patients fulfilling the Rome III criteria.

METHODS

In this double blind, placebo-controlled, parallel-designed study, subjects were randomized to daily receive either one capsule of *L. plantarum* 299v (DSM 9843) or placebo for 4 wk. Frequency and intensity of abdominal pain, bloating and feeling of incomplete rectal emptying were assessed weekly on a visual analogue scale while stool frequency was calculated.

RESULTS

Two hundred and fourteen IBS patients were recruited. After 4 wk, both pain severity ($0.68 + 0.53$ vs $0.92 + 0.57$, $P < 0.05$) and daily frequency ($1.01 + 0.77$ vs $1.71 + 0.93$, $P < 0.05$) were lower with *L. plantarum* 299v (DSM 9843) than with placebo. Similar results were obtained for bloating. At week 4, 78.1% of the patients scored the *L. plantarum* 299v (DSM 9843) symptomatic effect as excellent or good vs only 8.1% for placebo ($P < 0.01$).

CONCLUSION

A 4-wk treatment with *L. plantarum* 299v (DSM 9843) provided effective symptom relief, particularly of abdominal pain and bloating, in IBS patients fulfilling the Rome III criteria.

World J Gastroenterol. 2014 Nov 21;20(43):16215-26. doi: 10.3748/wjg.v20.i43.16215.

EHEALTH: LOW FODMAP DIET VS LACTOBACILLUS RHAMNOSUS GG IN IRRITABLE BOWEL SYNDROME.

Pedersen N, Andersen NN, Végh Z, Jensen L, Ankersen DV, Felding M, Simonsen MH, Burisch J, Munkholm P.

AIM

To investigate the effects of a low fermentable, oligosaccharides, disaccharides, monosaccharides and polyols diet (LFD) and the probiotic *Lactobacillus rhamnosus* GG (LGG) in irritable bowel syndrome (IBS).

METHODS

Randomised, unblinded controlled trial on the effect of 6-wk treatment with LFD, LGG or a normal Danish/Western diet (ND) in patients with IBS fulfilling Rome III diagnostic criteria, recruited between November 2009 and April 2013. Patients were required to complete on a weekly basis the IBS severity score system (IBS-SSS) and IBS quality of life (IBS-QOL) questionnaires in a specially developed IBS web self-monitoring application. We investigated whether LFD or LGG could reduce IBS-SSS and improve QOL in IBS patients.

RESULTS

One hundred twenty-three patients (median age 37 years, range: 18-74 years), 90 (73%) females were randomised: 42 to LFD, 41 to LGG and 40 to ND. A significant reduction in mean \pm SD of IBS-SSS from baseline to week 6 between LFD vs LGG vs ND was revealed: 133 ± 122 vs 68 ± 107 , 133 ± 122 vs 34 ± 95 , $P < 0.01$. Adjusted changes of IBS-SSS for baseline covariates showed statistically significant reduction of IBS-SSS in LFD group compared to ND (IBS-SSS score 75; 95%CI: 24-126, $P < 0.01$), but not in LGG compared to ND (IBS-SSS score 32; 95%CI: 18-80, $P = 0.20$). IBS-QOL was not altered significantly in any of the three groups: mean \pm SD in LFD 8 ± 18 vs LGG 7 ± 17 , LFD 8 ± 18 vs ND 0.1 ± 15 , $P = 0.13$.

CONCLUSION

Both LFD and LGG are efficacious in patients with IBS.