

REDEFINING LACTOSE INTOLERANCE WITH AND WITHOUT MALABSORPTION: A DATA-DRIVEN APPROACH USING THE VALIDATED SYMPTOM ASSESSMENT TOOL ACPQ AND ASSESSMENT OF BREATH HYDROGEN KINETICS

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In 927 patients with functional gastrointestinal disorders undergoing lactose breath testing, symptomatic malabsorbers showed higher symptom burdens and distinct hydrogen kinetics compared to asymptomatic malabsorbers, while lactose can trigger symptoms independently of malabsorption.

KEY POINTS

- Among 363 malabsorbers (39% of 928 patients), symptomatic individuals had significantly higher total symptom burdens (134 versus 71 mm VAS, $p < 0.001$) and more frequent multiple symptoms compared to those with symptoms but no malabsorption
- Symptomatic malabsorbers demonstrated faster hydrogen accumulation (1.67 versus 0.97 ppm/min, $p < 0.001$), shorter time to hydrogen rise (58.8 versus 75.8 min, $p < 0.01$), and higher area under the curve (9731 versus 5450 ppm·min, $p < 0.001$) than asymptomatic malabsorbers
- Pain (58%), bloating (56%), and diarrhea (46%) were most prevalent in symptomatic malabsorbers and significantly exceeded prevalences in asymptomatic malabsorbers ($p < 0.01$)
- The findings suggest colonic bacterial metabolism and microbiome involvement in lactose intolerance and highlight the need for objective diagnostic tools to differentiate malabsorptive from non-malabsorptive lactose-related symptoms

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