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Summary

Intestinal permeability testing

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Gut Microbiota | Small Intestine & Nutrition

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The speaker concluded that intestinal permeability measurement should not be used in clinical practice for disorders of gut-brain interaction, as tests are either complex or unreliable and permeability changes do not explain symptom patterns or predict treatment response.

KEY POINTS

- The speaker stated that increased intestinal permeability is present in a large subset of patients with IBS and functional dyspepsia, most consistently in IBS-D, but does not correlate with overall symptom severity and is not specific to these conditions.
- The speaker reported that the most commonly used clinical test, the lactulose-mannitol sugar excretion test, has poor reproducibility and technical issues, while commercial zonulin tests measure a different protein than claimed.
- The speaker noted that a large pan-European study found no difference in permeability between IBS patients and healthy controls, but striking geographical variation even among healthy subjects.
- The speaker stated that many factors increase permeability including stress, NSAIDs, obesity, and dietary fat, while fiber and Mediterranean diet adherence may protect barrier function.
- The speaker advised patients that permeability testing is a waste of time and money for clinical purposes, comparing it to microbiota stool profiles.
- The speaker suggested that future treatment may involve probiotic strains with strong effects on permeability rather than permeability testing itself.

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