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Summary

Should we give probiotics a chance? For what?

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Gut Microbiota | Primary Care

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The speaker reviewed clinical evidence for probiotics in three common gastroenterological conditions, concluding that while increasing evidence supports guideline-compliant use, the field requires more high-quality studies and faces challenges in strain selection and regulatory adaptation.

KEY POINTS

- For acute gastroenteritis in children, meta-analyses show probiotics reduce diarrhea duration by slightly more than one day and reduce fever, though three major guidelines (German, NICE, ESPGHAN) provide conflicting recommendations based on the same evidence.
- In irritable bowel syndrome, German guidelines recommend selected probiotics and state that effectiveness depends on the specific strains, species, and patient group, with the speaker noting probiotics can reduce relevant IBS symptoms but require individual trial with each patient.
- For antibiotic-associated diarrhea prophylaxis, a 2017 Cochrane review reported a 60% risk reduction, but meta-regression analysis shows probiotics only work when started within the first 48 hours of antibiotic treatment, not after 6-7 days.
- Best-studied probiotic products vary by condition and include Lactobacillus rhamnosus, Saccharomyces boulardii, and Lactobacillus reuteri for acute gastroenteritis, though the speaker emphasized difficulty in recommending specific products to patients.
- The speaker stated there is no evidence whether multispecies probiotic products are superior to single-species products, and no head-to-head comparisons exist.
- In the speaker's view, the current approach remains trial and error even with Cochrane reviews, and future progress requires analyzing individual patients at baseline to match specific functional deficits with appropriate probiotic strains.

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