

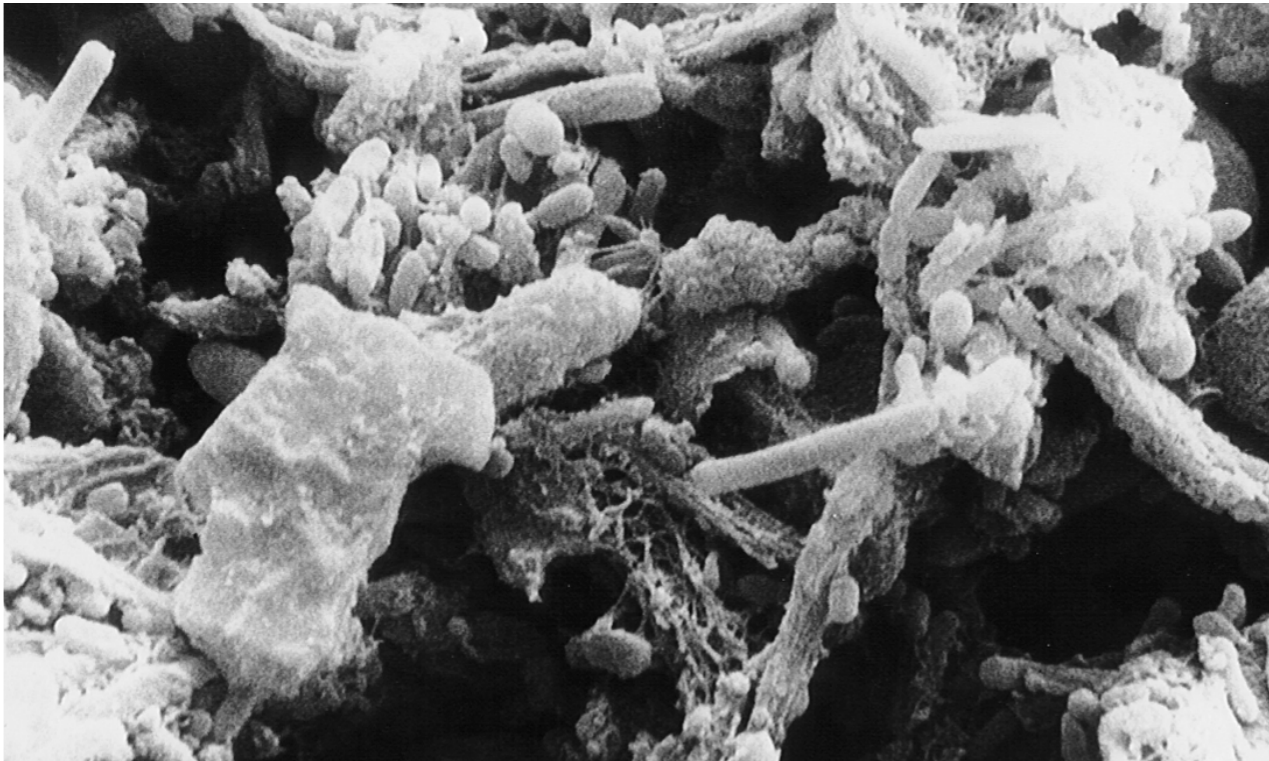
Pro- (and pre) biotics in relation to allergy and obesity

Arthur Ouwehand
Health & Nutrition

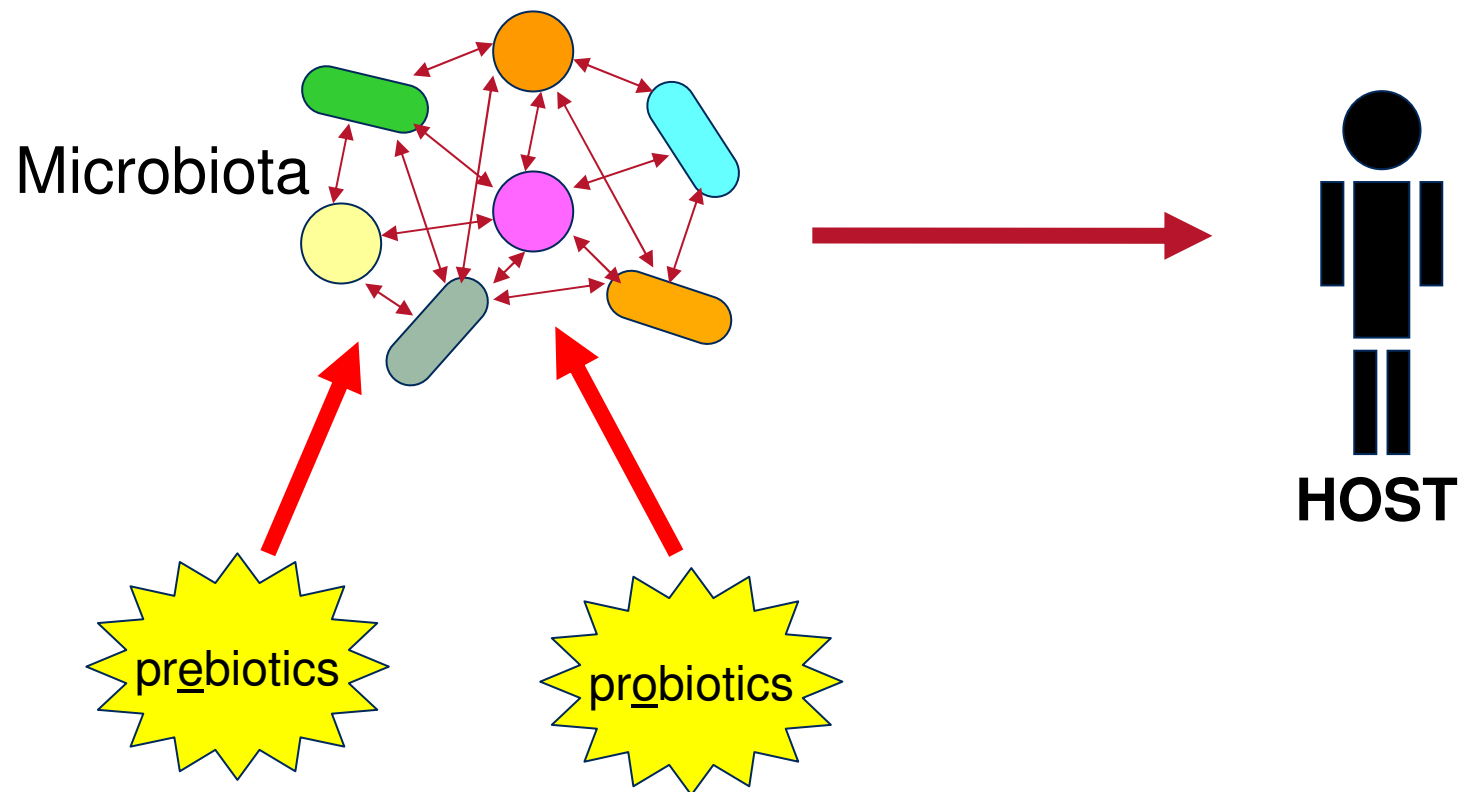


Human intestinal microbiota

- ☺ Colon contains approx. 1-1½ kg bacteria
- ☺ Estimated over 1000 different bacterial species in the intestine
- ☺ Bacteria outnumber human cells in the body by 10:1
- ☺ Many have no known function,
some are potentially detrimental others are beneficial



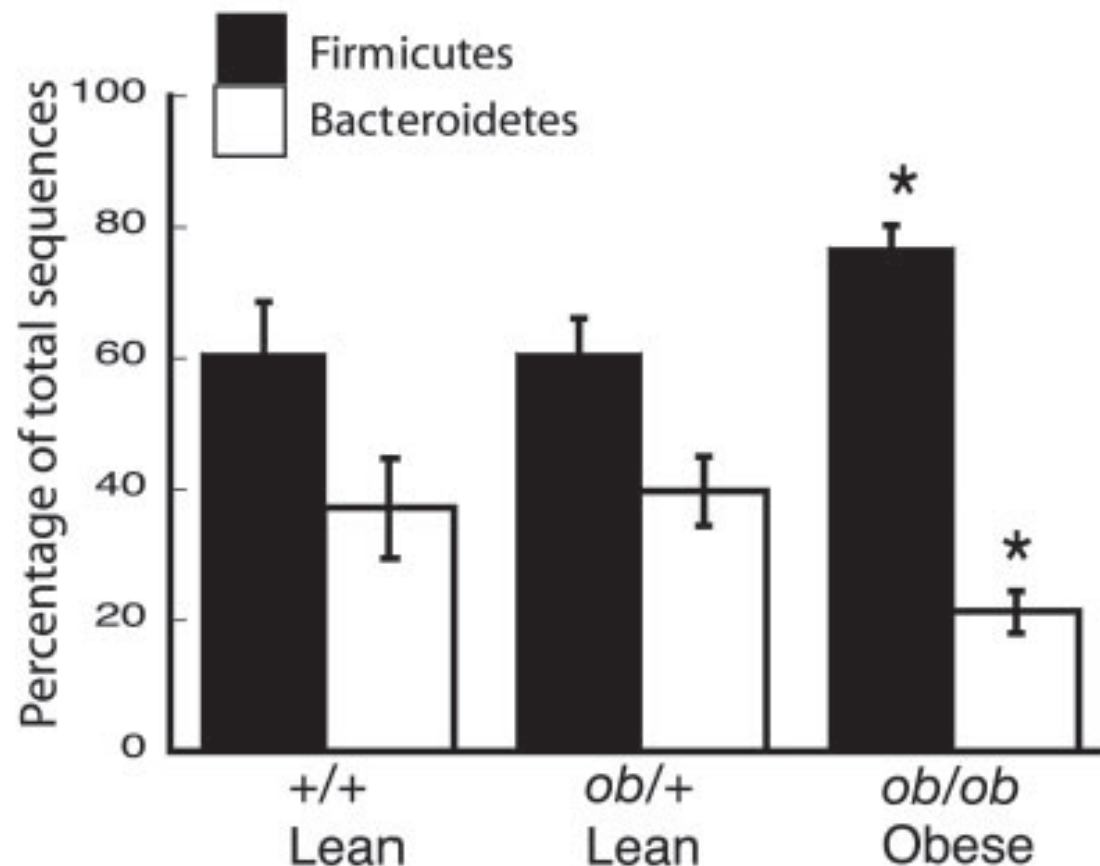
How to influence the (intestinal) microbiota



Weight management

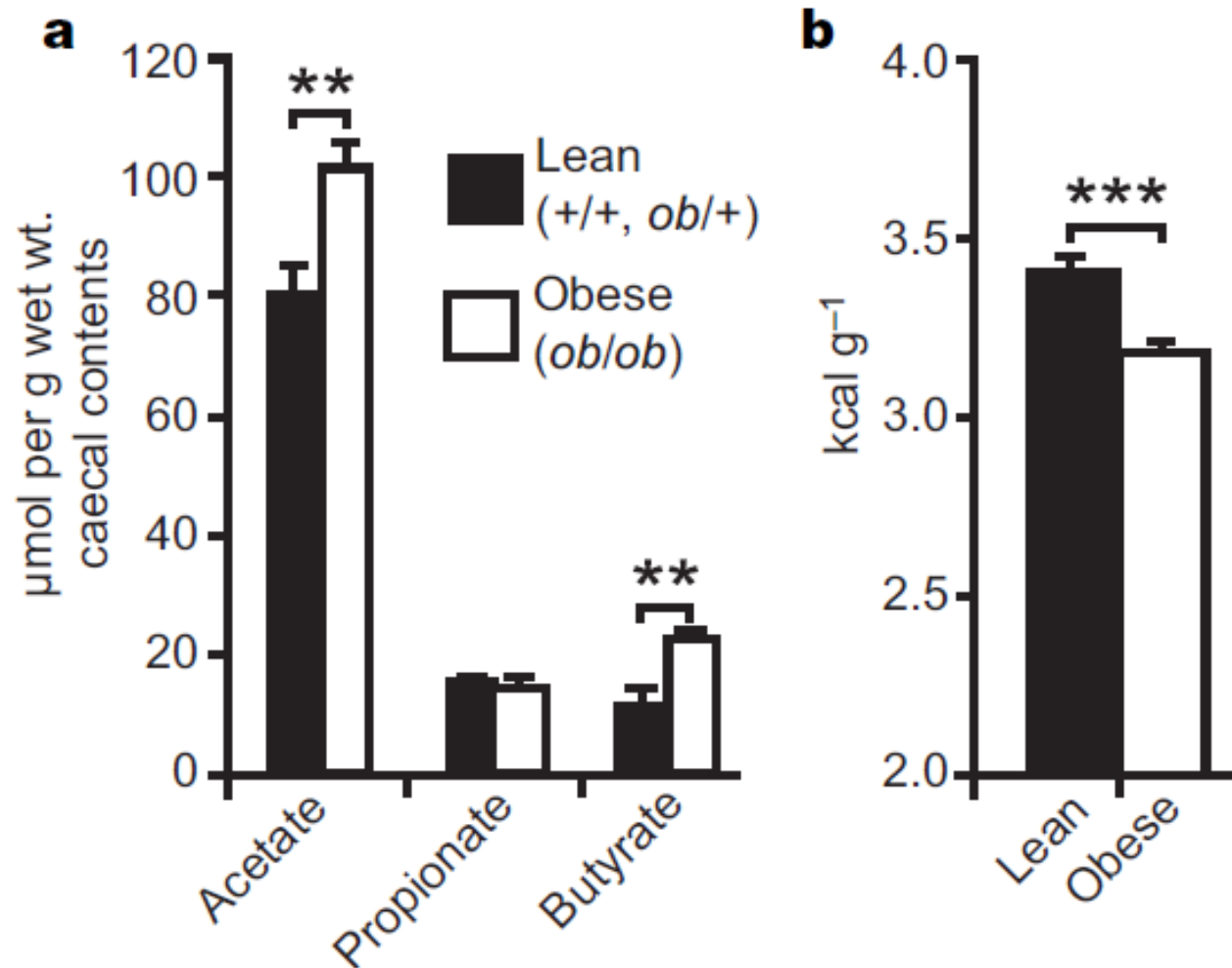


Differences in microbiota composition in lean and genetically obese mice

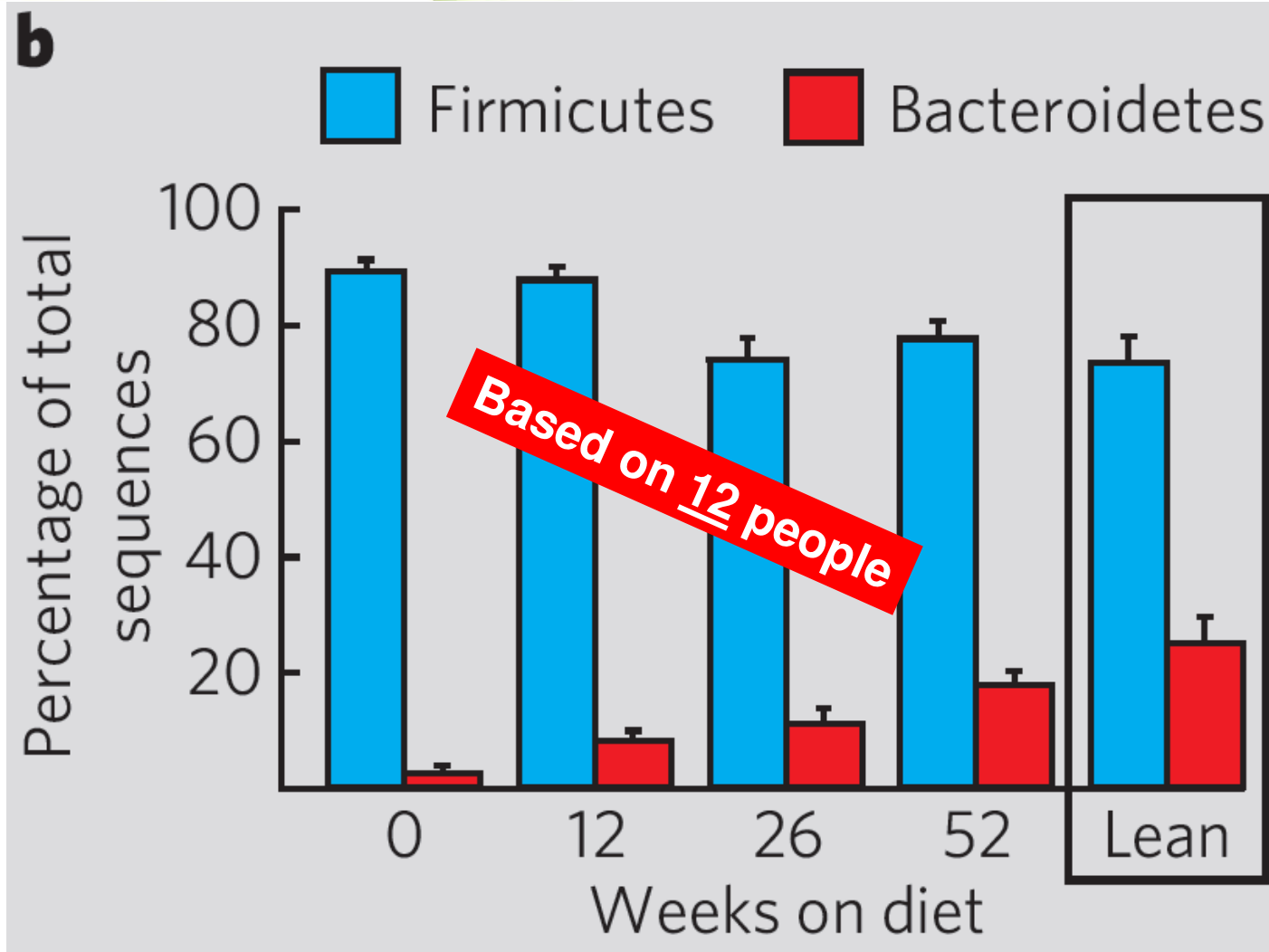


Phyla	Representative genera
Bacteria	
Firmicutes	<i>Ruminococcus</i> <i>Clostridium</i> <i>Peptostreptococcus</i> <i>Lactobacillus</i> <i>Enterococcus</i>
Bacteroidetes	<i>Bacteroides</i>
Proteobacteria	<i>Desulfovibrio</i> <i>Escherichia</i> <i>Helicobacter</i>
Verrucomicrobia ^b	
Actinobacteria	<i>Bifidobacterium</i>
Cyanobacteria ^b	
Synergistes ^b	
Archaea	
Euryarchaeota	<i>Methanobrevibacter</i>

Production of VFA, Residual energy in faeces A more energy efficient microbiota

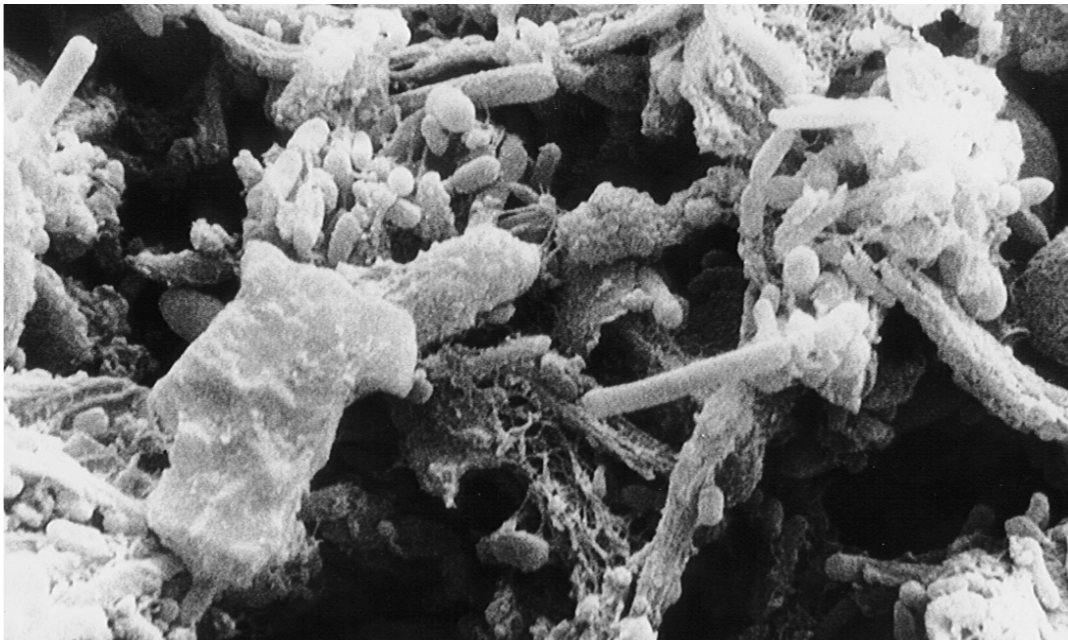


Change in microbiota in response to dieting

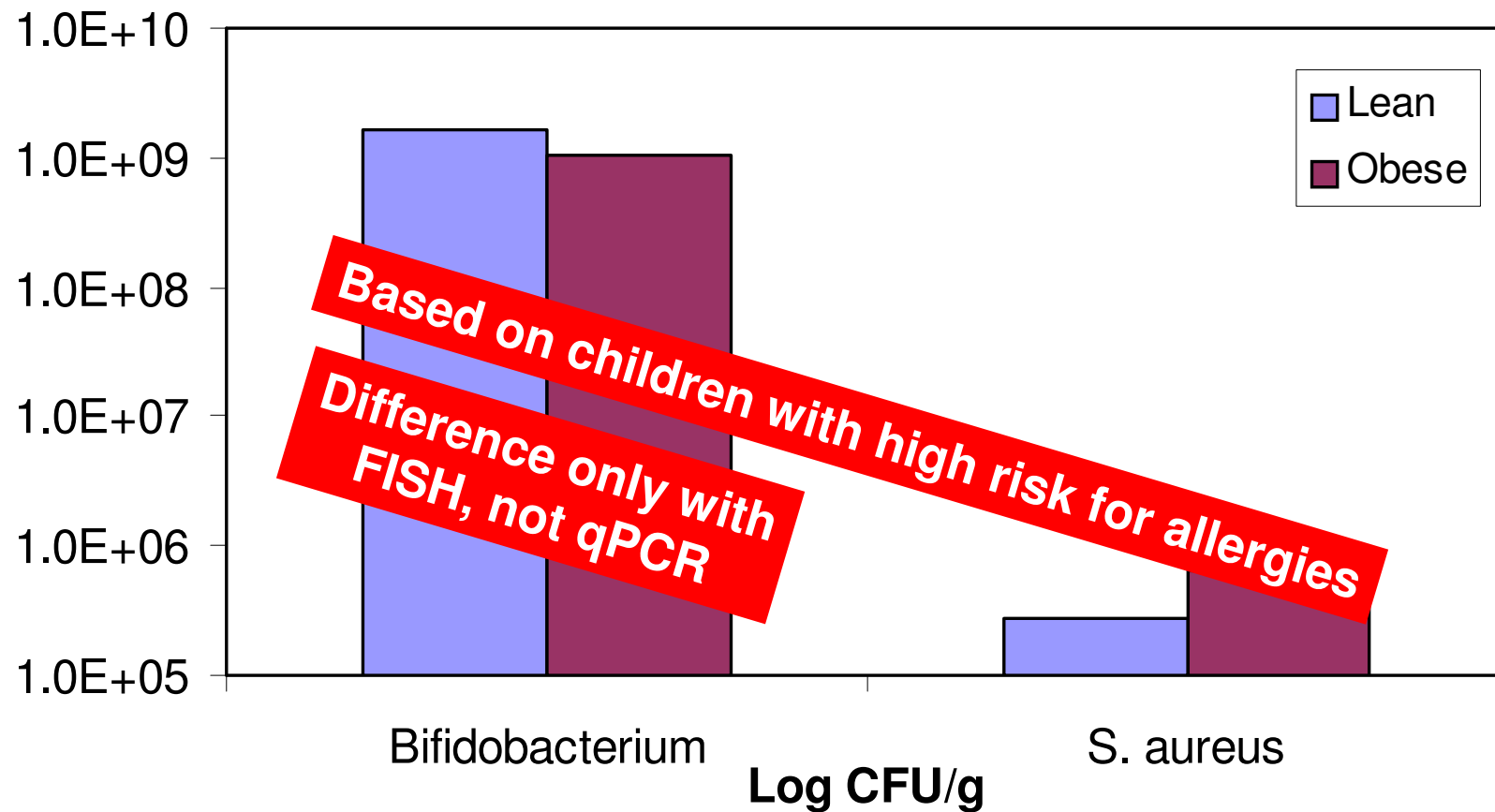


Mechanism remains to be explained!

- Firmicutes Lean < Obese
- Bacteroidetes Lean > Obese
- Energy harvesting Lean < Obese (more efficient)
- Dieting (energy restriction)
Obese microbiota → Lean microbiota
Efficient microbiota → less efficient microbiota



Microbiota of children whom are lean or obese in later life

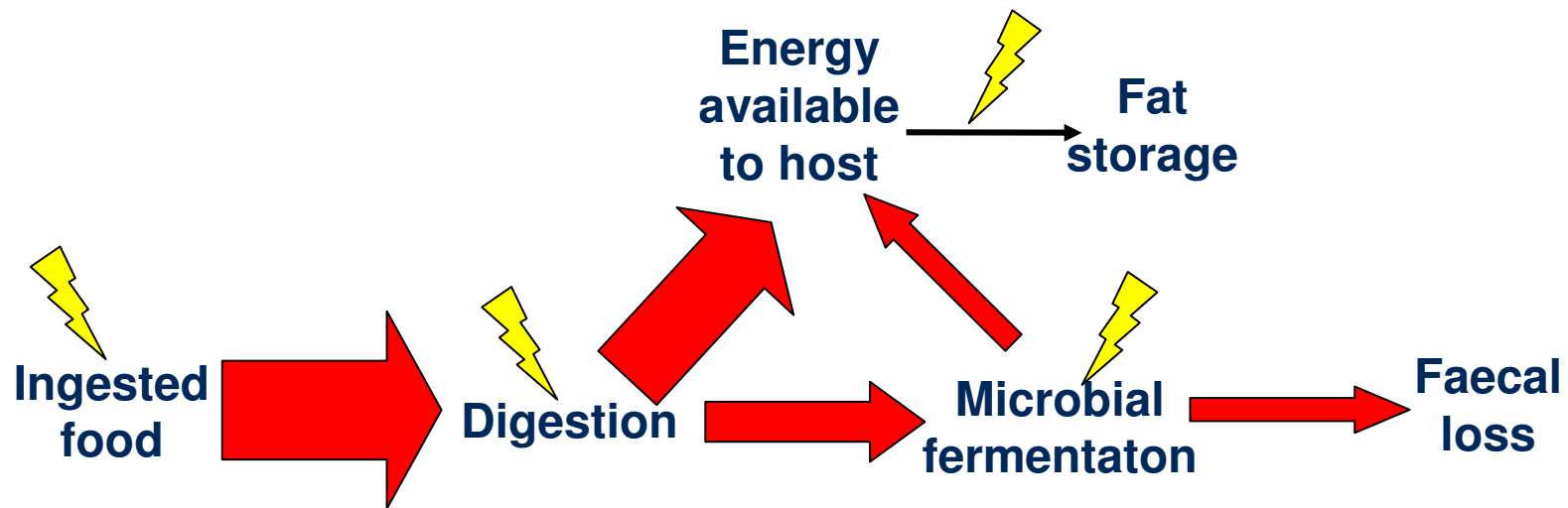


Helicobacter pylori and obesity

Age (years)	Obese subjects (fraction Hp positive)	Control subjects (fraction Hp positive)
10-19	4/22	63/154
20-29	71/193	77/111
30-39	56/118	89/140
>40	51/101	201/278
All	181/414	410/683

H. pylori colonisation is also associated with reduced risk for allergy

Weight management; Potential targets for probiotics

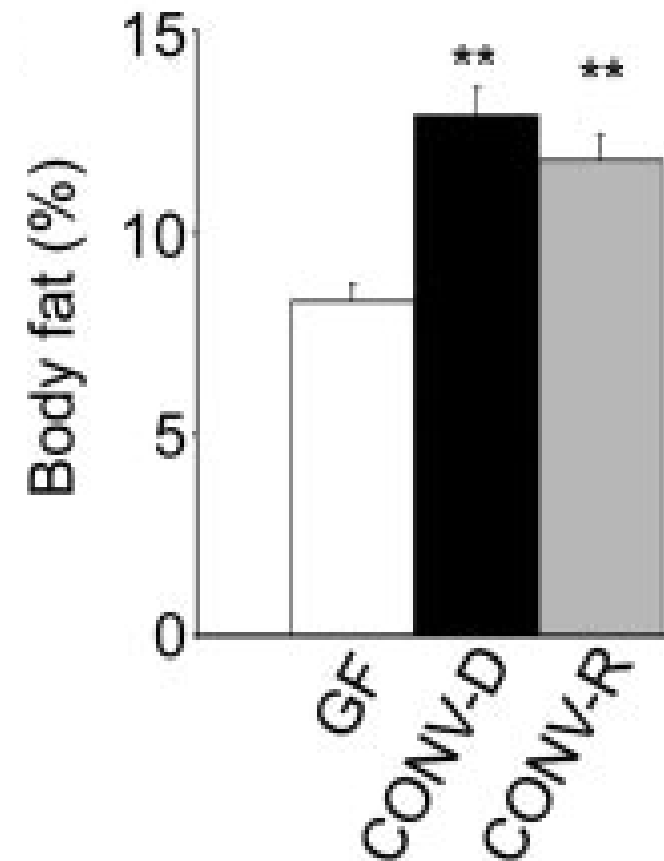
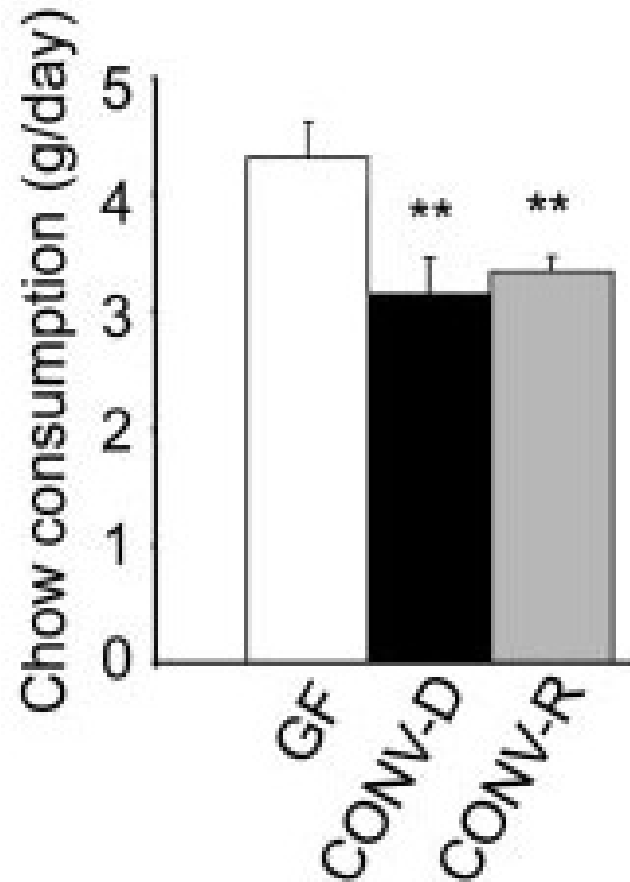


THE PROBIOTIC SOLUTION

Dr. Mark A. Brudnak

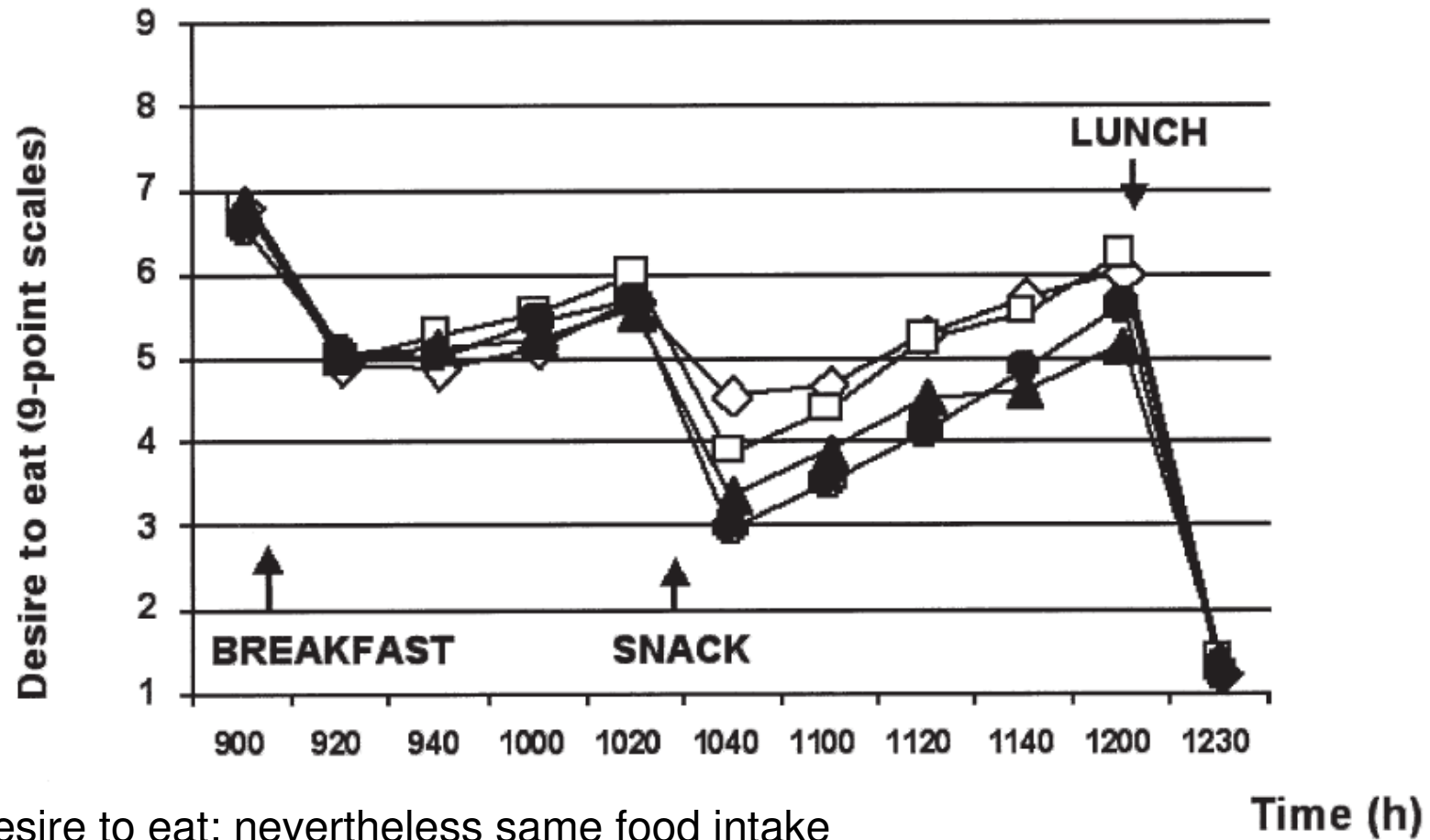
In this treatment strategy, the goal is to use a very high dose of probiotics in order to prevent the food from being digested by the body and turned into fat. Put differently, the food that would ordinarily be absorbed will be consumed by the probiotics. So, you can have your cake and the probiotics will eat it, too! One particularly interesting

More 'mouths' to feed, more energy available



Yogurt and satiety

—◇— Fruit drink —□— Dairy fruit drink —▲— Liquid yogurt —●— Semi-solid yogurt



Less desire to eat; nevertheless same food intake
Would they have eaten their lunch later?

Change microbiota composition

Influence energy harvesting

→ Increase Bacteroidetes

- *Bacteroides* probiotics?
- Novel food

→ Interfere with digestion

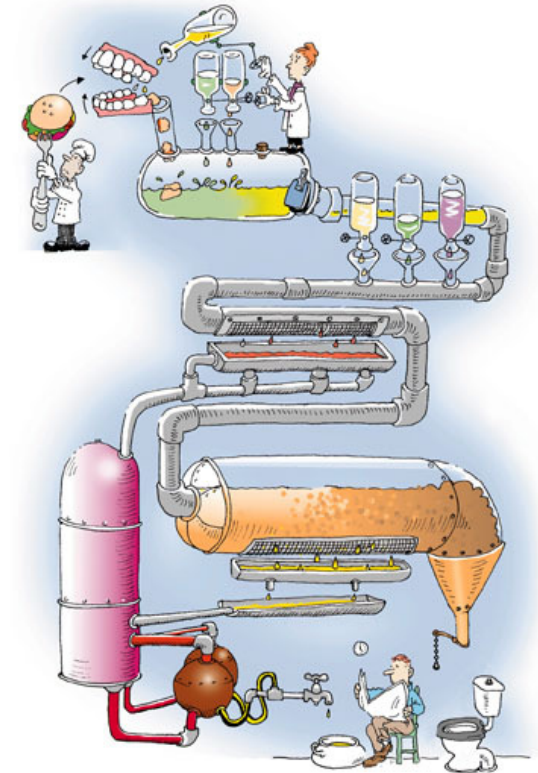
- Reduce effectiveness of digestion
- Reduce absorption of digesta
 - Risk for deficiencies

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Bacteroides fragilis



Allergic disease



Intestinal microbiota and allergic disease

Microorganisms	Prevalence (%)									
	1 week		1 mo		3 mo		6 mo		12 mo	
	Healthy	Allergic	Healthy	Allergic	Healthy	Allergic	Healthy	Allergic	Healthy	Allergic
<i>S aureus</i>	62	56	65	56	50¶	50	23*¶	61*	27	39
Enterococci	96*	67*	96‡	72‡	96	89	96	100	96	89
Lactobacilli	8*¶	39*	46¶	56	34	56	38	39	38	44
Bifidobacteria	50‡	17‡	69	39	62‡	28‡	42	28	69§	22§
<i>Bacteroides</i>	46	61	62	72	65	83	81	94	96	89
Clostridia	27	50	27	28	46	28	65	50	54	67

↘ Colonisation level

Bifidobacteria and allergic disease

<i>Bifidobacterium</i> species	Percentage of isolates (frequency of isolation)		<i>P</i> value*: healthy vs allergic
	Allergic	Healthy	
<i>B adolescentis</i>	50 (6/7)	0 (0/6)	.005
<i>B bifidum</i>	2 (1/7)	58 (5/6)	.029
<i>B breve</i>	15 (1/7)	27 (2/6)	>.05
<i>B infantis</i>	21 (4/7)	15 (1/6)	>.05
<i>B longum</i>	12 (1/7)	0 (0/6)	>.05

Bifidobacteria and allergic disease (2)

Child	Allergic								Nonallergic							
Species	<i>B. adolescentis</i>	<i>B. catenulatum/pseudocatenulatum</i>	<i>B. longum</i>	<i>B. bifidum</i>	<i>B. breve</i>	<i>B. angulatum</i>	<i>B. dentium</i>	Total	<i>B. adolescentis</i>	<i>B. catenulatum/pseudocatenulatum</i>	<i>B. longum</i>	<i>B. bifidum</i>	<i>B. breve</i>	<i>B. angulatum</i>	<i>B. dentium</i>	Total
1	•		•	•						•	•					
2	•					•				•	•					
3	••									•	•					
4	•	•	•						•	•	•			•		
5			••							••	••			•	•	
6			••						•	•	•			•		
7	•	•	•	••						••	••					
8			•							•	••					
9	•	•							•		•					
10	•					•				••	•	•				
11			•							•	•					
12			•••								••					
13	••	•	••								•					
14	••		•••							••	•		•	•		
15	•		•							•••	••		•			
16	•		•							•••	•		•	•		
17	••	•	••		•					••	••		•	•		
18	•		•		•				•	•	••			•		
19			•								••		•	•		
20	•		•		•				•	••	••			•		
Sum of positive subjects/total clones	14 [†] /18*	5/5	16/24	2/3	2/2	3/3	0/0	20/55	5/5	14 [‡] /23 [#]	20/29	1/1	5/5	9/9	1/1	20/73

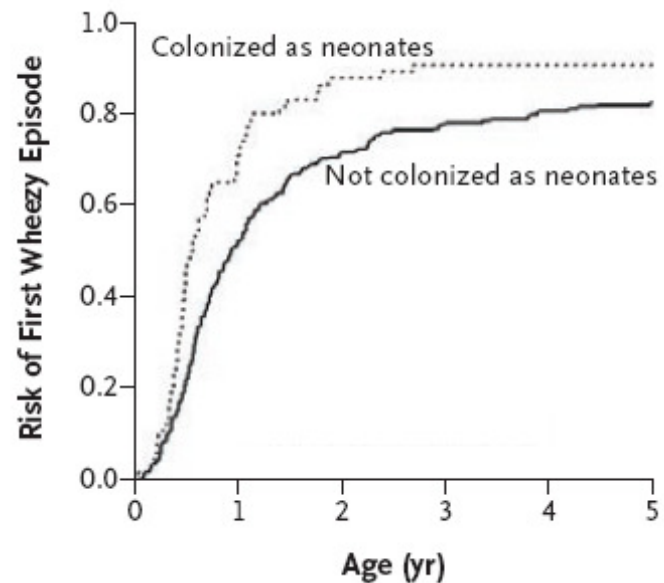
Serum status of Russian and Finnish Karelian children; correlation to atopy

	OR	95% CI	Change in OR, %
No antibodies in the model			
(only country)	1.78	1.34–2.35	100
Stepwise addition of seropositivities			
<i>H. pylori</i>	1.53	1.07–2.21	–32
<i>A. actinomycetemcomitans</i>	1.47	1.01–2.13	–40
<i>T. gondii</i>	1.41	0.97–2.05	–47
HSV	1.40	0.96–2.06	–49
<i>C. pneumoniae</i>	1.37	0.92–2.02	–53
<i>P. gingivalis</i>	1.39	0.93–2.07	–50
HAV	1.43	0.87–2.37	–44

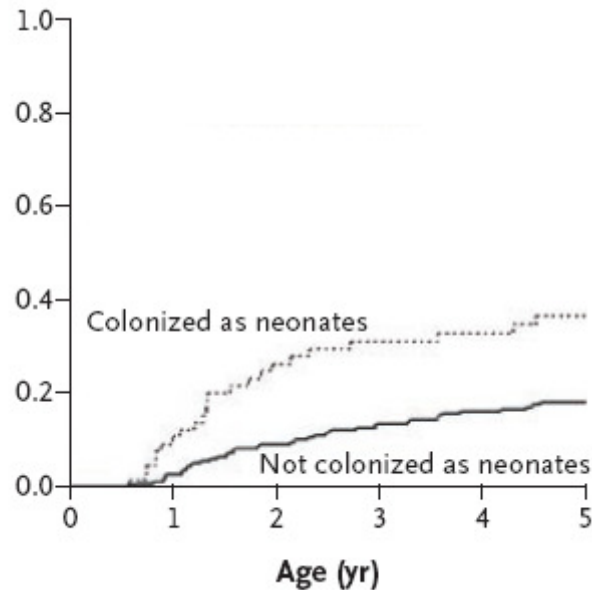
Nasal microbiota and allergic disease

Colonisation with:

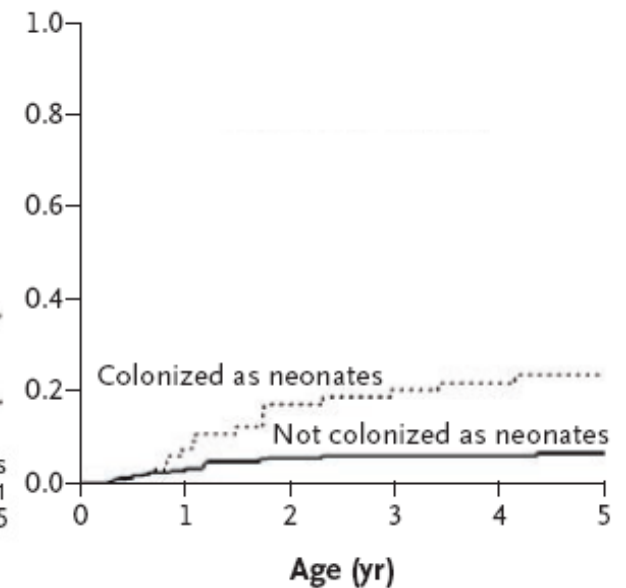
Streptococcus pneumoniae



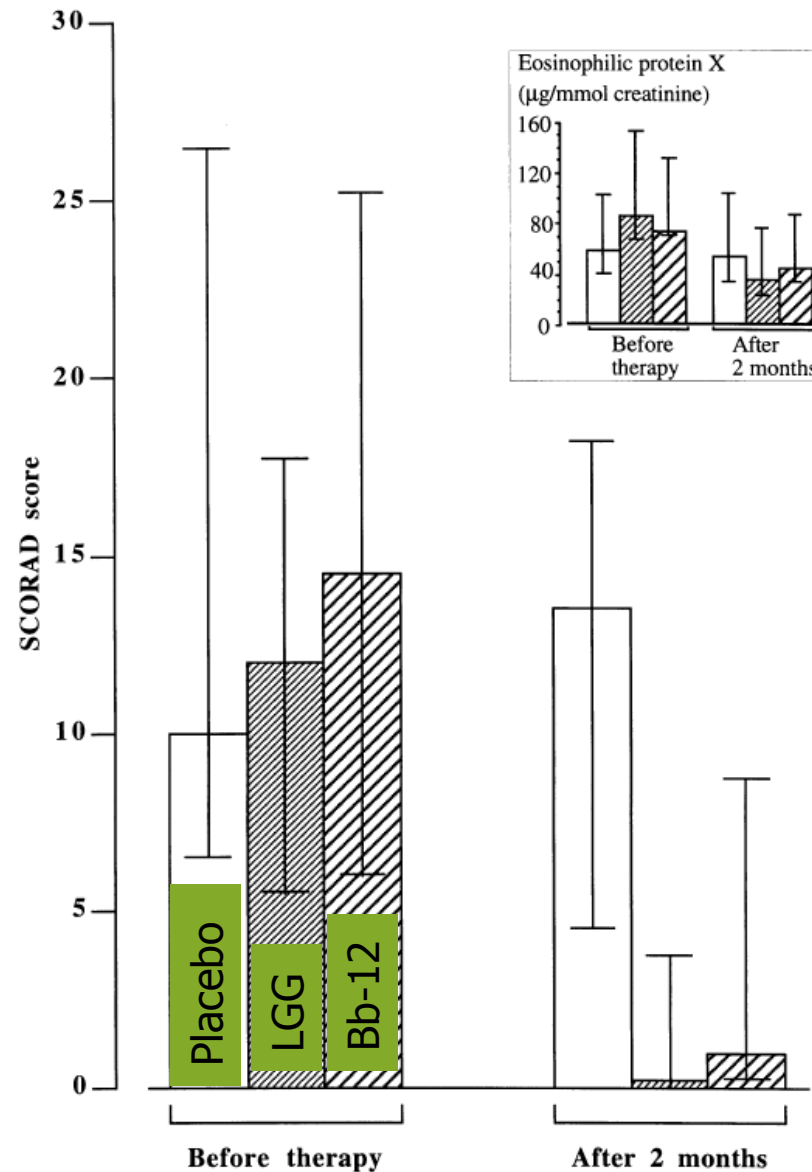
Moraxella catarrhalis



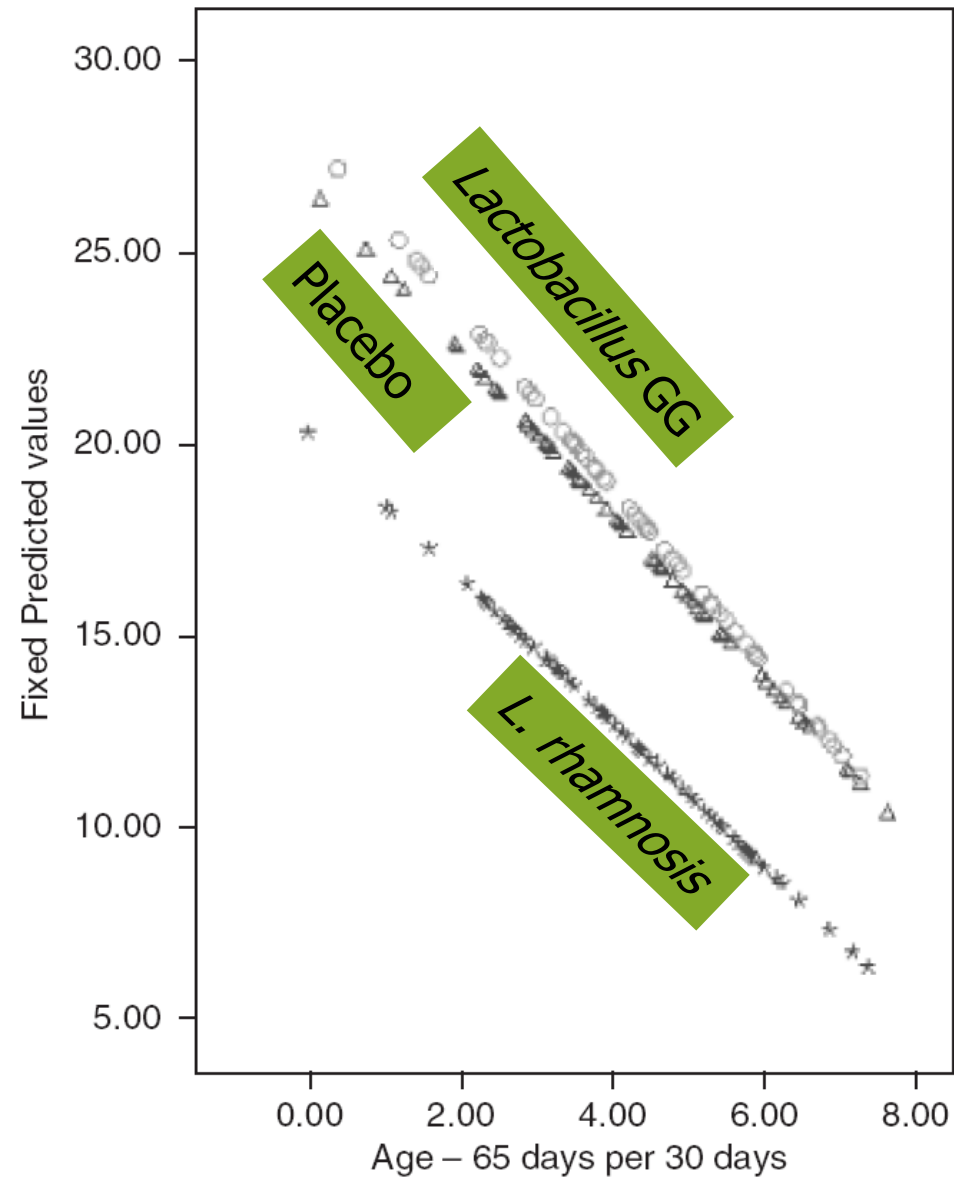
Haemophilus influenzae



Lactobacillus GG or *B. lactis* Bb-12 in the treatment of atopic eczema



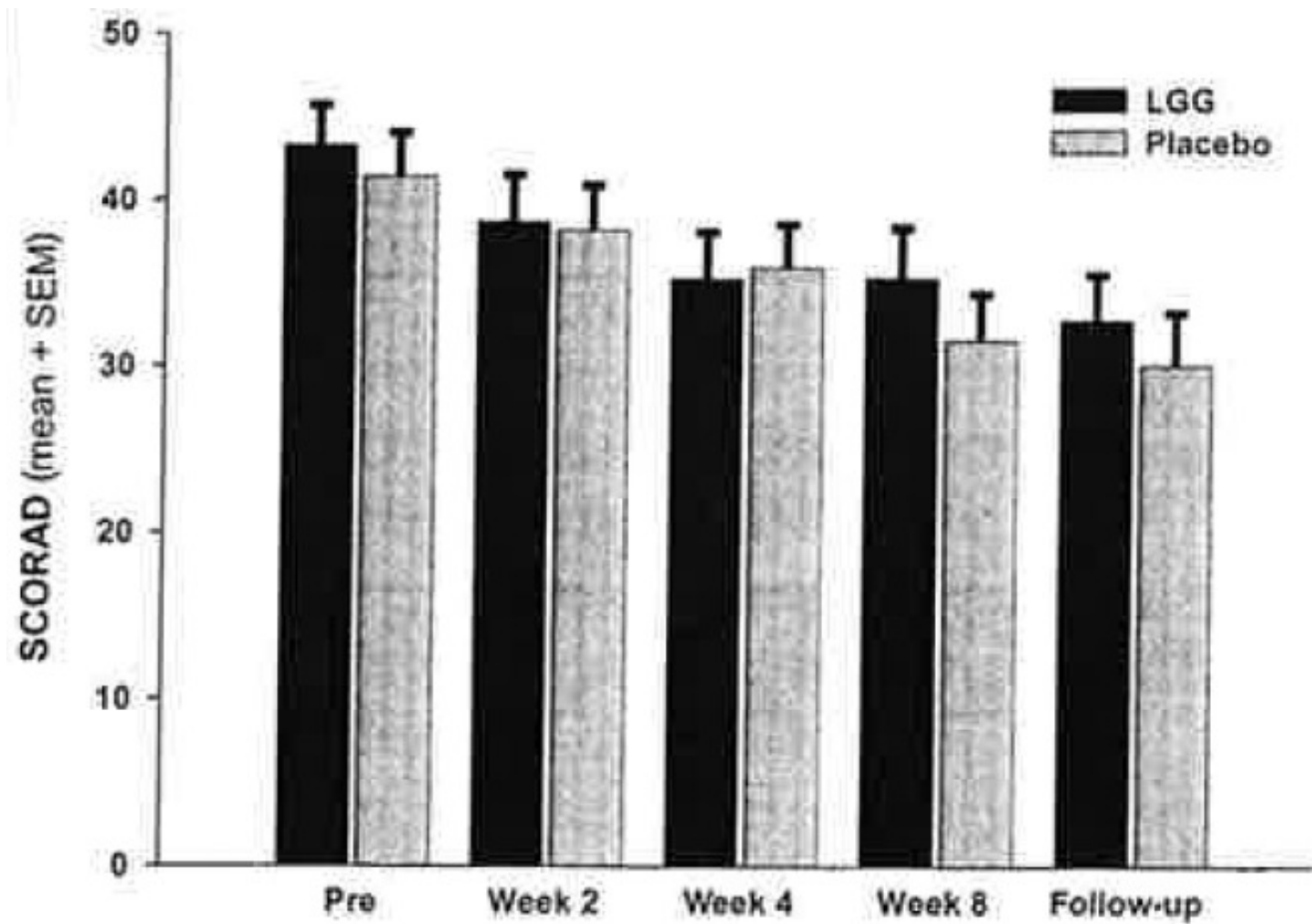
Lactobacillus GG or *L. rhamnosis* in the treatment of atopic eczema



Lactobacillus GG in the treatment of atopic eczema

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Probiotics in treatment of atopic eczema



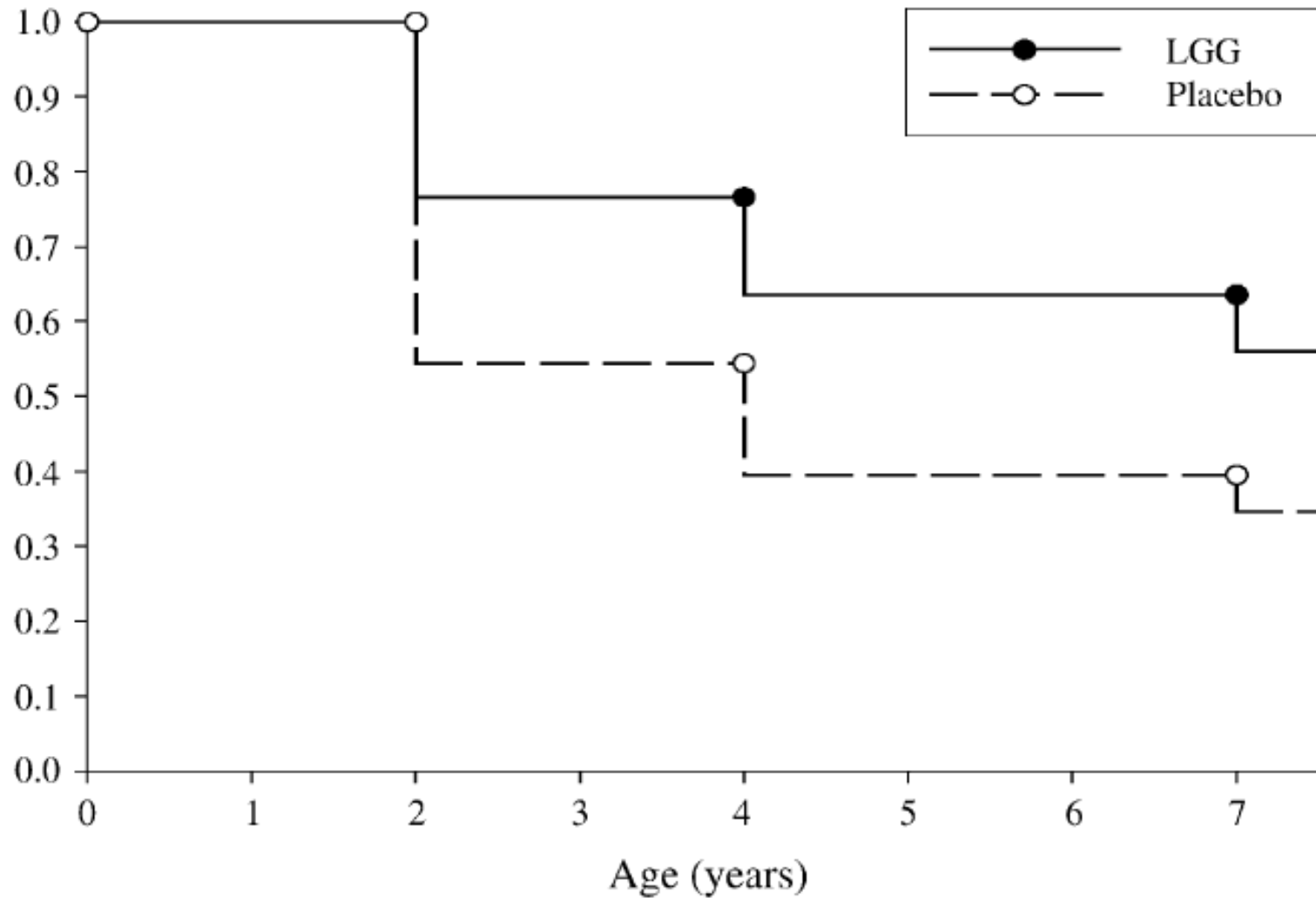
First you add knowledge...

	Strain	Dose	'Diet'	Antihistamines etc.	Age (mo.)	Outcome
Isolauri et al. 2000	<i>B. lactis</i> Bb-12 or <i>L. rhamnosus</i> GG	3-8x10 ¹⁰ CFU	No prior formula	?	4.6	+
Brouwer et al 2006	<i>L. rhamnosus</i> or <i>L. rhamnosus</i> GG	3x10 ⁸ CFU/g formula	Cows milk allergy	+	3.8	-
Fölster-Holst et al. 2006	<i>L. rhamnosus</i> GG	10 ¹⁰ CFU	?	+	19	-

Lactobacillus GG to reduce risk for atopic eczema

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Lactobacillus GG et al. + GOS to reduce risk for atopic eczema



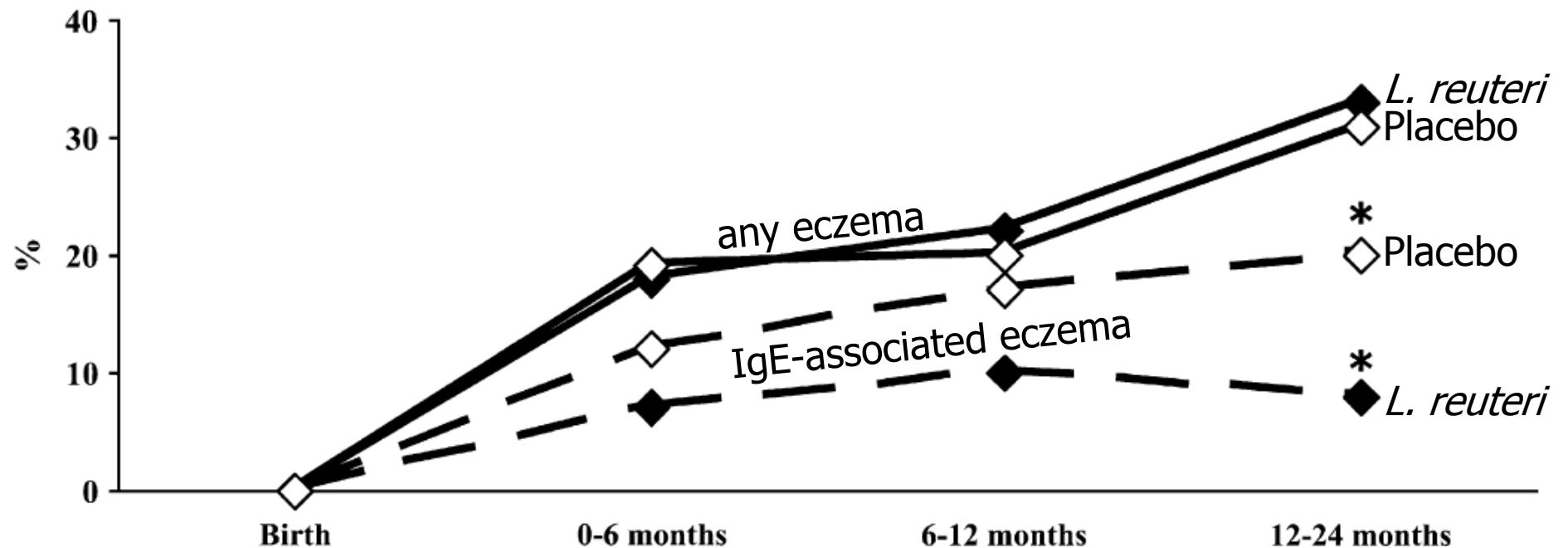
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	Probiotic		Placebo		Unadjusted		Adjusted*	
	n	%	n	%	OR (95% CI)	P value†	OR (95% CI)	P value†
Primary outcome								
Allergic disease‡	145/461	31.5	163/464	35.1	0.85 (0.64-1.12)	.236	0.82 (0.61-1.08)	.159
<u>IgE-associated allergic disease§</u>	64/456	14.0	87/463	18.8	0.71 (0.50-1.00)	.052	0.65 (0.45-0.94)	.022
Secondary outcome								
<u>Eczema</u>	120/461	26.0	150/464	32.3	0.74 (0.55-0.98)	.035	0.69 (0.52-0.93)	.015
<u>Atopic eczema </u>	57/459	12.4	82/463	17.7	0.66 (0.46-0.95)	.025	0.61 (0.42-0.90)	.012
Sensitization¶	127/454	28.0	144/462	31.2	0.86 (0.65-1.14)	.289	0.82 (0.61-1.10)	.184

L. reuteri 55730 to reduce risk for atopic eczema

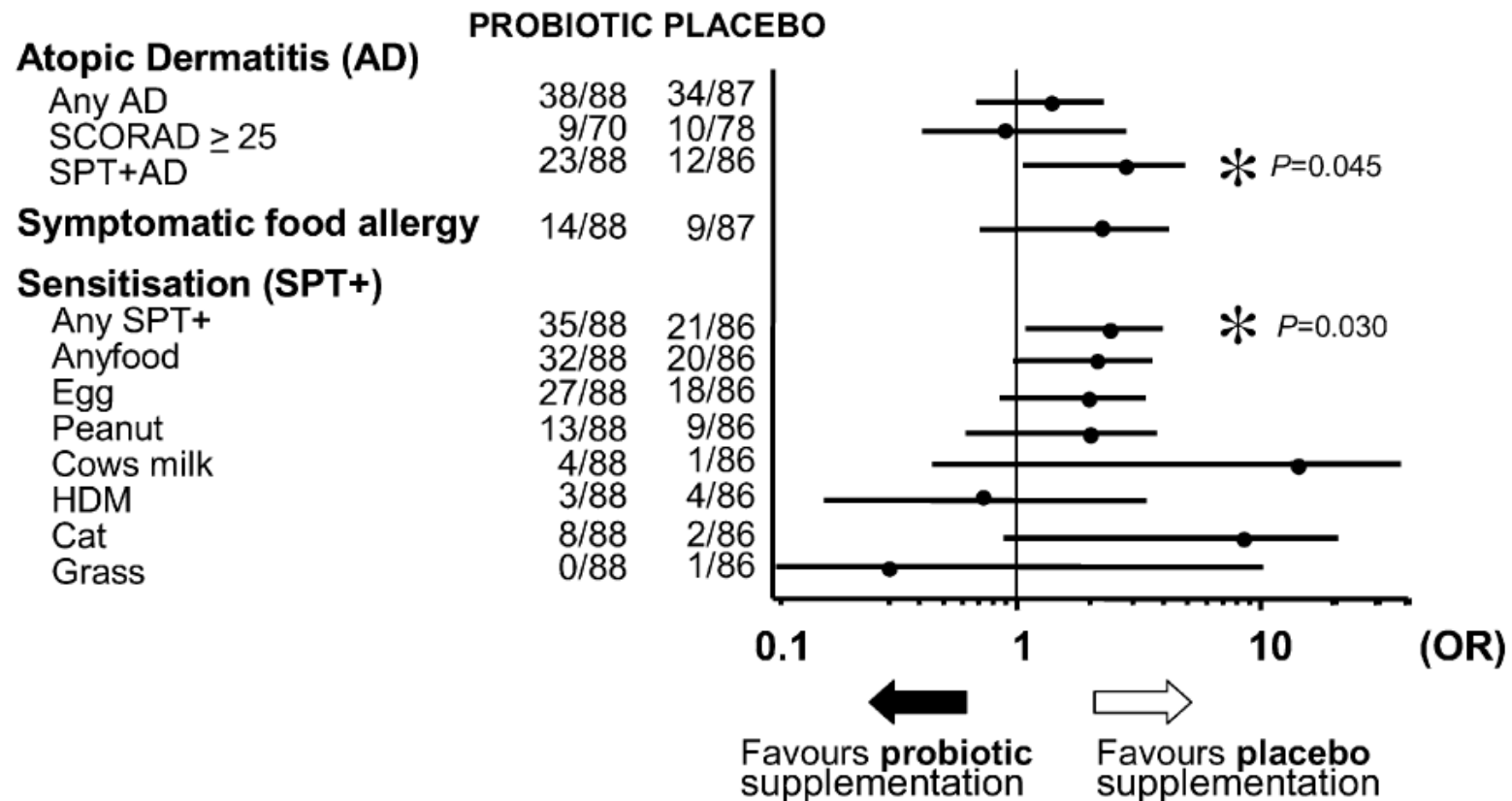
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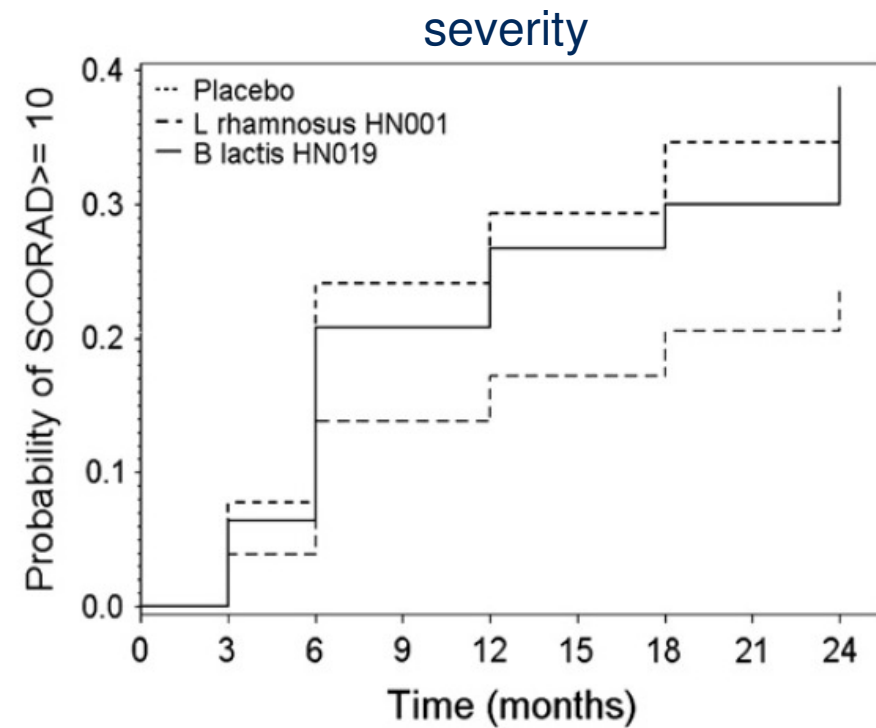
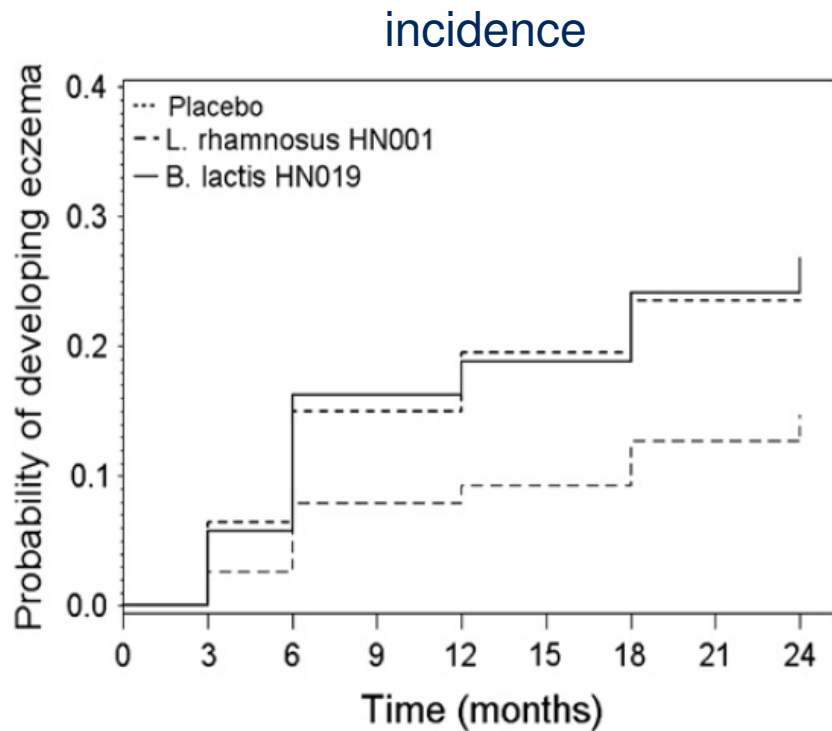


L. acidophilus LAFTI-L10 to reduce risk for atopic eczema

Risk (odds ratio, 95%CI) of early allergic outcomes in children on probiotics relative to the placebo group



L. rhamnosus HN001 and *B. lactis* HN019 to reduce risk for atopic eczema



Probiotics to reduce risk for atopic eczema



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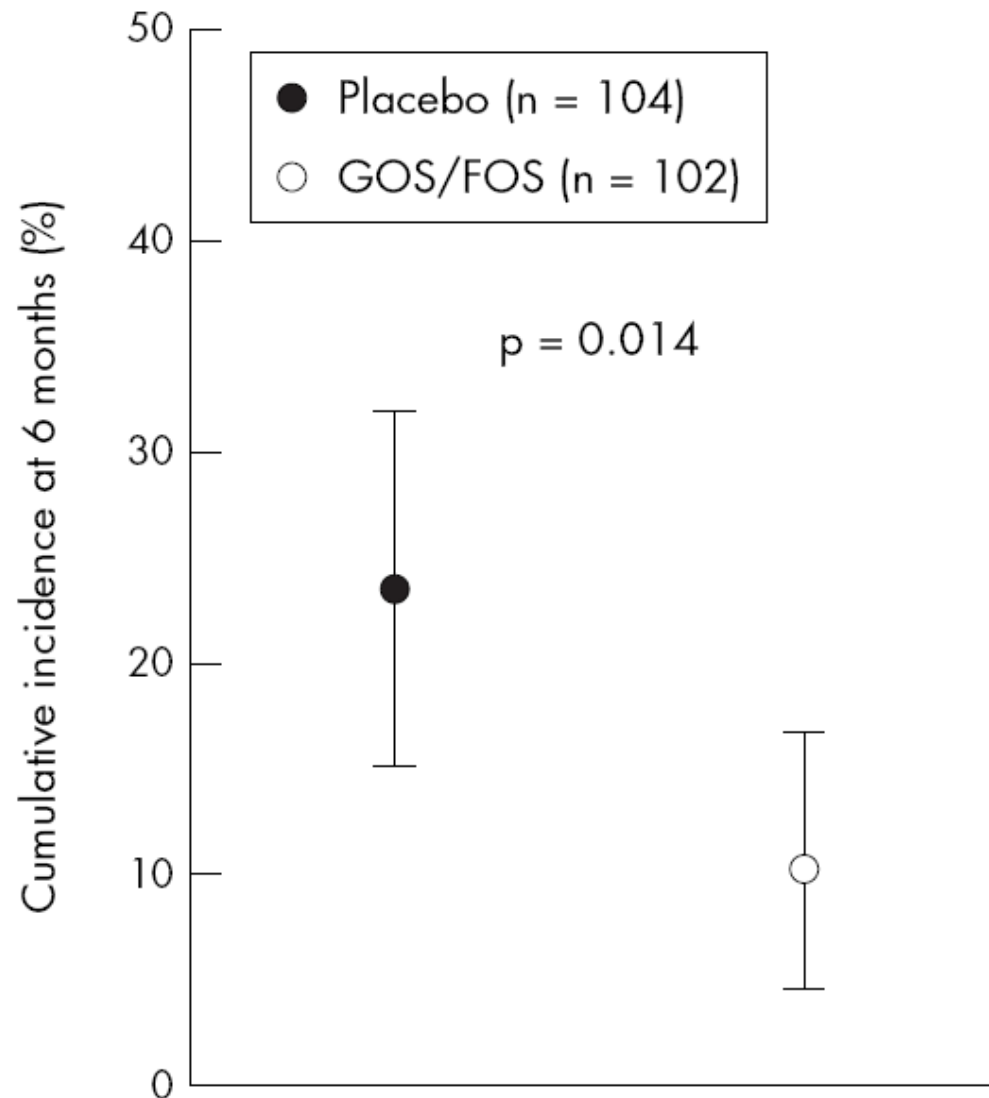
	Strain	Dose (CFU)	Age at start	Duration	'Out come'
Kalliomäki et al. 2001	<i>L. rhamnosus</i> GG	1×10^{10}	-28 days	6 months	+ (wheezing)
Kopp et al. 2008	<i>L. rhamnosus</i> GG	6×10^9	-28 days	6 months	wheezing
Kukkonen et al. 2007	<i>L. rhamnosus</i> GG+ Lc705+B. breve Bb99 +P. freudenreichii JS	1.2×10^{10}	-14/28 days	6 months	+
Abrahamsson et al. 2007	<i>L. reuteri</i> ATCC 55730	1×10^8	-28 days	12 months	'+'
Taylor et al. 2007	<i>L. acidophilus</i> LAFTI L10	3×10^9	0-2 days	6 months	AD
Wickens et al. 2008	<i>L. rhamnosus</i> HN001	6×10^9	-28/35 days	24 months	+
	<i>B. lactis</i> HN019	9×10^9	-28/35 days	24 months	0

Should long-term prophylactic use of probiotics for infants and young children give cause for concern?¹

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TORE MIDTVEDT⁴, JØRGEN LASSEN⁵ & RAGNHILD HALVORSEN⁶

Some studies even indicate that early inclusion of LGG into the diet may provoke allergic sensitization. Long-term effects on immune function in general, or on the gut in particular, when LGG is consumed on a daily basis are not known and warrant caution.

Prebiotics (GOS+FOS) to reduce risk for atopic eczema



Conclusions

Weight management

- Current data on the relation between microbiota and weight management is based on:
 - Animal studies (with genetically obese animals)
 - Small human populations
 - Particular sub-populations
- Will probiotics work? If they work, they probably have a limited influence

Allergy

- Current information suggests a causal relation between microbiota composition and allergy
- Probiotics do not seem to treat atopic dermatitis (pollen allergy?)
- Selected probiotic strains may contribute to primary prevention of atopic dermatitis (increased risk for wheezing?)

