



Biome IBS™ Probiotic

Mechanism of Action

FOR PROFESSIONAL REFERENCE ONLY



MECHANISM OF ACTION

Irritable Bowel Syndrome

IBS is a common functional gastrointestinal disorder, affecting around 11% of the world's population. The symptoms of IBS include bloating, flatulence, abdominal pain, or discomfort, associated with a change in bowel habits (diarrhea, constipation, or alternating between the two). The pathogenesis of IBS is not clearly understood, is almost certainly multifactorial, and is affected by genes, the environment, and psychological factors.

The key features of IBS pathophysiology include:

- Alterations in the intestinal microbiota (dysbiosis)
- Visceral hypersensitivity
- Increased intestinal permeability
- Altered gastrointestinal motility
- Immune activation
- Dysfunction in the gut-brain axis

There is good evidence that alterations to the gut microbiota is a predominant factor in IBS pathophysiology, as evidenced by:

- IBS patients have alterations in their gut microbiota, compared to healthy controls
- A study which transferred gut microbiota from IBS patients to healthy rats (via faecal microbial transplantation) resulted in some of the key features of IBS in the rats, including colonic hypersensitivity
- Post-infectious IBS is a common outcome of acute gastroenteritis
- Many IBS patients respond to rifaximin, an oral antibiotic which is very poorly absorbed from the gastrointestinal tract (and hence acts locally within the lumen of the GI tract)
- Interventions with probiotics have been shown to relieve the symptoms of IBS

The mechanism of action by which probiotics exert a therapeutic effect in patients with IBS is likely related to:

- Inhibition of mucosal colonisation by pathogenic microorganisms via the production of antimicrobial substances and interfering with mucosal adhesion
- Secretion of bacteriocidins and chemical defensins that degrade bacterial toxins
- Supporting intestinal barrier integrity and function, through the regulation of tight junction proteins
- Reducing low-grade inflammation by cytokine and Toll-like receptor modulation
- Improving gastrointestinal motility

REFERENCES

- Lovell RM, Ford AC. Global prevalence of and risk factors for irritable bowel syndrome: a meta-analysis. *Clin Gastroenterol Hepatol Off Clin Pract J Am Gastroenterol Assoc.* 2012 Jul;10(7):712-721.e4.
- Dale HF, Rasmussen SH, Asiller ÖÖ, Lied GA. Probiotics in Irritable Bowel Syndrome: An Up-to-Date Systematic Review. *Nutrients* [Internet]. 2019 Sep 2 [cited 2019 Nov 8];11(9). Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6769995/>
- Stern EK, Brenner DM. Gut Microbiota-Based Therapies for Irritable Bowel Syndrome. *Clin Transl Gastroenterol.* 2018 Feb;9(2):e134.
- Rodrigo-Janeiro BK, Vicario M, Alonso-Cotoner C, Pascua-García R, Santos J. A Review of Microbiota and Irritable Bowel Syndrome: Future in Therapies. *Adv Ther.* 2018 Mar;35(3):289-310.
- Hyland NP, Quigley EM, Brint E. Microbiota-host interactions in irritable bowel syndrome: Epithelial barrier, immune regulation and brain-gut interactions. *World J Gastroenterol WJG.* 2014 Jul 21;20(27):8859-66.
- Crouzet L, Gaultier E, Del'Homme C, Cartier C, Delmas E, Dapoigny M, et al. The hypersensitivity to colonic distension of IBS patients can be transferred to rats through their fecal microbiota. *Neurogastroenterol Motil Off J Eur Gastrointest Motil Soc.* 2013 Apr;25(4):e272-282.
- Thabane M, Marshall JK. Post-infectious irritable bowel syndrome. *World J Gastroenterol WJG.* 2009 Aug 7;15(29):3591-6.
- Li J, Zhu W, Liu W, Wu Y, Wu B. Rifaximin for Irritable Bowel Syndrome. *Medicine (Baltimore)* [Internet]. 2016 Jan 29 [cited 2019 Nov 8];95(4). Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5291563/>

