

Science in every strain

Probiotics and Irritable Bowel Syndrome: International Guidelines & Expert Opinions

Irritable bowel syndrome (IBS) is a relapsing long-term condition that affects the digestive system¹. Affecting 1 in 10 people globally, IBS is the most common functional gastrointestinal disorder (FGID)². Common symptoms of IBS include^{3,4}:



Abdominal pain



Diarrhoea



Constipation



Bloating

Using the established criteria outlined by the Rome Foundation, IBS is defined by^{1,2,4}:

Recurrent abdominal pain occurring at least one day/week in the last three months on average, associated with **two or more** of the following criteria:

1. Related to defecation
2. Associated with a change in frequency of stool
3. Associated with a change in form (appearance) of stool

* For the last three months with symptom onset at least six months prior to diagnosis

IBS is a lifelong chronic condition⁵, however, it is possible to successfully manage symptoms. Firstline treatment involves dietary and lifestyle approaches⁶. As the gut microbiota has been implicated in the pathophysiology of IBS^{7,8}, probiotics are increasingly considered as a potential therapeutic tool in clinical management of symptoms.

This document summarises international and national guidelines on the use of probiotics for the management of IBS.

International Guidelines

The 2024 **World Gastroenterology Organisation** (WGO) guidelines on probiotics and prebiotics highlighted improvements in global assessment of IBS symptoms with *Bifidobacterium longum* **35624™**, and stressed the importance of evidence from human studies when recommending any probiotic in clinical practice.⁵



The European Society of Primary Care Gastroenterology Guidelines (2018) on probiotics in the management of lower gastrointestinal symptoms concluded that specific probiotics can relieve lower GI symptoms in IBS⁹. The ESPCG guidelines noted that, in particular, *Bifidobacterium longum* **35624™** may help to:

- Relieve overall symptom burden in some patients with IBS
(Grade of evidence: High; Agreement: 100%)
- Relieve overall symptom burden in some patients with IBS-D
(Grade of evidence: Moderate; Agreement: 100%)
- Reduce abdominal pain in some patients with IBS
Grade of evidence: High; Agreement: 100%)
- Reduce bloating/distension in some patients with IBS
(Grade of evidence: Moderate; Agreement: 80%)
- Improve frequency and/or consistency of bowel movements in some IBS patients
(Grade of evidence: Moderate; Agreement: 100%)



The guidelines also noted that probiotics have a favourable safety profile in patients with a large range of lower GI symptoms typically managed in primary care or general practice
(Grade of evidence: High; Agreement: 100%)

Meaning for physicians regarding grade of evidence:

HIGH – Probiotics with supportive evidence for benefit should be tried;

MODERATE – Probiotics with supportive evidence for benefit could be tried.

National Guidelines

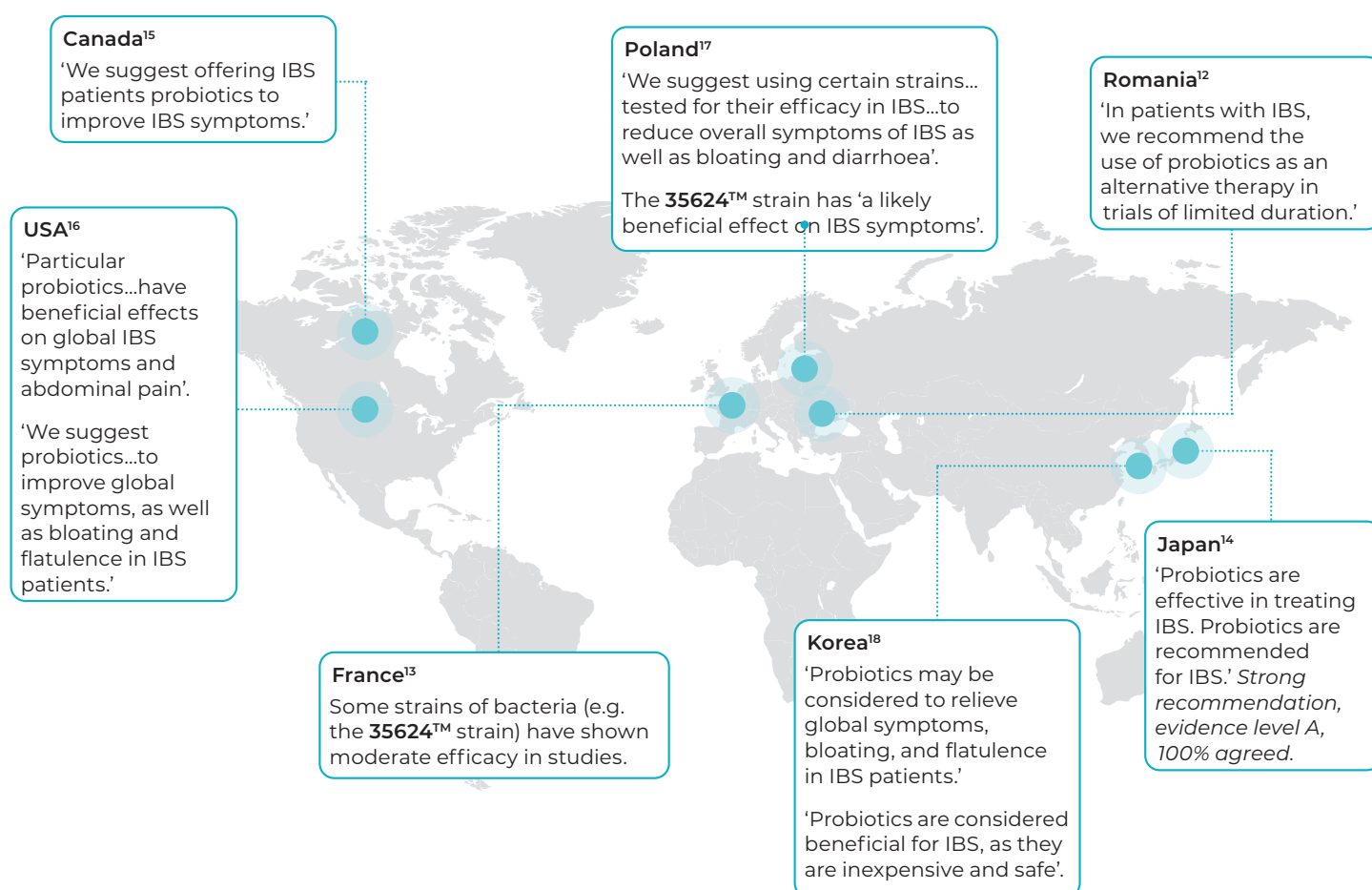
In the UK, guidance is primarily influenced by guidelines from the **National Institute for Health and Excellence** (NICE) the **British Dietetic Association** (BDA), and the **British Society of Gastroenterology** (BSG).

- Guidelines from NICE 2017⁶ and the BDA¹⁰ recommend that people with IBS choosing to take probiotics should be advised to try them for a minimum of 4 weeks, at the dosage recommended by the manufacturer. The effects should be monitored during this time.
- More recent (2021) guidelines from the BSG recommend extending this period to 12 weeks in order to evaluate their effect¹¹.



“Probiotics, as a group, may be an effective treatment for global symptoms and abdominal pain in IBS...”

British Society of Gastroenterology guidelines (2021)¹⁴

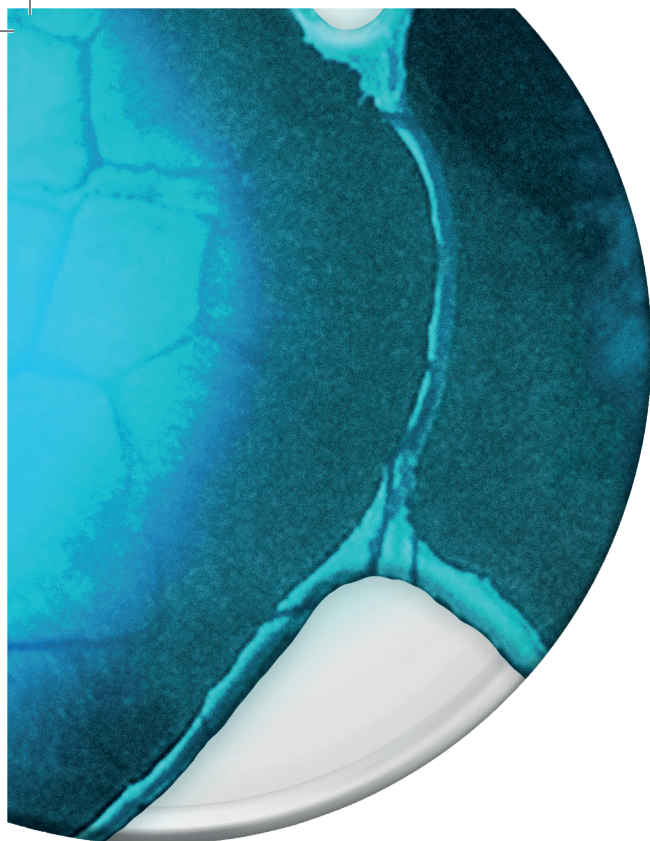


Conclusion

IBS is a chronic condition affecting a large number of people globally. It is well documented in international and national clinical guidelines, that certain probiotics are recommended to help manage the symptoms of IBS. Within these guidelines, *Bifidobacterium longum* **35624**TM is widely recognized as having strong clinical evidence to support its use in the management of IBS.

Note – The **35624**TM strain has been reclassified as belonging to the species *Bifidobacterium longum* (formerly *Bifidobacterium infantis*).





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