## Learn more about probiotics and prebiotics

Yvan.vandenplas@uzbrussel.be





- Introduction
- Are all prebiotics the same?
- Are all probiotics the same?
- Conclusion

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#### It's all about micro-organisms





# History: eastern world

Should we standardize the 1,700-year-old fecal microbiota transplantation? Zhang F. Am J Gastroenterol. 2012;107:1755

> 4<sup>th</sup> century: Ge Hong: human fecal suspension by mouth for food poisoning/severe diarrhea

16th century: yellow soup Fermented fecal solution; fresh fecal suspension; dry feces; infant feces for severe diarrhea, constipation, and other abdominal disease







### ✓ Bedoins: camel faeces to human with dysentery

 ✓ Veterinary medicine: faeces from healthy to sick horse Italian Fabricus Aquapendente (17th century)





		Composition o	f human milk
--	--	---------------	--------------

53-61 g/l Lactose 30-50 g/l Fat 10-12 g/l **Oligosaccharides (HMOs)** Proteins 8-10 g/l

> Human Breast Milk Infant Formula Milk Cow milk Protein Fats. Oligosaccharides Lactose

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Anal Biochem 1994; 223:218-226

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# Prebiotic oligosaccharides in human milk

**Prebiotic:** a substrate that is selectively utilized by host microorganisms conferring a health benefit.

Expert consensus document: The International Scientific Association for Probiotics and Prebiotics (ISAPP)

consensus statement on the definition and scope of prebiotics. Gibson GR. Nat Rev Gastroenterol Hepatol. 2017;14:491-502

- Unique for human milk
- Partially digested,

act as prebiotic stimulating bifidogenic microbiome

- > 200 different
- Changing composition between mothers, during lactation, during breastfeeding
- Some resemble epithelial pathogen receptors



## 

Human milk: a source of more life than we imagine. *Jeurink PV. Benef Microbes 2013;4:17-30*.

The presence of bacteria in human milk has been acknowledged since the seventies.

During the last decades, the use of more sophisticated culture-dependent and -independent techniques, and the steady development of the -omic approaches are opening up the new concept of the 'milk microbiome', a complex ecosystem with a greater diversity than previously anticipated.

Complete genome sequence of Streptococcus salivarius PS4, a strain isolated from human milk. *Martín V, J Bacteriol. 2012;194:4466-7* 

Characterization of Lactobacillus salivarius CECT 5713, a strain isolated from human milk: from genotype to phenotype. Langa S, Appl Microbiol Biotechnol. 2012 Jun;94(5):1279-87

Assessment of the bacterial diversity of breast milk of healthy women by quantitative real-time PCR. Collado MC, Lett Appl Microbiol. 2009;48:523-8.





- Are all prebiotics the same?
- Are all probiotics the same?
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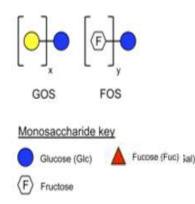
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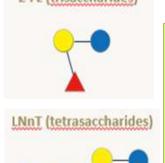
# Structural differences between HMOs and non-human oligosaccharides

GOS, FOS and other non-human oligosaccharides are structurally very different from HMOs<sup>1</sup>

GOS are built mainly from galactose with a glucose and a galactose ending, while FOS predominantly contain fructose with a glucose and a fructose ending<sup>2</sup>

GOS and FOS contain fructose, but HMOs do not<sup>1</sup>





Fucose and sialic acid are present only in HMOs<sup>1</sup>

The effects of HMOs are highly structure specific. It is unlikely that GOS, FOS or other non-human oligosaccharides can mimic HMO benefits<sup>1</sup>





FOS, Fructo-oligosaccharides; GOS, Galacto-oligosaccharides.

## Impact of non-human oligosaccharides on Enterobacteriaceae Growth- In Vitro

None of the selected Enterobacteriaceae strains grew on the HMOs 2´FL, 6´SL or LNnT.

Several Enterobacteriacea including obligate pathogenic strains grew well on FOS & GOS

GOS/FOS promote the growth of pathogenic bacterial strains, but HMOs do not<sup>1</sup>

	Glucose	FOS	GOS-V	GOS-P	HMO- 2'FL	HMO LNnt	HMO 6'FL
EC13047	1	×	1	1	×	×	×
CM51329	1	×	1	<	×	×	×
CF8090	1	×	<	×	×	×	×
CSBAA894	1	×	<b>V</b>	✓	×	×	×
CS29544	1	×	<	<b>V</b>	×	×	×
KO13182	1	1	<b>V</b>	1	×	×	×
KP13883	1	1	<ul><li>✓</li></ul>	✓	×	×	×
SD13313	1	×	1	×	×	×	×
EC29425	<	×	1	×	×	×	×
EC1000	<	×	1	×	×	×	×
EC11775	1	×	<b>V</b>	1	×	×	×





EC1000: Escherichia coli EC1000, CF8090: Citrobacter f reundii, CSBAA894 and CS29544: Cronobacter sakazakii, CM51329: Cronobacter muytjensii, EC13047: Enterobacter cloacae subsp., EC11775: Escherichia coli O1:K1:H7, EC29425: Escherichia coli K12, KP13883: Klebsiella pneumoniae subsp., KO13182: Klebsiella oxytoca, SD13313: Shigella dysenteriae FOS: fructooligosacharides, GOS-V: galactooligosaccharides-purimune, 2'FL: 2'-fucosyllactose, 6'SL: 6'-sialyllactose, LNnt: lacto-N-neotetraose

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## Effect of non-human oligosaccharides on immune defence

HMOs offer various immuno-protective benefits that are not shown by GOS/FOS<sup>1,2</sup> GOS/FOS<sup>1,2</sup>

- Do not strengthen gut barrier function
- Do not block pathogen binding by acting as decoy receptors



# The immune benefits of HMOs are structure specific, which non-human oligosaccharides such as GOS and FOS fail to offer<sup>1,2</sup>

FOS, Fructo-oligo saccharides; GOS, Galacto-oligo saccharides.

Bode L. Adv Nutr. 2012;3(3):383S-391S. Smilowitz J. Annu Rev Nutr. 2014;34(1):143-69





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# Not all microorganisms are probiotics

- Natural strains for fermentation
  - fermented milk products : yogurt, kefir, buttermilk, lassi
  - ceviche, sauerkraut, kimchi
- Commercialised fermented milk/food (supplement)
  - $\bullet \sim$  natural "strain" but industrial preparation
  - milk as vehicle
- *Commercialised fermented food supplements*~ natural strain but industrial preparation
  - in "health care shops", etc.
  - capsule as vehicle ("medication-like")





Drugs



# Not all microorganisms are probiotics

yoghurt, kefir and buttermilk (are this postbiotics??) Fermented milk viable bacteria Bifidobacterium bifidum Lactobacillus acidophilus, L. bulgaricus, Streptococcus lactis, S. cremoris *Roffe C. J Infect 1996;32:1-10* need for cold storage / limited shelf life difficult for patients to consume sufficient large quantities (litres ...) poor resistance of most yoghurt bacteria to bile and acid vehicle : survival L. acid. gastric acid in milk > yoghurt > buttermilk IV antibiotics : inactivation microorganism via hepatoenteric cycle Alm L. Am J Clin Nutr 1980;33:2543. Marteau P. Microbiology Reviews 1993;12:207-220



Does eating yoghurt prevent antibiotic-associated diarrhea? A placebo-controlled randomised controlled trial in general practice. *Conway S. Br J Gen Pract. 2007;57:953-9.* 

This study was a three-arm (bio yoghurt, commercial yoghurt, no yoghurt) randomised controlled trial with double blinding between the two yoghurt arms.

Patients > 1 year requiring 1-week course of antibiotics (n: 369) consumption of 150 ml of live strawberry-flavoured yoghurt for 12 days, starting on the first day of taking the antibiotic Diarrhea = ≥ 3 or more loose stools / day over at least 2 consecutive days'

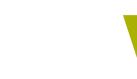
Diarrhea = 2.3 or more loose stools / day over at least 2 consecutive day within 12 days of starting the antibiotics.

	**	
no-yoghurt group	120	17 (14%, 95%  CI = 9.0  to  21.5)
commercial yoghurt	118	13 (11%, 95% CI = 6.6 to 17.9)
bio-yoghurt	131	9 (7%; 95% CI = 3.7 to 12.5) ( $P = 0.17$ )

Failure to demonstrate that yoghurt has any effect on AAD







Should the better tolerance of yoghurt compared to milk by a lactose-intolerant individual be considered as a health benefit of the fermentation process (lactobacilli..) or a health benefit of the reduced lactose?







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## PROBIOTIC SPRAY



Probiotic Oral Spray has been specifically formulated to improve your child's immune system by balancing the intestinal microflora.

and the second second



VUB



#### **PIP Allergy Free.** PIP = Probiotics in Progress.

How does PIP Allergy Free work?

PIP Allergy Free contains bacteria, who, when in contact with air and a warm and humid environment (your bed), leave their "cocon" looking for food.



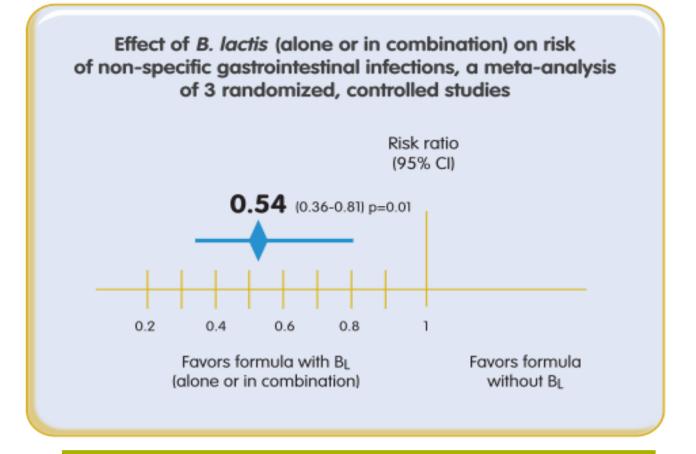
## Probiotics in food... Probiotics as food supplement...



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Supplementation of infant formula with probiotics and/or prebiotics: a systematic review and comment by the ESPGHAN committee on nutrition. *Braegger C; ESPGHAN Committee on Nutrition. JPGN 2011;52:238-50* 



*B. lactis* ( $B_L$ ): 46% reduced risk of diarrhea





#### Probiotics for the Management of Infantile Colic. Szajewska H, J Pediatr Gastroenterol Nutr. 2016 Jul;63 Suppl 1:S22-4

ý	country		· 11		Primary outcome	
Reference	design	Population	Intervention	Comparison	(main findings)	
TREATMENT						
Savino et al., 2010 (13)	RCT, DB	N=50, exclusively BF	L reuteri DSM 17938	Placebo	Responders were significantly higher in the L reuteri group versus placebo group.	
Szajewska et al., 2013 (12)	RCT, DB	N = 80, exclusively or predominantly (>50%) BF	L reuteri DSM 17938	Placebo	Treatment success was significantly higher in the probiotic group compared with the placebo group.	_
Sung et al., 2014 (16)	RCT, DB	N = 167, BF or FF	L reuteri DSM 17938	Placebo	The probiotic group cried or fussed 49 min more than the placebo group.	
Chau et al., 2015 (14)	RCT, DB	N = 52, BF	L reuteri DSM 17938	Placebo	The total average crying and fussing times (minutes) for the duration of treatment were significantly shorter in the probiotic group.	
Mi GL et al., 2015 (15)	RCT, SB	N = 42, exclusively or predominantly (>50%) BF	L reuteri DSM 17938	Placebo	Treatment success was significantly higher in the probiotic group compared with the placebo group.	
Pärtty et al., 2015 (20)	RCT, DB	N=30, BF & FF	Lactobacillus rhamnosus GG	Placebo	No effect of probiotic on the daily crying time at the end of the intervention in the probiotic group.	_
Kianifar et al., 2014 (21)	RCT, DB	N= 50, BF	Synbiotic <sup>*</sup>	Placebo	The treatment success was significantly higher in the synbiotic group.	4
PREVENTION						
Indiro et al., 2014 (19)	RCT, DB	N = 589, BF & FF	L reuteri DSM 17938	Placebo	At 3 mo of age, a significant reduction in the duration of crying time in the probiotic group compared with the placebo group.	

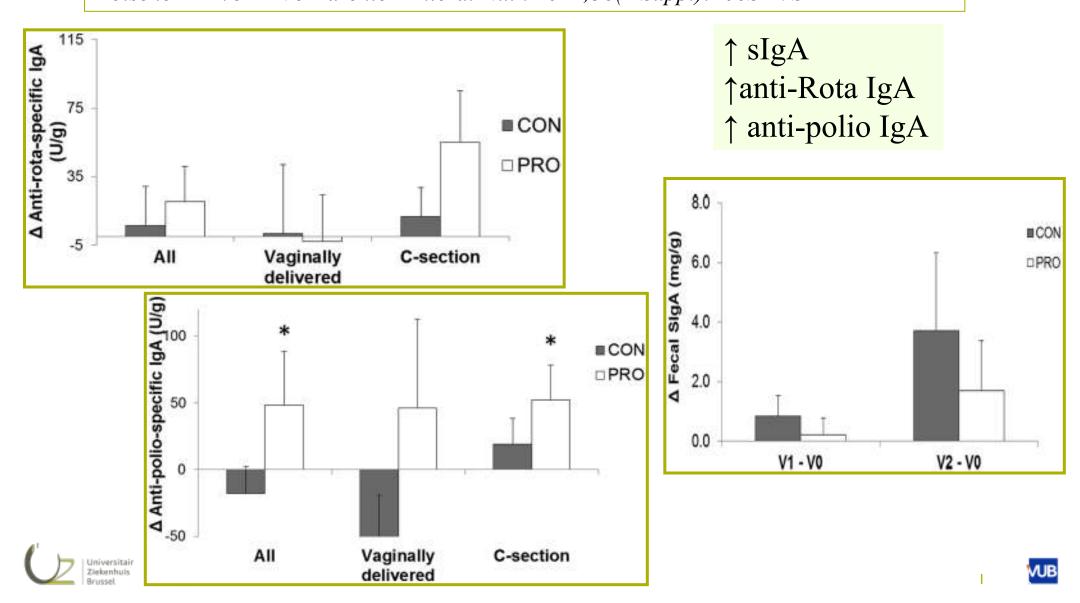
BB = breastfed infants; DB = double blind; FF = formula-fed infants; RCT = randomized controlled trial.

\*L casei, L rhamnosus, Str thermophilus, Bifidobacterium breve, L acidophilus, B infantis, L bulgaricus, and fructooligosaccharides.





#### Bifidobacterium lactis Bb12 enhances intestinal antibody response in formula-fed infants: a RDBC trial. *Holscher HD. JPEN J Parenter Enteral Nutr. 2012;36(1 Suppl):106S-17S*







#### Evidence demonstrated

What is evidence?





# ••• Necrotizing enterocolitis









ESPGHAN 2009	AAP 2010	<b>ASPEN 2012</b>		
Νο	Νο	Νο		
Efficacy and safety should be established for each product.	There is some evidence that probiotics prevent NEC in VLBW infants	There are insufficient data to recommend the use of probiotics in infants at risk for		
Further studies are needed.	(birth weight between 1000 and 1500 g), but <b>more studies</b> are needed.	NEC. Further research needed.		
JPGN 2009;49:1-9.	Pediatrics 2010;126:1217-31.	JPEN 2012;36:506-23.		



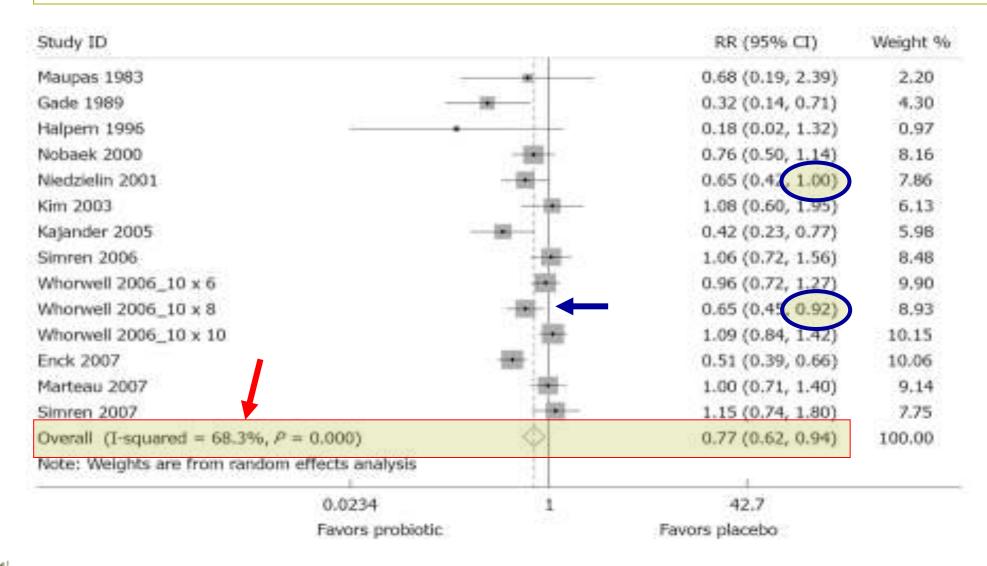
## Number needed to treat

Intervention	NNT
Statins for myocardial infarction for one year	100-427
Aspirin for cardiovascular protection	40
Probiotics for the prevention of NEC	33





#### Meta-analysis of probiotics for the treatment of irritable bowel syndrome. *McFarland LV. World J Gastroenterol. 2008;14:2650-61*



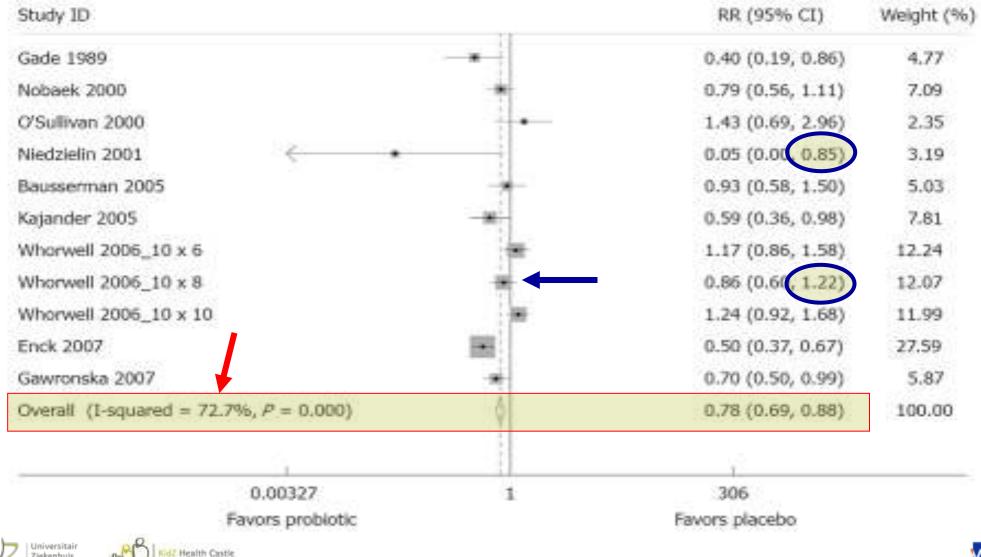
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#### Efficacy of probiotics in irritable bowel syndrome: a meta-analysis of randomized, controlled trials. Nikfar S. Dis Colon Rectum. 2008;51:1775-80

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Evidence depends on

Registration as medication: differs from country to country

RCT: Study design, primary outcome

Meta-analysis: selection of trials primary outcome





Commercial probiotic products: A call for improved quality control. A Position Paper by the ESPGHAN Working Group for Probiotics and Prebiotics. *Kolaček S, Hojsak I, Canani RB, Guarino A, Indrio F, Orel R, Pot B, Shamir R, Szajewska H, Vandenplas Y, van Goudoever J, Weizman Z; ESPGHAN Working Group for Probiotics and Prebiotics. J Pediatr Gastroenterol Nutr. 2017* 

Based on the results obtained,

we strongly suggest a more stringent quality control process.

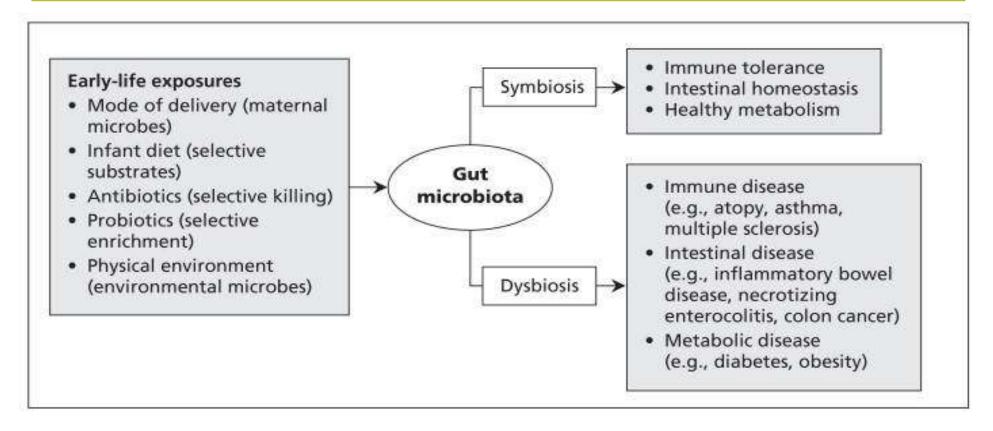
This process should ensure that the probiotic content as mentioned on the label meets the actual content throughout the shelf life of the product, while no contamination is present.



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#### Gut microbiota of healthy Canadian infants: profiles by mode of delivery and infant diet at 4 months. *Azad MB CMAJ. 2013;185:385-941*





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#### If Sporebiotic

Postbiotic

#### Prebiotic

can be used, why not

Probiotic









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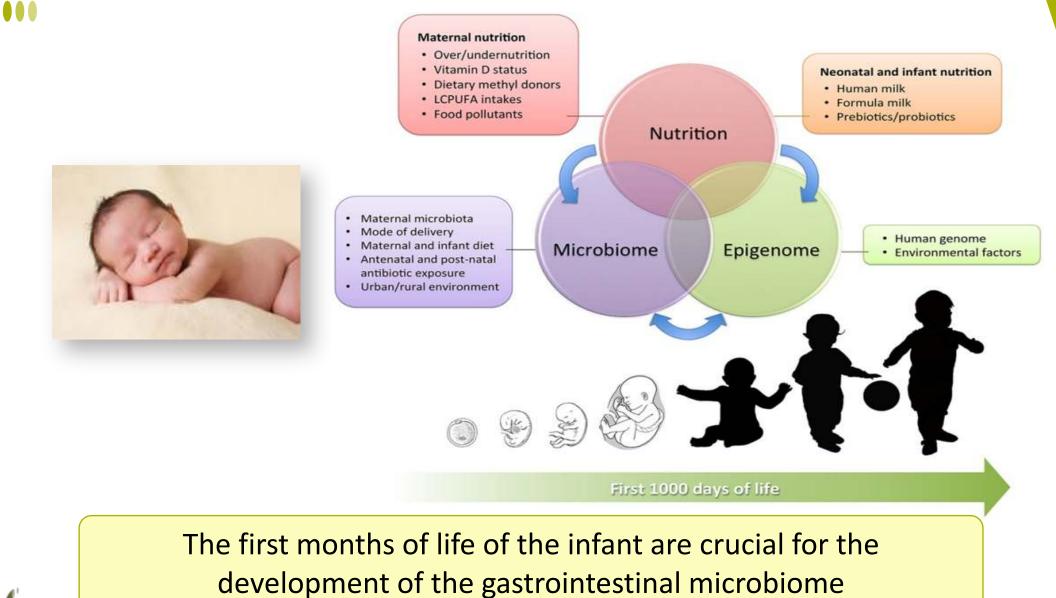








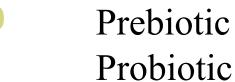
# The First Semester of Life is Crucial



# Probiotic

- Regulatory status of probiotic differs in different parts of the world (often no regulation)
- Every probiotic is a live microbial culture, but not every live microbial culture is a probiotic
- Probiotics (lactic acid bacteria, gram pos bacteria, yeast,...)
  - ✓ Strain level identification
  - $\checkmark$  Survive in the GI tract
  - ✓ Acid resistance; bile tolerance
  - $\checkmark$  Evidence of health promoting properties





Postbiotic dead bacteria (eg. heat killed...) + metabolites

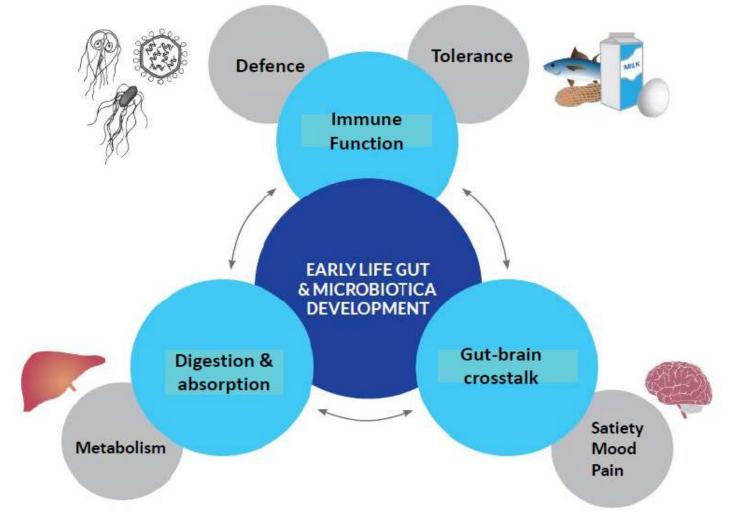
> infant formula commercialized food supplements (capsules)

both have clinical trials showing health benefit formula: prevention colic food supplement: duration acute GE





# Vital role of gastrointestinal (GI) tract & gut microbiota



(Vandenplas Y et al. Gut health in early life: implications and management of gastrointestinal disorders. Wiley 2015)





# Functions of gut microbiota: beyond gut health

Functions	Mechanisms/effects	
Protective functions against pathogenic bacteria	<ul> <li>Pathogen displacement</li> <li>Nutrient competition</li> <li>Production of antimicrobial factors</li> <li>Activation of local immune response</li> <li>Contribution to the intestinal barrier function</li> </ul>	
Immune development	<ul> <li>IgA production</li> <li>Control of local and general inflammation</li> <li>Tightenning of juntions</li> <li>Induction of tolerance to foods</li> </ul>	
Digestive and metabolic functions	<ul> <li>Vitamin production</li> <li>Fermentation of non-digestible carbohydrates</li> <li>Dietary carcinogens metabolism</li> </ul>	
Neuronal development	<ul> <li>Modulation brain gut axis during neuronal development</li> <li>Motor control and anxiety behavious</li> </ul>	
Universitair Ziekenhuis Brusset Buccigrossi et	al. Curr Opin Gastroenterol 2013;29:31-8.	

2020



#### Claims should be on products, not strains

Consider production process Shelff life



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Contains « good » microorganisms products with bacteria that should be somehow beneficial no clinical proof fermented food, sprays, .... dietary and non-diatary microorganisms

« Probiotic »: if registered as medication ?

« dietary probiotic » food supplement (no matter formulation: infant formula, yoghurt, ...) products with 2 RCTs from different centers showing benefit with similar design « claim » only for primary outcome of trial



## Strain specificity !

We are all created different











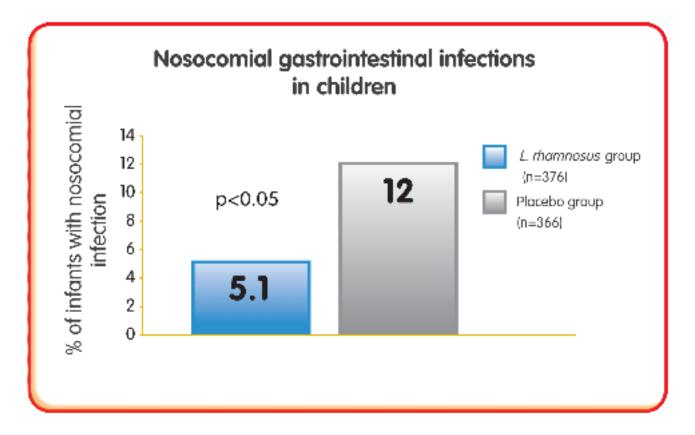
Improved 1,3-Propanediol synthesis from glycerol by the robust Lactobacillus reuteri strain DSM 20016. Ricci MA. J Microbiol Biotechnol. 2015 Jan 15.

Lactobacillus reuteri I5007 modulates tight junction protein expression in IPEC-J2 cells with LPS stimulation and in newborn piglets under normal conditions. Yang F. BMC Microbiol. 2015 Dec;15(1):372.

Changes in bile acids, FGF-19 and sterol absorption in response to bile salt hydrolase active L. reuteri NCIMB 30242. Martoni CJ. Gut Microbes. 2015 Jan 2;6(1):57-65.

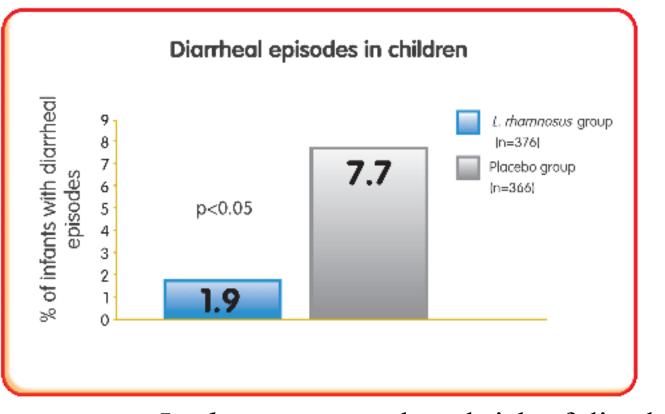


Lactob GG in the prevention of nosocomial GI and resp tract infections. *Hojsak I. Pediatrics. 2010;125:e1171-7* 



L. rhamnosus: reduced risk of nosocomial GI

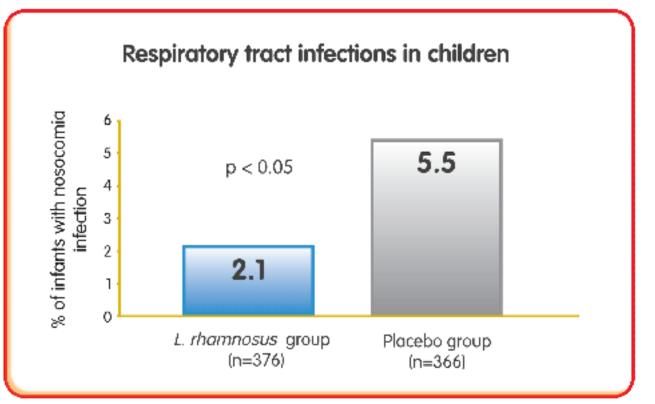
Z Universitair Ziekenhuls Brussel Lactob GG in the prevention of nosocomial GI and resp tract infections. *Hojsak I. Pediatrics. 2010;125:e1171-7* 



L. rhamnosus: reduced risk of diarrheal episodes



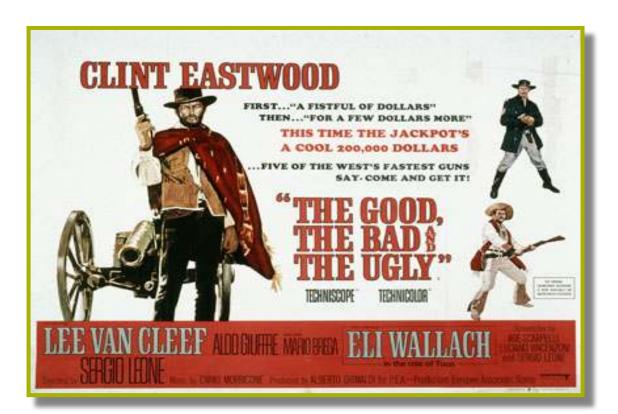
Lactob GG in the prevention of nosocomial GI and resp tract infections. *Hojsak I. Pediatrics. 2010;125:e1171-7* 



L rhamnosus: reduced risk of respiratory tract infections



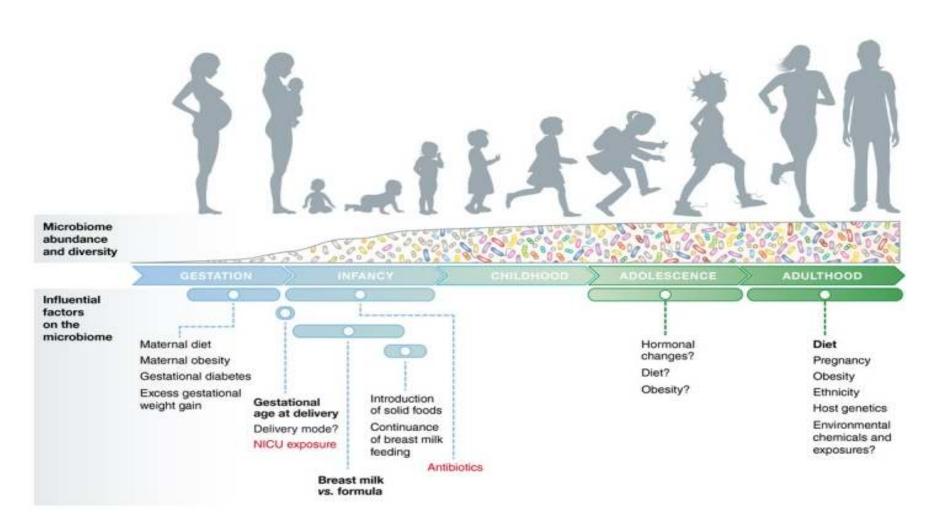
- Micro-organisms: "good" and "bad" (pathogens)
- Every probiotic is a "good" micro-organism but not every "good" micro-organism is a probiotic











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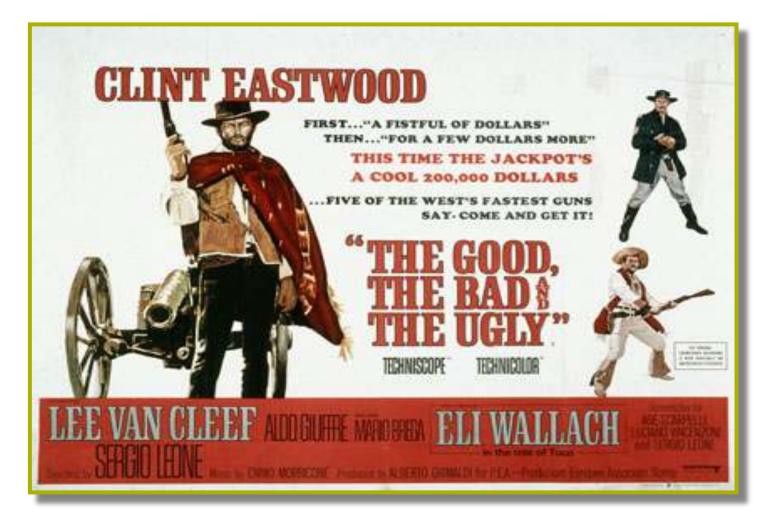


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VUE

Should every living microorganism be considered as - Pathogen ? - Probiotic







### Lactobacillus reuteri DSM 17938

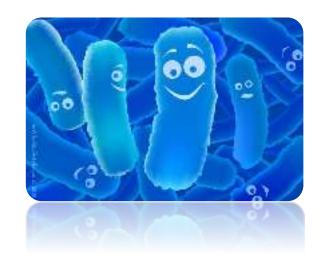
✓ Management of infantile colic

Szajewska H, J Pediatr Gastroenterol Nutr. 2016 Jul;63 Suppl 1:S22-4

✓ Superior compared to other treatment in infantile colic management Gutiérrez-Castrellón P. Medicine (Baltimore). 2017 ;96(51):e9375.

✓ Shortens acute infectious diarrhea
 Dinleyici EC, J Pediatr (Rio J). 2015; 91(4): 392 – 396





#### **Bifidobacterium lactis**

- ✓ Reduces risk of diarrhea
   Braegger C; ESPGHAN Committee on Nutrition. JPGN 2011;52:238-50
- ✓ Enhances antibody slgA
   Mohan R<sup>.</sup> Pediatr Res. 2008;64:418-22
- ✓ Increase vaccination response Holscher HD. JPEN J Parenter Enteral Nutr. 2012;36(1 Suppl):106S-17S
- ✓ Reduces incidence NEC in very low birth weight infants *Bin-Nun. J Pediatr. 2005;147:192-6.*





# Lactobacillus rhamnosus GG

#### **Reduces respiratory tract infections**

*Hojsak I, Pediatrics. 2010;125:e1171-7* 

#### **Reduces gastrointestinal tract infections**

*Hojsak I, Pediatrics. 2010;125:e1171-7* 

#### Reduces risk of atopic eczema

Kukkonen K, J Allergy Clin Immunol, 2007 Jan;119(1):192-8



Products that claim to effective in AAD need to be resistant to ABs...

Product "X" (on Belgian market) Amoxicilline + clavulanate Cefalosporin I, II, III Tetracyclin Macrolide Penicilline Metronidazole Clindamycin Chloramphenicol Rifampycin Ceftametazon Gentamycin Vacomycin

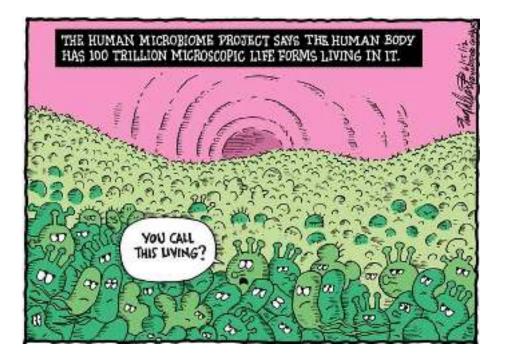
resistant up to 200 mg/ml 500 mg/ml 100 mg/ml 200 mg/ml200 mg/ml  $32 \mu g/ml$  $32 \mu g/ml$ 200 mg/ml 200 mg/ml  $32 \mu g/ml$ 200 mg/ml 500 µg/ml

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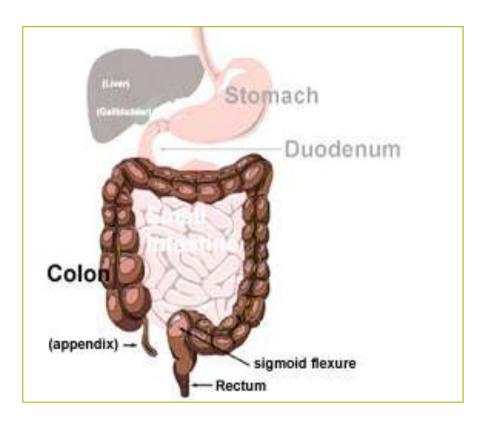
# The ecological community of commensal, synbiotic and pathogenic microorganisms that literally share our body space = Eubiosis

This term was originally coined by **Joshua Lederberg**, who argued the importance of microorganisms inhabiting the human body in health and disease.





# Intestinal Microbiota



Zoetendal EG. A microbial world within us. Mol Microbiol. 006;59:1639-50

Health Castle

• sterile at birth ???

- complex ecosystem
- > 1000 species
- 10<sup>14</sup> bacteria
- 10<sup>6</sup> bacteria/cm<sup>2</sup> GI tract
- > 1 1.5 kg
- 10-100 X > than human cells
- highest concentration in the colon
- transient and resident flora

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#### 60 -70% of immune cells

#### 100 million neurons



#### Surface ~300m<sup>2</sup>



#### 100 trillion bacteria " Gut Microbiota"

10-09-2020

MUB

59



#### **Expert Consensus**

The International Scientific Association for Probiotics and Prebiotics (ISAPP) consensus statement on the definition and scope of prebiotics. Gibson GR<sup>.</sup> Nat Rev Gastroenterol Hepatol. 2017;14:491-502

#### Probiotic

living microorganisms when ingested in sufficient large amount have a health promoting effect on the host present in breast milk

#### Not all probiotics are the same

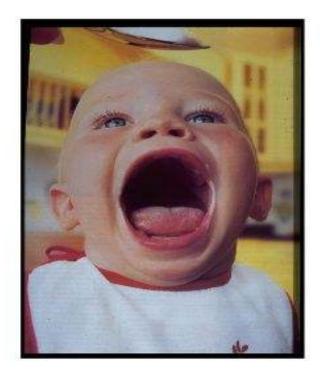
#### Each strain / each product needs clinical proof of efficacy







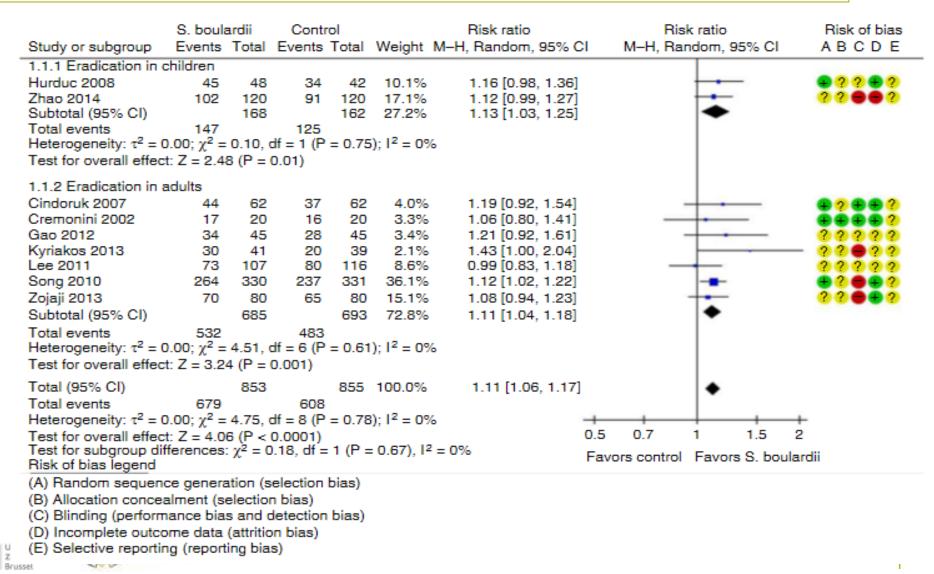
# PROBIOTIC MATTERS,



#### THANK YOU!



#### Systematic review with meta-analysis: S boulardii supplementation and eradication of Helicobacter pylori infection. *Szajewska H-Aliment Pharmacol Ther. 2015;41:1237-45.*



#### Systematic review with meta-analysis: S boulardii supplementation and eradication of Helicobacter pylori infection. *Szajewska H- Aliment Pharmacol Ther. 2015;41:1237-45.*



Similar results for other probiotics

#### Yet, no guideline on H pylori eradication recommends probiotics

1.12 [1.02, 1.22] Song 2010 264 330 237 331 36.1% Zojaji 2013 70 80 65 15.1% 1.08 [0.94, 1.23] 80 Subtotal (95% CI) 685 72.8% 1.11 [1.04, 1.18] 693 Total events 532 483 Heterogeneity:  $\tau^2 = 0.00$ ;  $\chi^2 = 4.51$ , df = 6 (P = 0.61); I<sup>2</sup> = 0% Test for overall effect: Z = 3.24 (P = 0.001) Total (95% CI) 853 855 100.0% 1.11 [1.06, 1.17] 679 Total events 608 Heterogeneity:  $\tau^2 = 0.00$ ;  $\chi^2 = 4.75$ , df = 8 (P = 0.78);  $I^2 = 0\%$ 0.5 0.7 1.5 2 Test for overall effect: Z = 4.06 (P < 0.0001) Test for subgroup differences:  $\chi^2 = 0.18$ , df = 1 (P = 0.67), I<sup>2</sup> = 0% Favors control Favors S. boulardii Risk of bias legend (A) Random sequence generation (selection bias) (B) Allocation concealment (selection bias) (C) Blinding (performance bias and detection bias) (D) Incomplete outcome data (attrition bias) (E) Selective reporting (reporting bias)









Lactobacillus	Bifidobacteria	Yeast
L. reuteri	B. lactis (B. infantis)	S. boulardii
L. rhamnosus	B. breve	
L. plantarum	B. longum	
L. casei		







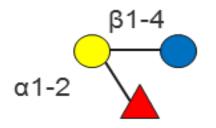
#### Fermentation process was intended for conservation of food

#### Is healthy eating a health benefit?

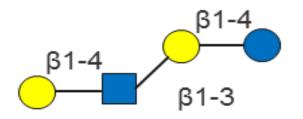




# Human milk oligosaccharides



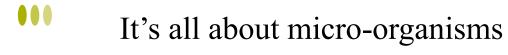
2'fucosyl-lactose (2'FL)



#### Lacto-N-neotetraose (LNnT)





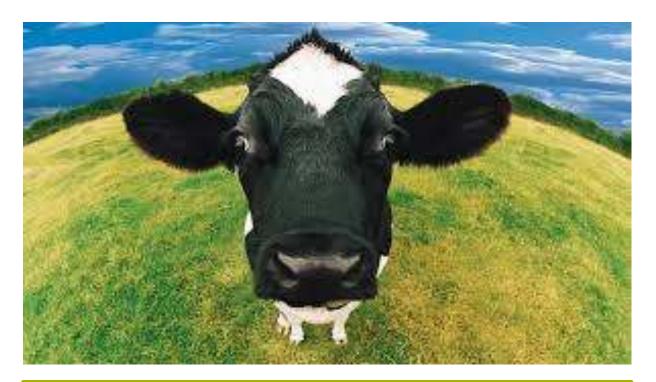


#### What happens early in life?





# 2nd choice infant feeding

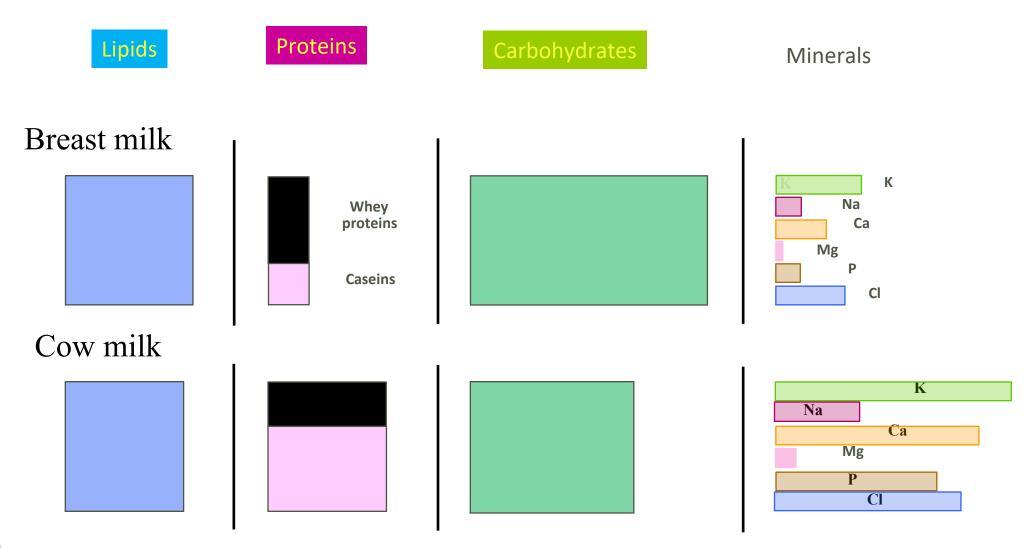


Infant formula: Cow milk based

- Many cows
- Cows provide large amounts of milk
- Not because cow's milk resembles mother's milk



# The challenge: breast milk and cow milk differ



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# Introduction to HMOs

Human Breast Milk

- Most suitable nutrition for infants
- Has a unique composition

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Brussel

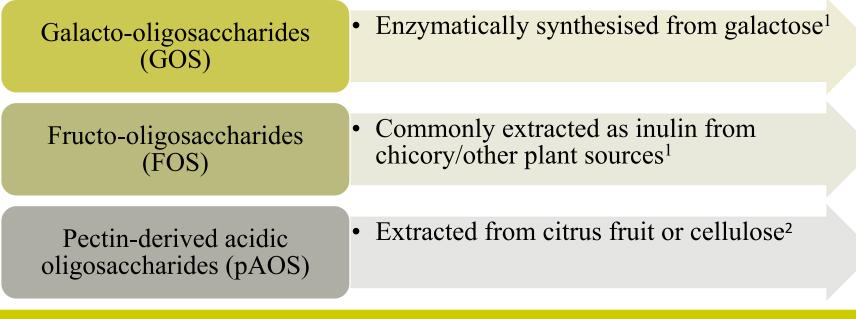
• Offers health benefits to infants



1900	1930	1954
Breastfed infants have a survival advantage	Bifidogenic factor in human milk consists of oligosaccharides	Discovery and characterization of the most abundant
Difference in stool bacterial composition of breastfed and formula-fed infants discovered		oligosaccharides in human milk
Mothers milk discovered to have an unidentified carbohydrate fraction		

## Non-human Oligosaccharides

Some infant formulae are currently supplemented with non-human oligosaccharides<sup>1</sup>



# GOS & FOS are prebiotic oligosaccharides, promoting the growth of beneficial gut microbiota<sup>3-5</sup>





Sela DA. Trends Microbiol. 2010;18(7):298-307; Bernard H. J Infect Dis. 2014;211(1):156-65; Kunz C. Adv Nutr. 2012;3(3):430S-9S.; Gibson G. Nutr Res Rev. 2004;17(02):259.; Roberfroid M. Br J Nutr. 2010;104(S2):S1-S63.



# The Specific GOS/FOS Prebiotic Mixture:

Mimicking Size, Linkage, partly Building Blocks and Prebiotic function of HMOS

#### 90 % scGOS: low molecular weight (short chain) Galacto-OligoSaccharides (enzymatic from lactose)

# $[Gal(\beta 1-]_{1-4} 3/4/6)Gal(\beta 1-4)Glc$

Lactose

10% IcFOS: high molecular weight (long chain) Fructo-OligoSaccharides (fraction from chicory) [Frc(β2-]<sub>n>8</sub> 1)Frc(β2-1)Glc

Sucrose



- Today, 2-FL and LNnT are added to infant formula
- Are it HMOs ? = NO
- industrially made.
- produced by fermentation of lactose.
- but....The molecular structure is **IDENTICAL**
- to the 2'FL present in mother's milk

"synthetized HMO" is added to infant formula







Not all prebiotics are the same

Mis-use of wording "HMO"?







A randomized clinical trial measuring the influence of kefir on AAD: The measuring the influence of Kefir (MILK) Study. *Merenstein DJ. Arch Pediatr Adolesc Med 2009;163:750-4* 

Primary care patients in the Washington, DC, metropolitan area. 125 children (1 - 5 years) Kefir / heat-killed placebo

No difference in rates of diarrhea per group 18% in the active group 21.9% in the placebo group (relative risk, 0.82; 95% confidence interval, 0.54-1.43)

No differences in any secondary outcomes



