AGA clinical practice guidelines on the role of probiotics in the management of gastrointestinal disorders.

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American Gastroenterological Association (AGA) Institute

Su GL, Ko CW, Bercik P, et al. AGA clinical practice guidelines on the role of probiotics in the management of gastrointestinal disorders. Gastroenterology. 2020 Aug;159(2):697-705. [19 references] *PubMed*

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Overview

Guideline Objective

To provide recommendations on the role of probiotics in the management of gastrointestinal (GI) disorders

Patient Population

Adults and children with a GI disorder

Recommendations

Recommendation Statements

Recommendation 1. In patients with *Clostridioides difficile* (*C difficile*) infection, we recommend the use of probiotics only in the context of a clinical trial. (**No recommendation; Knowledge gap**)

Recommendation 2. In adults and children on antibiotic treatment, we suggest the use of *Saccharomyces boulardii* (*S boulardii*); or the 2-strain combination of *Lactobacillus acidophilus* (*L acidophilus*) CL1285 and *Lactobacillus casei* (*L casei*) LBC80R; or the 3-strain combination of *L acidophilus*, *Lactobacillus delbrueckii* (*L delbrueckii*) subsp *bulgaricus*, and *Bifidobacterium bifidum* (*B bifidum*); or the 4-strain combination of *L acidophilus*, *L delbrueckii* subsp *bulgaricus*, *B bifidum*, and *Saccharomyces salivarius* (*S salivarius*) subsp *thermophilus* over no or other probiotics for prevention of *C difficile* infection. (**Conditional recommendation; Low quality of evidence**)

Comment: Patients who place a high value on the potential harms (particularly those with severe illnesses) or a high value on avoiding the associated cost and a low value on the small risk of *C difficile* development (particularly in the outpatient setting), would reasonably select no probiotics.

Recommendation 3. In adults and children with Crohn's disease, we recommend the use of probiotics only in the context of a clinical trial. (**No recommendations; Knowledge gap**)

Recommendation 4. In adults and children with ulcerative colitis, we recommend the use of probiotics only in the context of a clinical trial. (**No recommendations; Knowledge gap**)

Recommendation 5. In adults and children with pouchitis, we suggest the 8-strain combination of *L paracasei* subsp *paracasei*, *L plantarum*, *L acidophilus*, *L delbrueckii* subsp *bulgaricus*, *B longum* subsp *longum*, *B breve*, *B longum* subsp *infantis*, and *S salivarius* subsp *thermophilus* over no or other probiotics. (**Conditional recommendation; Very low quality of evidence**)

Comment: Patients for whom the feasibility and cost of using this combination of bacterial strain is problematic may reasonably select no probiotics.

Recommendation 6. In symptomatic children and adults with irritable bowel syndrome, we recommend the use of probiotics only in the context of a clinical trial. (**No recommendations; Knowledge gap**)

Recommendation 7. In children with acute infectious gastroenteritis, we suggest against the use of probiotics. (**Conditional recommendation; Moderate quality of evidence**)

Recommendation 8. In preterm (less than 37 weeks gestational age), low-birth-weight infants, we suggest using a combination of *Lactobacillus* spp and *Bifidobacterium* spp (*L*

rhamnosus ATCC 53103 and *B longum* subsp *infantis*; or *L casei* and *B breve*; or *L rhamnosus*, *L acidophilus*, *L casei*, *B longum* subsp *infantis*, *B bifidum*, and *B longum* subsp *longum*; or *L acidophilus* and *B longum* subsp *infantis*; or *L acidophilus* and *B bifidum*; or *L rhamnosus* ATCC 53103 and *B longum* Reuter ATCC BAA-999; or *L acidophilus*, *B bifidum*, *B animalis* subsp *lactis*, and *B longum* subsp *longum*), or *B animalis* subsp *lactis* (including DSM 15954), or *L reuteri* (DSM 17938 or ATCC 55730), or *L rhamnosus* (ATCC 53103 or ATC A07FA or LCR 35) for prevention of necrotizing enterocolitis [NEC] over no and other probiotics. (**Conditional recommendation; Moderate/high quality of evidence**)

Evidence Rating Scheme

Quality of Evidence

Quality	Definition
High	We are very confident that the true effect lies close to that of the estimate of the effect.
Moderate	We are moderately confident in the effect estimate. The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.
Low	Our confidence in the effect estimate is limited. The true effect may be substantially different from the estimate of the effect.
Very low	We have very little confidence in the effect estimate. The true effect is likely to be substantially different from the estimate of effect.

Recommendation Rating Scheme

Strength of Recommendation

Strength of Recommendation	For the Patient	For the Clinician

Strong	Most individuals in this situation would want the recommended course of action and only a small proportion would not.	Most individuals should receive the recommended course of action. Formal decision aids are not likely to help individuals make decisions consistent with their values and preferences.
Conditional	The majority of individuals in this situation would want the suggested course of action, but many would not.	Different choices will be appropriate for different patients. Decision aids may be useful in helping individuals in making decisions consistent with their values and preferences. Clinicians should expect to spend more time with patients when working toward a decision.

Related Content

Supporting Documents

- AGA Technical Review on the Role of Probiotics in the Management of Gastrointestinal Disorders; 2020 Aug 1.
    - Appendices.

Implementation Tools

- Clinical Decision Support Tool; 2020 Aug 1.
- Spotlight: Probiotics Guidelines; 2020 Aug 1.
- Commentary: Probiotics: Promise, Evidence, and Hope; 2020 Aug 1.
- Educational Webinar; 2020 May 30.

Patient Education

- Probiotics; 2021.

Note: This patient information is intended to help patients better understand their health and their diagnosed disorders. Patients and their representatives should still consult with a licensed health care professional for evaluation of treatment options as well as answers to their personal medical questions.

Disclaimer

TRUST Scorecard

Composition of Guideline Development Group (GDG)

Multidisciplinary GDG Members	**Yes**
Methodologist Involvement	**Yes**
Incorporation of Patient and Public Perspective	

Systematic Review of Evidence

Literature Search	
Study Selection	
Evidence Synthesis	

Foundations for Recommendations

Strength of Evidence Grade	
Description of Benefits and Harms of Recommendations	
Summary of Evidence Supporting Recommendations	
Strength of Recommendations Rating	
Clear Articulation of Recommendations	

Funding Source

Yes

Disclosure and Management of Financial Conflicts of Interests

External Review

Updating