

# Navigating Probiotics for IBS with IBSprobiotics.org™

Bailey Hanna, MS, RDN

IBSprobiotics.org™

Research Notes Compare Probiotics

Get Research Results

Probiotic Database

## Evaluate over 40 probiotics across 69 clinical trials to see what works

Filter and sort by 11 different symptoms and detailed evidence grades derived from advanced statistical analysis. You can also focus on specific probiotics or symptom(s). Plus, click on any symptom result to see related study excerpts about the symptom relief.

NB: Results are presorted based on global IBS symptom relief, followed by evidence quality score.

COMPARE BASED ON:

PROBIOTIC(S)

SYMPTOM(S)

EVIDENCE QUALITY

PROBIOTIC	# STRAINS	EVIDENCE QUALITY	GLOBAL IBS SYMPTOMS	DIARRHEA	CONSTIPATION	BOWEL HABITS	PAIN / DISCOMFORT	BLOAT
Unique IS-2	1	86.0%	STRONG	STRONG	STRONG	STRONG	STRONG	
De Simone	8	82.0%	STRONG	NO EFFECT	NO EFFECT	NO EFFECT	STRONG	
Lactospore	1	78.0%	STRONG	STRONG	NOT STUDIED	NOT STUDIED	STRONG	
MIMb75	1	67.0%	STRONG	MODERATE	NOT STUDIED	NO EFFECT	MODERATE	
Bio-Kult	14	95.0%	MODERATE	MODERATE	NOT STUDIED	MODERATE	MODERATE	

# Learning Objectives

1. Understand the Current Evidence for Probiotics in IBS: A Look at Diverse Guidelines
2. Recognize Key Issues in Probiotic Use for IBS Patients
3. Learn How to Navigate IBSprobiotics.org for Evidence-Based Decisions

# Disclosure

- Creator of IBSprobiotics.org – An independent educational resource. IBSprobiotics.org maintains full editorial independence with no sponsored or promotional content
- Served as Product Formulation Advisor for Miome Health, providing expertise in probiotic product development. No current financial relationships with other probiotic manufacturers or distributors

# Introduction

## What is IBSProbiotics.org?

- Free, ad-free tool; identifies symptom-specific probiotics based on RCT evidence in IBS populations
- Resource to support clinician-patient discussions about probiotics for IBS

IBSprobiotics.org™

[Research Notes](#)
[Compare Probiotics](#)
[Get Research Results](#)

A review of 40+ probiotics across 69 clinical studies in IBS populations, so you can finally compare apples with apples.

Research Tool
Probiotic Database
About the Project

Complete the questionnaire to get results tailored to the symptoms you are researching.

[Get Research Results](#)  
Get results in less than 2 minutes

01 Complete questionnaire

Detail the bowel movement issue you are researching to activate the research tool's initial filter. Then any secondary symptoms of interest.

02 Compare probiotics

See how probiotics compare based on effectiveness for bowel movement issue, as well any secondary symptoms. Further sort by global IBS symptom relief and evidence quality score.

03 Identify commercial products

Evaluate products that feature your chosen strain or blend. Shortlist those that transparently disclose ingredients & amounts, can be dosed according to clinical studies, exclusively use RCT-probiotics and are 3rd party tested.

# Team



**Bailey Hanna, MS, RDN**  
Project Lead & Creator



**Dr. Vladimir Hedrih, PhD**  
Lead Statistician & Research Consultant

# Learning Objective 1

Understanding the Current Evidence for  
Probiotics in IBS: A Look at Diverse Guidelines

# The Guidelines

General Guideline Stance	Organizations
<b>Recommends against probiotic use in IBS</b>	<ul style="list-style-type: none"> <li>- American College of Gastroenterology (ACG)<sup>1</sup></li> </ul>
<b>No recommendation or does not advise routine probiotic use in IBS</b>	<ul style="list-style-type: none"> <li>- American Gastroenterological Association (AGA)<sup>2</sup></li> <li>- The Asian Neurogastroenterology and Motility Association (ANMA)<sup>3</sup></li> </ul>
<b>Advises strain-specific probiotic use in IBS and/or provides specific strain/strain blend recommendations</b>	<ul style="list-style-type: none"> <li>- Experts of Yale Workshop on Probiotics <sup>4</sup></li> <li>- German Society for Digestive and Metabolic Diseases <sup>5</sup></li> <li>- Polish Society of Gastroenterology <sup>6</sup></li> <li>- World Gastroenterology Organisation (WGO) <sup>7</sup></li> </ul>
<b>Advises probiotic use in IBS, but with no strain-specific recommendations</b>	<ul style="list-style-type: none"> <li>- Canadian Association of Gastroenterology <sup>8</sup></li> <li>- Japanese Society of Gastroenterology <sup>9</sup></li> <li>- Romanian Society of Neurogastroenterology <sup>10</sup></li> </ul>
<b>Probiotic use may be considered in IBS. Probiotic response and trials should be assessed within a certain time frame or aimed at specified symptoms</b>	<ul style="list-style-type: none"> <li>- British Society of Gastroenterology <sup>11</sup></li> <li>- British Dietetic Association (BDA) <sup>12</sup></li> <li>- Korean Society of Neurogastroenterology and Motility (KSNM) <sup>13</sup></li> </ul>

# Guideline Spectrum

- Guidelines range from firm "No" stances to open/emphatic "Yes" recommendations.
- The gradient shows the strength and direction of recommendations

## Conservative "No" Stances

American College of Gastroenterology (ACG) Clinical Guideline: Management of IBS/USA/2021

The Asian Neurogastroenterology and Motility Association (ANMA) – Second Asian Consensus/Asia/2019

American Gastroenterological Association (AGA)/USA/2020

## More Open Stances

British Society of Gastroenterology (BSG)/UK/2021

British Dietetic Association (BDA)/UK/2016

Polish Society of Gastroenterology/Poland/2018

Korean Society of Neurogastroenterology and Motility (KSNM)/Korea/2018

Romanian Society of Neurogastroenterology/Romania/2021

World Gastroenterology Organisation (WGO)/Global Guidelines/2017

Experts of Yale Workshop on Probiotics/USA/2015

Canadian Association of Gastroenterology/Canada/2019

German Society for Digestive and Metabolic Diseases/Germany/2011

Japanese Society of Gastroenterology (JSGE)/Japan/2021



# A Closer Look

## IBSprobiotics.org™



A screenshot of the IBSprobiotics.org website. The page title is "Professional Guidelines on Probiotic Use for IBS: A Quick Overview". The page content includes a sub-header "Conservative Stances" and a paragraph of text. The website header includes the logo "IBSprobiotics.org™", navigation links for "Research Notes" and "Compare Probiotics", and a "Get Research Results" button.

IBSprobiotics.org™ ▼ Research Notes 📄 Compare Probiotics 🔍 Get Research Results

## Professional Guidelines on Probiotic Use for IBS: A Quick Overview

When it comes to using probiotics for managing IBS symptoms, professional consensus varies widely. Different organizations have taken different stances, primarily due to the quality of available evidence. Here's a breakdown:

### Conservative Stances

Some organizations, including the American College of Gastroenterology (ACG) (1), the American Gastroenterological Association (AGA) (2), and the Asian Neurogastroenterology and Motility Association (ANMA) (3), have adopted cautious guidelines. Their conservative stance against the use of probiotics in IBS stems from concerns about the quality of the supporting evidence.

# Justification For Both

<b>Open to Use ('Yes/Maybe') Stance</b>	<b>Conservative ('No') Stance</b>
<ul style="list-style-type: none"><li>- <b>Encouraging early research on certain probiotics</b></li><li>- <b>Generally safe intervention</b><ul style="list-style-type: none"><li>- Some exceptions</li></ul></li><li>- <b>Limited IBS treatment options</b><ul style="list-style-type: none"><li>- Should we dismiss potential therapies?</li></ul></li></ul>	<ul style="list-style-type: none"><li>- <b>Evidence quality Concerns</b><ul style="list-style-type: none"><li>- Risk of bias</li><li>- Small sample sizes</li><li>- Dose, duration, &amp; formulation uncertainties</li><li>- Need for results replication</li><li>- Few subtype-specific studies</li></ul></li><li>- <b>Regulatory concerns</b></li></ul>

# Regulations

- Stronger Supplement Regulation → More Open Endorsements?
- Weaker Regulation → More Conservative Stances?

PUBLIC LAW 103-417—OCT. 25, 1994

108 STAT. 4325

Public Law 103-417  
103d Congress

An Act

To amend the Federal Food, Drug, and Cosmetic Act to establish standards with respect to dietary supplements, and for other purposes.

Oct. 25, 1994  
[S. 784]*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

SECTION 1. SHORT TITLE; REFERENCE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Dietary Supplement Health and Education Act of 1994”.

(b) REFERENCE.—Whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Federal Food, Drug, and Cosmetic Act.

(c) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; reference; table of contents.

Sec. 2. Findings.

Sec. 3. Definitions.

Sec. 4. Safety of dietary supplements and burden of proof on FDA.

Sec. 5. Dietary supplement claims.

Sec. 6. Statements of nutritional support.

Sec. 7. Dietary supplement ingredient labeling and nutrition information labeling.

Sec. 8. New dietary ingredients.

Sec. 9. Good manufacturing practices.

Sec. 10. Conforming amendments.

Sec. 11. Withdrawal of the regulations and notice.

Sec. 12. Commission on dietary supplement labels.

Sec. 13. Office of dietary supplements.

SEC. 2. FINDINGS.

Congress finds that—

(1) improving the health status of United States citizens ranks at the top of the national priorities of the Federal Government;

(2) the importance of nutrition and the benefits of dietary supplements to health promotion and disease prevention have been documented increasingly in scientific studies;

(3)(A) there is a link between the ingestion of certain nutrients or dietary supplements and the prevention of chronic diseases such as cancer, heart disease, and osteoporosis; and

(B) clinical research has shown that several chronic diseases can be prevented simply with a healthful diet, such as a diet that is low in fat, saturated fat, cholesterol, and sodium, with a high proportion of plant-based foods;

Dietary Supplement Health and Education Act of 1994.  
21 USC 301 note.

21 USC 321 note.

# High vs. Low Regulation

High Regulation	Low Regulation
<p><b>Canada</b></p> <p><i><b>“We suggest offering IBS patients probiotics to improve IBS symptoms.”</b></i><sup>8</sup></p> <p>Conditional recommendation; low-quality evidence (Canadian Association of Gastroenterology, 2019)</p>	<p><b>United States</b></p> <p><i><b>“We suggest against probiotics for the treatment of global IBS symptoms.”</b></i><sup>1</sup></p> <p>Conditional recommendation; very low evidence quality (American College of Gastroenterology, 2021)</p>
<p><b>Japan</b></p> <p><i><b>“Probiotics are effective in treating IBS. Probiotics are recommended for IBS.”</b></i><sup>9</sup></p> <p>Strong recommendation; Level A (High) quality evidence (Japanese Society of Gastroenterology, 2021)</p>	<p><b>United States</b></p> <p><i><b>“In symptomatic children and adults with irritable bowel syndrome, we recommend the use of probiotics only in the context of a clinical trial.”</b></i><sup>2</sup></p> <p>No recommendation; (American Gastroenterological Association 2020)</p>

# Key Takeaways

1. Probiotic guidelines for IBS vary
2. Both conservative and open stances have merit
3. Regional regulations may play a role

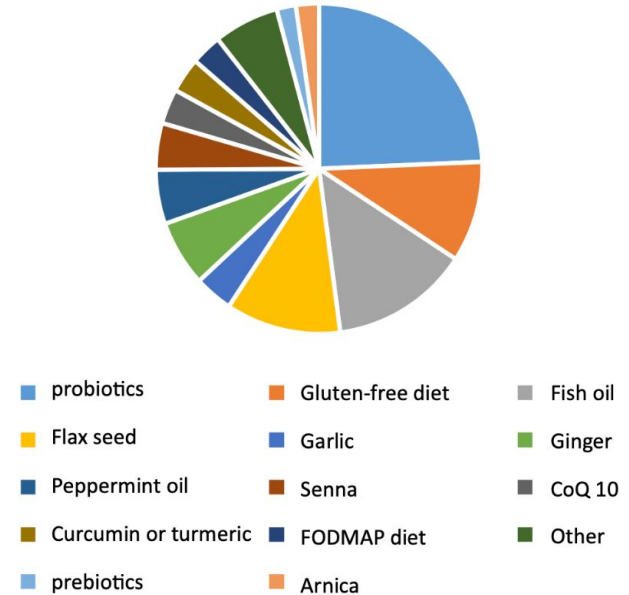
# Learning Objective 2

Key Issues in Probiotic Use for IBS Patients:  
The “Why” Behind IBSprobiotics.org

# CAM Use

- ~50% of IBS patients use CAM (range: 21%–73%)<sup>14</sup>
- Survey of 269 GI patients, including IBS<sup>15</sup>
  - Among CAM users, 98% used dietary supplements or diet changes<sup>15</sup>
  - Most commonly used of all CAM therapies: Probiotics (64%)<sup>15</sup>

98% of patients used supplements or diets

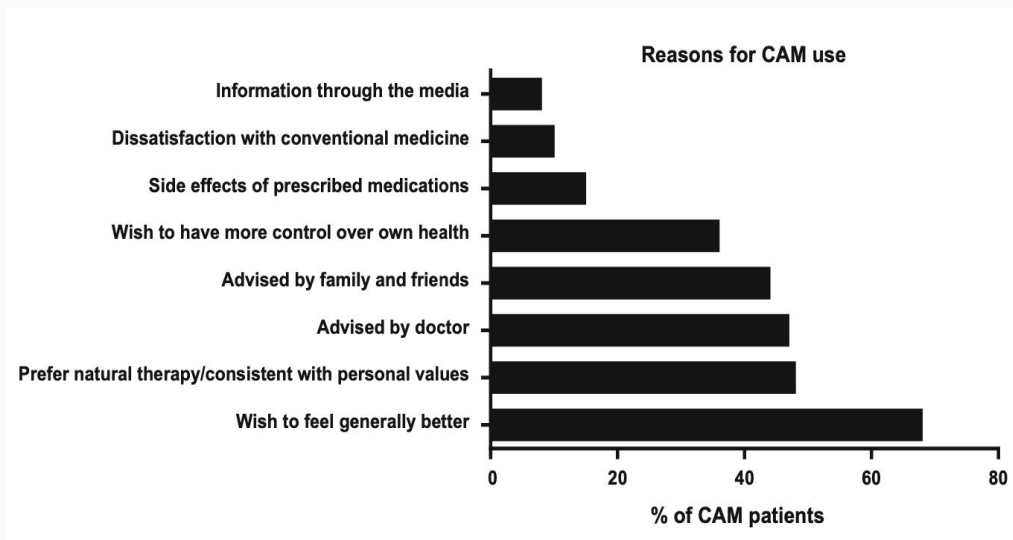


Source: Hung et al., *Dig Dis Sci* (2015) 60:1883–1888. DOI: 10.1007/s10620-014-3498-3<sup>15</sup>

# The Appeal

## Why do GI patients turn to CAM?

1. Dissatisfaction with Conventional Medicine & Concerns About Side Effects (~15–20%)<sup>15</sup>
2. Control Over One's Health & Preference for "Natural" Therapies (~40–50%)<sup>15</sup>
3. External Influence (Media, Social, & Doctor's Advice) (~10–50%)<sup>15</sup>
4. They Just Want to Feel Better (~70%)<sup>15</sup>





# Treatment Dissatisfaction

## IBS Medications: Limitations

- Fewer than 50% of IBS patients experience significant symptom relief with prescription medications <sup>16</sup>
  - Modest benefit over placebo (therapeutic gain: 7–15%) <sup>16</sup>
- High dissatisfaction with pain & bowel symptom management (~45–50%) <sup>17</sup>

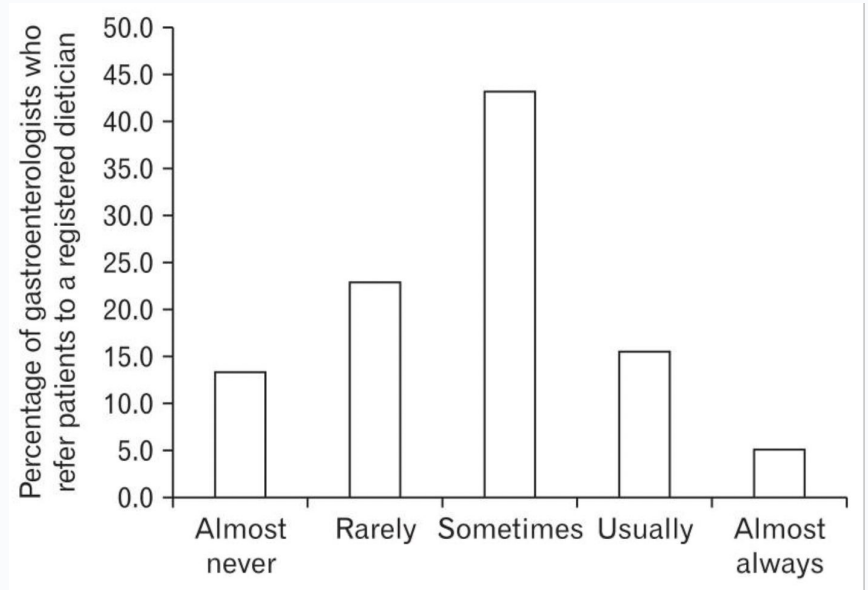
TABLE 3 Satisfaction with control of symptoms, HCP management of symptoms, and treatment to manage symptoms of IBS-C and IBS-D.

IBS-C	All respondents (n = 910)	HCP management (n = 841)	By type of current medication (all respondents)		p Value (prescription vs. OTC)
			Prescription, with or without current OTC use (n = 249)	OTC medication only (n = 426)	
Bowel-movement-related symptoms					
Dissatisfied, <sup>a</sup> %	47.4	27.2	36.5	53.3	<0.001
Neither satisfied nor dissatisfied, %	25.4	27.2	20.9	24.2	
Satisfied, <sup>b</sup> %	27.3	42.0	42.6	22.5	
Abdominal symptoms					
Dissatisfied, <sup>a</sup> %	45.9	25.6	32.9	52.3	<0.001
Neither satisfied nor dissatisfied, %	26.3	29.1	20.5	26.8	
Satisfied, <sup>b</sup> %	27.8	40.9	46.6	20.9	
By type of current medication (all respondents)					
IBS-D	All respondents (n = 669)	HCP management (n = 612)	Prescription, with or without current OTC use (n = 181)	OTC medication only (n = 260)	p Value (prescription vs. OTC)
Bowel-movement-related symptoms					
Dissatisfied, <sup>a</sup> %	48.1	26.0	37.0	51.2	<0.001
Neither satisfied nor dissatisfied, %	27.2	28.4	23.8	27.3	
Satisfied, <sup>b</sup> %	24.7	40.4	39.2	21.5	
Abdominal symptoms					
Dissatisfied, <sup>a</sup> %	48.9	23.4	37.0	54.2	<0.001
Neither satisfied nor dissatisfied, %	25.0	28.3	22.7	23.1	
Satisfied, <sup>b</sup> %	26.2	41.8	40.3	22.7	

# Referral Gaps

## Gaps in Specialized Care Referrals

- Only 21% of gastroenterologists regularly refer IBS patients to a registered dietitian <sup>18</sup>
- More than 50% of referrals go to general dietitians, with only 30% directed to GI-specialized dietitians. <sup>18</sup>
- 78% believed GI-specialized dietitians would improve outcomes <sup>18</sup>



Source: Gastroenterologist referrals to registered dietitians in IBS care. Data from 1,500+ U.S. gastroenterologists. (Lenhart et al., *J Neurogastroenterol Motil.*, 2018).<sup>18</sup>

# Side Effects

- Concerns about medication safety and side effects may push IBS patients toward CAM alternatives
- Risks depend on the specific medication, polypharmacy, and individual medical factors
- Some FDA-approved IBS medications have known severe risks

Medication	Serious Risks & Prevalence	FDA Actions
Alosetron (Lotronex)	Ischemic colitis (0.2–0.3% in trials). Stable post-marketing rates.	Withdrawn (2000) → Reintroduced (2002) under REMS → REMS removed (2023). <sup>19</sup>
Tegaserod (Zelnorm)	Cardiovascular events (0.11% vs. 0.01% placebo).	Withdrawn (2007) → Reapproved (2019) for IBS-C in women <65 with no CVD history. <sup>20</sup>

# Natural Therapies

## **Perceived vs. Actual Safety**

- Some equate "natural" with safety, but natural ≠ always safe.

## **Dietary Supplement Risks**

- Regulatory Gaps → Variability in quality, potency, purity
- Limited Evidence → Many supplements lack strong clinical support and safety data
- Potential for Severe Adverse Events → Risks depend on the specific supplement in question and individual factors

# Probiotic Safety

- **Generally appear safe for most**, but more structured adverse event monitoring is needed in clinical trials.
- **Evolving area of research** – more to learn about acute and long-term outcomes.
- Isolated severe adverse events have occurred in vulnerable populations.

High Risk Populations	Risks
<b>Critically Ill, Immunocompromised, &amp; Preterm Infants</b>	Higher risk of bloodstream infections (sepsis, bacteremia) <sup>21</sup>  Potential probiotic-drug interactions in patients on immunotherapies <sup>21</sup>
<b>Pregnant Women with Obesity</b>	Potential risk of pre-eclampsia <sup>21</sup>

# Probiotic Safety

## Safety & Quality Contingent On:

- Strict manufacturing standards for purity, potency, & identity
  - Third party verification

## Appropriate product identification, including:

- Genus, species, and strain clearly labeled
- Potency maintained through the end of shelf life

<b>Genus</b>	<b>Species</b>	<b>Strain</b>
<i>Bacillus</i>	<i>coagulans</i>	MTCC 5856

# External Influence

## **Misinformation**

- Patients may rely on advice from friends, family, media, online forums, and influencers for medical decisions

## **Regulatory Gaps & Patient Vulnerability**

- Weak regulation in the U.S. enables consumer exploitation
- Difficult for patients to identify evidence-based products amid false or exaggerated claims

# Doctor's Advice

## AGA IBS in America Survey <sup>22</sup>

(Surveyed 3,254 IBS patients & 302 physicians)

### Most Common Non-Pharmacologic Therapies Recommended by Physicians:

- **Probiotics – 73%**
- **Dietary Changes:**
  - Low FODMAP diet – 27%
  - Other dietary modifications – 28%
- **Relaxation Techniques – 26%**

Gastroenterology 2020;158:786-788

### Use of Treatments for Irritable Bowel Syndrome and Patient Satisfaction Based on the IBS in America Survey

Vikram Rangan,<sup>1</sup> Sarah Ballou,<sup>1</sup> Andrea Shin,<sup>2</sup> Michael Camilleri,<sup>3</sup> Beth Israel Deaconess Medical Center GI Motility Working Group,<sup>1</sup> and Anthony Lembo<sup>1</sup>

<sup>1</sup>Division of Gastroenterology, Department of Internal Medicine, Beth Israel Deaconess Medical Center and Harvard Medical School, Boston, Massachusetts; <sup>2</sup>Division of Gastroenterology and Hepatology, Department of Medicine, Indiana University, Indianapolis, Indiana; and <sup>3</sup>Division of Gastroenterology and Hepatology, Department of Medicine, Mayo Clinic, Rochester, Minnesota

**Keywords:** Irritable Bowel Syndrome; Diarrhea; Constipation; Treatment Utilization; Patient Satisfaction; Physician Satisfaction.

Irritable bowel syndrome (IBS) is a common, chronic, and often debilitating condition, with an estimated prevalence in the general population ranging from 10% to 15%.<sup>1-3</sup> There are many treatment options for individuals with IBS, but there has been limited research on patterns of utilization or satisfaction with specific IBS treatments. This study aimed to better understand treatment utilization and satisfaction among individuals with IBS and to compare treatment recommendations among physicians. We used data from the IBS in America Survey, an online study commissioned by the American Gastroenterological Association in September and October 2015. The data were acquired from 3,254 individuals fulfilling the Rome III criteria for IBS-constipation (IBS-C) or IBS-diarrhea (IBS-D), as well as data from 302 physicians who treat IBS (evenly divided between primary care physicians [PCPs] and gastroenterologists [GIs]). Individuals with IBS and physicians were both asked about utilization of and satisfaction with various IBS treatments using Likert-like scales. The [Supplementary Methods](#) provide details about the specific questions to participants in this survey and analysis. The study was completed before the approval of eluxadoline and before wide marketing of plecanatide.

#### Results

The mean age of individuals with IBS was 47.3 years, 81.2% were female, and approximately 90% identified as white; 72% sought consultation for their IBS symptoms from a PCP and 45% from a GI.

treatments were loperamide, fiber, and bismuth subsalicylate. Fewer than 20% were very satisfied with each treatment (Table 1). Only 18.7% of individuals with IBS-C and 10.9% with IBS-D reported having tried a prescription medication approved by the US Food and Drug Administration, with approximately 25% of each group being very satisfied with their prescription treatments (Table 1).

#### Physician Selection of and Satisfaction With Outcomes

Fiber supplementation (78.5%) and PEG (67.9%) were the most commonly recommended OTC treatments for IBS-C (Supplementary Figure 1). In IBS-D, the most commonly recommended OTC treatments were fiber supplementation (69.6%) and loperamide (50.4%) (Supplementary Figure 1). Only 2.6% of physicians reported being very satisfied with OTC options for IBS-D and 6.3% with OTC options for IBS-C.

Prescription PEG was the most commonly recommended prescription treatment for IBS-C (52.0%), followed by linaclotide (43.1%) and lubiprostone (32.1%); 3.6% of physicians reported being very satisfied with prescription treatment options for IBS-C. Antispasmodics (51.0%) and diphenoxylate (33.5%) were the most commonly recommended prescription medications for IBS-D; 8.9% of physicians reported being very satisfied with prescription options for IBS-C.

Some differences in prescribing patterns between GIs and PCPs were noted. GIs were more likely to prescribe bile acid sequestrants and rifaximin for IBS-D, as well as linaclotide and lubiprostone for IBS-C, compared with PCPs (Supplementary Figure 1).

The most common nonpharmacologic therapies recommended by physicians were probiotics (73%), dietary



# Clinician Challenges

## **Limitations of Endorsing Guidelines:**

- Lack important clinical details for probiotic use in IBS

## **No FDA-Approved Probiotic Drugs**

- No FDA-approved Live Biotherapeutic Products (LBPs) for IBS
- Rx probiotic approval unlikely in the near future <sup>23</sup>

# Survey Data

## **IBS Patients' Willingness to Take Risks for Relief**

### Risk of Death for a Cure:

- Median 2.0% risk of death (IQR: 0.0%-9.0%) accepted for a 98% chance of permanent symptom relief. <sup>24</sup>

### Years of Life Sacrificed for Perfect Health:

- Willing to forgo an average of 15.1 years for a cure. <sup>24</sup>

# Key Takeaways

1. Probiotics are among the most commonly used and recommended CAM therapies for IBS and other GI disorders
2. High CAM Usage in IBS, Patient Desperation & Poor Regulation = The Perfect Storm
3. Providers need better tools to support thoughtful discussions on probiotic use in IBS with patients
4. Consequences of Inadequate Provider Involvement: Medical decisions influenced more by misinformation and marketing than evidence

**IBSprobiotics.org Was Created to Address These Challenges**

# Learning Objective 3

How to Navigate IBSprobiotics.org for  
Evidence-Based Decisions

# Methodology

- Randomized, placebo-controlled trials in IBS populations.
  - 69 total trials
  - 44 unique probiotics
- Open-label trials without a placebo control were excluded.
- Studies on synbiotics were excluded.

## Methodology

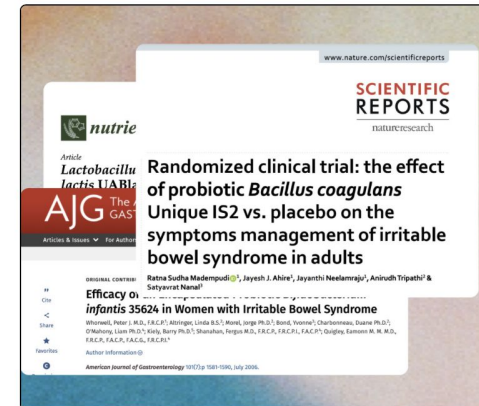
Evaluation Framework for Assessing Clinical Studies on Probiotics in IBS

### Evidence Inclusion

This database focused exclusively on randomized, placebo-controlled trials of probiotics in the IBS population to ensure the highest quality of evidence. Open-label trials, which lacked a placebo control, were excluded due to the significant placebo response often observed in IBS populations.

At this time, synbiotic formulations were not included in the database. We also generally excluded individual probiotics studied within a food or beverage matrix. However, we made exceptions for probiotics with multiple studies using both food/beverage and non-food delivery matrices. This approach helped us capture the totality of evidence for a given probiotic. In these cases, any potential confounding effects of the delivery matrix were noted in the study summaries.

Later stages of this project may include synbiotic formulations and a broader range of alternative delivery matrices.



# Methodology

## Two Key Metrics:

### 1. Strength and Direction of Effects on Symptoms:

- Evaluated 10 common IBS symptoms across 69 RCTs, categorized into:
  - Strong, Moderate, Weak, No effects, Adverse effects, or Not reported.
  - Effect sizes calculated as Cohen's d and Cohen's h:
    - Weak:  $\leq 0.5$  (bottom 40% of positive effect sizes).
    - Moderate: 0.5–1.0 (middle 35% of positive effect sizes).
    - Strong:  $> 1.0$  (top 25% of positive effect sizes).

### 2. Quality of Evidence:

- Composite score derived from study validity indicators.

# Methodology

## Quality of Evidence

We calculated a quality of evidence index by evaluating several key indicators of study validity, largely inspired by the methodology of Higgins et al.(1)

+ 01. Randomization Quality (if not reported, assumed to be of poor quality)

+ 02. Sample Size and Sampling Quality

+ 03. Concealing Group Assignments

+ 04. Intervention Adherence

+ 05. Attrition Rate and Missing Data Affecting Validity

+ 06. Quality of Outcome Measurement

+ 07. Reporting Quality / Spin of Research Results

Group	Total Points Possible Per Group	Indicator	Yes	No	Not repo or uncl
Randomization Quality	3	1A. Were participants randomized into groups?	1	0	0
		1B. Is there a description of the randomization procedure? Does the description indicate that the procedure was valid?	1	0	0
		1C. Does the comparison between groups at baseline indicate potential issues with the randomization procedure?	0	1	Copy scc of 1A
Sample Size and Sampling Quality	3	2A. Is the sample very small? (e.g., less than 30 people per group)	0	1	0
		2B. Is the sample size sufficient to detect the expected effects?	1	0	0
		2C. Does the sample have characteristics that might limit the generalizability of the findings?	0	1	1
Concealing Group Assignments	3	3A. Was the group assignment concealed from study participants?	0.5	0	0
		3B. If yes, did most or all participants become aware of their assigned intervention during the study? (if not reported, assume they were aware)	0	0.5	Copy scc for 3A
		3C. Were researchers and other individuals working with the participants aware of the intervention participants were undergoing? (if not reported, assume they were aware)	0	1	0
Intervention Adherence	3	3D. Were treatment and placebo/control administration vehicles identical? (if not reported, assume they were not identical)	1	0	0
		4A. Were there deviations from the treatment protocol? If there were deviations, were they equally present in both groups? (if not reported/indicated, assume there were none)	0	1.5	1.5
		4B. Did participants undergo interventions or treatments not part of the protocol? Were they the same across all groups? If yes, could they have affected the outcome? (if not reported/indicated, assume there were none)	0	1.5	1.5
Attrition Rate and Missing Data	3	5A. Was the attrition rate low? (e.g., up to 5%)	3	0	0
		5B. Did attrition rates differ substantially between groups? (scored only if 5A is 0)	0	1	0
		5C. Are there indications that attrition could have affected the outcome? Was attrition specific to certain values of the outcome or specific study-relevant characteristics? (not reporting was considered bad if the answer to the first question was negative) (scored only if 5A is 0)	0	1	0
Quality of Outcome Measurement	3	6A. Did the study use a valid/recognized method of assessing the outcomes?	1	0	0
		6B. Was the outcome assessment method the same in all study groups (at all time points and with different subgroups)?	1	0	0
		6C. Were the assessors (or participants in self-reports) aware of the intervention group during the assessment? Could this knowledge affect the assessment? (if yes to both, that is bad; if no to the first, the other is not considered)	0	1	0
Reporting Quality / Spin	3	7A. Did the authors report results for all measures they used, particularly if they used multiple measures of the same outcome variable?	1	0	0
		7B. Did they selectively report results?	0	1	1
		7C. Are there indications of result spinning, inappropriate causal language, or conclusions that do not stem from or contradict the study results? Is there sloppy reporting?	0	1	1
8. Disqualifiers	Multiplicator of 1 or 0	The composite score of evidence quality is multiplied by the value of the disqualifier	0	1	1

# Methodology

- **Scoring Process:**
  - Points summed for each indicator group to produce an overall score.
  - A disqualifier set the score to zero.
- **Weighting for Probiotic Evaluation:**
  - Combined evidence quality calculated as a weighted mean:
  - Weight = number of participants × evidence quality score.



# Methodology

## **Probiotic Listings Ranked by:**

- Weighted mean effect sizes for specific symptoms.
- Global IBS symptom effect sizes.
- Evidence quality.

## **Top Picks Criteria:**

- Commercial availability.
- Average evidence quality >75%.
- Moderate to high effect size (>0.5) for relevant symptoms.

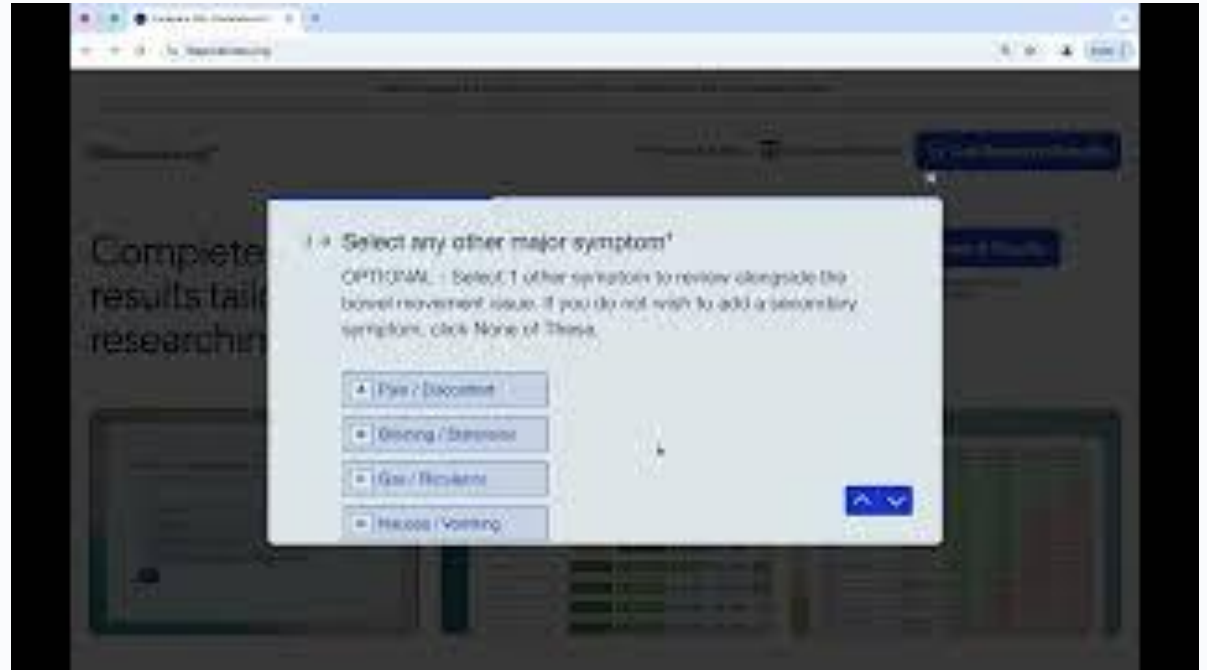
# Symptom Filtering

1. Compare Probiotics
2. Access Database
3. Symptom(s)
4. Select Symptoms & Evidence Strength



# Interactive Quiz

1. Get Research Results
2. Answer Questions
3. Email Address
4. Access Symptom Report



# Direct Links

## Compare Probiotics

### Based on Symptoms

Diarrhea  
 Constipation  
 Bowel Habits  
 Global IBS Symptoms  
 Pain /Discomfort  
 Bloating/Distention  
 Gas/Flatulence  
 Nausea/Vomiting  
 Mental Health  
 Quality of Life

### Based on Multi Symptoms

Diarrhea + Constipation  
 Diarrhea + Pain  
 Diarrhea + Bloating  
 Diarrhea + Gas  
 Diarrhea + Nausea  
 Diarrhea + Mental Health  
 Constipation + Pain  
 Constipation + Bloating  
 Constipation + Gas  
 Constipation + Nausea  
 Constipation + Mental Health  
 Diarrhea + Constipation + Pain  
 Diarrhea + Constipation + Bloating  
 Diarrhea + Constipation + Gas  
 Diarrhea + Constipation + Nausea  
 Diarrhea + Constipation + Mental Health

### Based on Strains/Blends

35624	DuoLac	LCR35	SDC 2012, 2013	AD031 x IBS041
ATCC 55730	GanedenBC	LGG	Symbioflor-2	GG x LC705 x
Bio-25	I.31	LP299v	Symprove	Bb99 x JS
Biogaia	I-3856	MF1298	UABla-12	LA101 x LA102 x
Bio-K+	KB290	MIMb75	UCC4331	LA103 x LA104
Bio-Kult	HA-196	NCFM	Unique IS-2	M63 x M16V x
BNR17	LAB4	Nissle 1917	Winclove	BB536
CNCM I-745	LacClean	Paraghurt	ATCC-SD5221-	NCFM x Bi07
DDS-1	Lactospore	Probio-Tec	x-LAFT1	
De Simone	LBSC	R0165	BGN4 x AD011 x	

# Probiotic Pages

- Summary of findings.
- Dosing information (if applicable)
- Evidence quality ratings (overall and for individual studies).
- Strength of effects (color-coded effect size ranges).
- Patient handouts.
- Study charts with detailed findings.

Exam	CT scan (M) (M) (M)	Diets
Study Design	<p>Randomized, double-blind, placebo-controlled trial</p> <p>Participants: 100 (50 in each group)</p> <p>Intervention:</p>	<p>Intervention: 50 (25 in each group)</p> <p>Control: 50 (25 in each group)</p>
Age	CHILDREN: 4-12 years	ADULTS: 18-60 years
Participants	<p>ITT (N=100) (n=50) (n=50)</p> <p>ITT (N=100) (n=50) (n=50)</p> <p>ITT (N=100) (n=50) (n=50)</p>	<p>ITT (N=100) (n=50) (n=50)</p> <p>ITT (N=100) (n=50) (n=50)</p> <p>ITT (N=100) (n=50) (n=50)</p>


Findings from studies		
#	Study #1	Study #2
1	Diets	
2	Lipid management	Lipid management
3	Lipid management	Lipid management

# Probioticfinder.org

View products containing this strain >

630 probiotic supplements reviewed as at **29 January 2025**

## ProbioticFinder.org

[Probiotics](#) [Methodology](#) [About](#)

[Submit a Product](#)

A clinician-led open-source project to simplify probiotic choices for IBS patients. This research project contains no affiliate links, sponsored products or ads. Products are graded using transparent & verifiable criteria. [View methodology](#)

## Find a high quality probiotic that is formulated & dosed according to clinical studies

1) Results below are sorted based on 1) Global IBS relief and 2) evidence quality.

2) Symptom improvement results are taken from IBSprobiotics.org – a research project reviewing over 40 probiotic strains/blends across 69 randomized placebo-controlled clinical trials. See [the full list of results](#), as well as explanations about efficacy size improvements, evidence quality ratings and methodology.

# Limitations

- Proportion vs. Magnitude Measures
- Symptom Clustering
- Inconsistent Methodologies Across Studies
- Lack of Subtype-Specific Insights

# Strengths

- Study Quality Control
- Evidence Grading and Weighting
- Effect Size Measurements
- Independent Statistical Analysis
- Symptom-Specific Guidance
- Dosing Recommendations



# Final Takeaways

- **We Need Better Clinician-Patient Conversations**
- Clinicians need reliable resources to guide discussions
- **IBSprobiotics.org Bridges the Gap.**
  - Provides real-time, evidence-based reviews of probiotics for IBS
  - Highlights promising probiotics for specific symptoms and provides practical application guidance
  - Helps protect patients from unsupported treatments and misleading claims
  - Empowers both patients and clinicians with clear, research-backed insights

# Let's Continue the Conversation!

IBSprobiotics.org™

**Subscribe for updates:** IBSprobiotics.org  
@baileyhanna.rdn (Instagram & TikTok)  
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Be the first to know.

Get notified about the latest clinical  
study results across 40+ probiotic  
strains studied in IBS populations

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