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Probiotic combination reduces mortality in preterm infants

Combination of Lactobacillus and Bifidobacterium were superior to single- a probiotics and helped reduced all-cause mortality in preterm, low-birthwei meta-analysis published in *Gastroenterology*.

Behnam Sadeghirad, PhD, PharmD, MPH, of the Michael G. DeGroote Instit at McMaster University in Hamilton, Canada, and colleagues sought to ident were the most beneficial.

"A 2014 Cochrane review concluded that probiotics prevent severe [necrotiz all-cause mortality in preterm infants, although the most effective formula they wrote. "To build upon this growing evidence base, we performed a netv the relative effectiveness of various single-strain and multi-strain probiotic clinical outcomes among preterm, low-birthweight neonates."

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Investigators searched the literature for studies of single-strain and <u>multi-strain problotic formulations</u> on outcomes of preterm, low-birthweight infants. The primary outcomes of the study were all-cause mortality, severe NEC and culture-proven sepsis.

Researchers identified 63 studies comprising 15,712 infants that fit their criteria.

Compared with placebo, a combination of one or more *Lactobacillus* and one or more *Bifidobacterium* was the only intervention with moderate- or high-quality evidence of reduced all-cause mortality (OR = 0.56; 95% CI, 0.39-0.8).

Among strains with moderate- or high-evidence for efficacy compared with placebo, combinations of Lactobacillus and Bifidobacterium, Bifidobacterium animalis subspecies lactis, Lactobacillus reuteri, or Lactobacillus rhamnosus significantly reduced severe NEC.

Additionally, researchers found that combination Lactobacillus and Bifidobacterium and Saccharomyces *boulardii* reduced the number of days to reach full feeding, and that single-strain *B. animalis* subspecies *lactus* or *L. reuteri* reduced the duration of hospitalization.

"Multicenter and large randomized controlled trials should be prioritized to distinguish between the efficacy of single- and multiple-strain probiotics among preterm infants," Sadeghirad and colleagues wrote.

PERSPECTIVE



Gail Cresci, PhD, RD, LD

In this compelling network meta-analysis of randomized trials testing for the effectiveness of singleversus multiple-strain probiotics on morbidity and mortality in preterm, low-birth weight infants, investigators found that Lactobacillus species and Bifidiobacterium species were the only intervention with moderate- or high-quality evidence of reduced all-cause mortality compared to placebo. The past literature conflicts, going back and forth on whether probiotics are beneficial or not. Probiotics mechanism of action are strain specific; thus each strain behaves differently. Probiotic studies may also vary in the method of probiotic

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delivery and dosing, so when a meta-analysis attempts to lump all the studies together, there is so much heterogeneity amongst the studies that the effect may get diluted and no benefits may be found. However, this study was able to tease out and identify particular probiotic species and strains that were shown to have some benefit. Healthy term neonates are first colonized with *Lactobacillus* and *Bifidiobacterium* in their gut. Literature supports that prematurity and critical illness are associated with disruptions in the infant gut microbiome, and this is associated with altered immunity and necrotizing enterocolits. Thus, it is logical to attempt to restore the pretorm cut microbiome with the probiotic species and strains they should be colonized with as a means to reduce mc growth.

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