

Probiotics do not prevent relapse in Crohn's disease patients

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Despite previous data showing beneficial effects, the probiotic *Saccharomuces boulardii* (*S. boulardii*) does not prevent clinical relapse in patients with Crohn's disease, according to a new study in *Clinical Gastroenterology and Hepatology*, the official clinical practice journal of the American Gastroenterological Association.

As more people seek natural or non-drug ways to maintain their health, products containing probiotics have flooded the marketplace. While safe and tolerable, this study discovered that the probiotic *S. boulardii* does not appear to have any significant beneficial effects for patients with Crohn's disease who are already in remission.

In this randomized, double-blind, placebo-controlled trial, the probiotic yeast *S. boulardii* was tested as a preventive therapy in patients with moderately severe Crohn's disease who were currently in remission following steroid or salicylate therapies. At the end of the one-year follow-up period, 50 percent of patients had relapsed—47.5 percent in the *S. boulardii* group and, similarly, 53.2 percent in the placebo group. Further, the time-to-relapse was not statistically different between patients treated with *S. boulardii* or placebo.

While this probiotic showed no positive effects for Crohn's disease patients, further studies are needed to determine the potential <u>therapeutic</u> <u>efficacy</u> of probiotics in other forms of IBD, such as ulcerative colitis, and pouchitis.



Probiotics are living microscopic organisms, or microorganisms, that scientific research has shown to benefit an individual's health. *S. boulardii*, a probiotic made from a strain of yeast and sold in local drug stores or supermarkets in the form of capsules, has been demonstrated to be effective in the treatment of traveler's diarrhea, diarrhea occurring in subjects infected with the <a href="https://mww.mw.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodeficiency.nummunodefici

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