

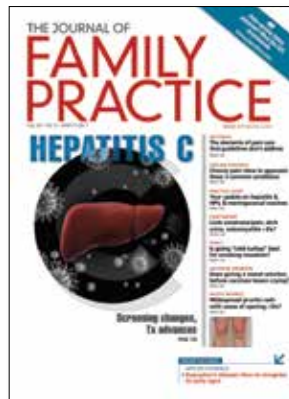
Consider this probiotic for functional abdominal pain

In the article, “When can infants and children benefit from probiotics?” (*J Fam Pract.* 2016;65:789-794), Dassow et al recommended probiotics as a therapeutic tool for reducing abdominal pain associated with pediatric irritable bowel syndrome (IBS). There are several types of functional disorders in childhood with related abdominal pain, the most common of which are IBS and functional abdominal pain (FAP).^{1,2}

Several recent randomized placebo-controlled trials—one of which I led—have shown that *Lactobacillus reuteri* DSM 17938 is a beneficial treatment for FAP in children.³⁻⁵ When compared with placebo, this probiotic agent significantly reduced the frequency and intensity of FAP in children.

Family physicians should consider this probiotic microorganism as a potential therapeutic tool for IBS, as well as childhood FAP.

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While I agree with Smith et al's assessment of abrupt cessation for patients in the preparation and action stages of change as created by DiClemente and Prochaska,² most clinical patients are in the pre-contemplative and contemplative stages of change. A bias of the study was that all recruited participants were willing to quit within 2 weeks.

A systematic review by the same authors (Lindson-Hawley et al) compared gradual reduction of smoking with abrupt cessation and found comparable quit rates.³ Smith et al commented that the reason for this conclusion was limitations in the studies, including differences in patient populations, outcome definitions, and types of interventions.

Because a large subset of clinical patients are in the pre-contemplative and contemplative stages of change, I believe gradual cessation remains an important technique to use while patients transition their beliefs.

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References

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Gradual vs abrupt smoking cessation: Each has its place

In the article by Smith et al, “‘Cold turkey’ works best for smoking cessation” (*J Fam Pract.* 2017;66:174-176), the authors highlighted a study by Lindson-Hawley et al showing that abrupt cessation was associated with higher quit rates than gradual cessation.¹

References

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Author's response

I appreciate Dr. Ebel's input and perspective. My co-authors and I acknowledge that the previous systematic review noted comparable quit rates, but there were significant limitations to the studies, which Dr. Ebel noted. The highlight from the 2016 randomized, controlled trial by Lindson-Hawley et al is that patients are more likely to quit from abrupt cessation, even if they initially prefer gradual cessation. As Dr. Ebel notes (and we highlighted in the PURL), our role as family physicians is to inform patients of the data, but support them in whatever method of cessation they choose.

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➤ Several randomized placebo-controlled trials have shown that *Lactobacillus reuteri* DSM 17938 is a beneficial treatment for functional abdominal pain in children.