Probiotics May Prevent Antibiotic-Related Diarrhea

BY JEFF EVANS
Senior Writer

ORLANDO, FLA. — Daily intake of a lactobacilli-fermented milk may help prevent antibiotic-associated diarrhea in hospitalized patients, Natalie A. Fortier reported at the annual meeting of the American College of Gastroenterology.

Few of the published studies on the use of probiotics to prevent antibiotic-associated diarrhea have had a strong randomized, placebo-controlled design, said Ms. Fortier of the University of Montreal.

The daily drink, which contained 50 billion colony-forming units of live *Lactobacillus acidophilus* and *L. casei*, was associated with significantly fewer cases of antibiotic-associated diarrhea (7 of 41 patients) than was a placebo drink composed of lactoserum devoid of any microorganisms (16 of 43 patients).

Ms. Fortier and her colleagues at the university defined antibiotic-associated diarrhea as three or more liquid stools in a 24-hour period in the randomized, double-blind trial.

The researchers provided the active treatment or placebo daily to adult patients with an average age of 70 years on the 7-10 days that they were taking antibiotics and obtained follow-up from the patients for 21 days after they stopped taking antibiotics.

The patients began prophylactic treatment in the first 48 hours after starting antibiotics, which were primarily for upper respiratory tract infections.

Those with active diarrhea, GI bleeding, inflammatory bowel disease, *Clostridium difficile* infection in the last 3 months, a high risk of an immunocompromised state, lactose intolerance, or a regular intake of probiotics were excluded from the trial.

Diarrhea associated with *C. difficile* occurred less often in patients who received the active treatment (1 of 41) than in placebo patients (7 of 43), although the difference did not reach statistical significance.

Actively treated patients had a significantly shorter median length of stay in the hospital, compared with patients who received placebo (8 days vs. 10 days).

Ms. Fortier and her associates obtained their results from a multivariate analysis after controlling for risk factors for antibiotic-associated diarrhea and *C. difficile*–associated diarrhea as well for the fact that significantly more placebo patients received β-lactam antibiotics (67%) than did actively treated patients (41%).

Side effects—mostly of a GI nature—occurred in nearly half of patients in each group, she said.

The active and placebo preparations were provided by Bio-K+ International Inc., Laval, Que., which manufactures and markets the active treatment. ■

Early Colorectal Ca Screening in Minorities

ORLANDO, FLA. — Colorectal cancer occurs at a high enough rate in African Americans and Hispanics under 50 years of age to warrant screening starting at age 40, according to Jaydutt Vadgama, Ph.D., of the Charles R. Drew University of Medicine and Science, Los Angeles.

In a retrospective study, Dr. Vadgama found that of 148 patients who had been diagnosed with colorectal cancer at the Martin Luther King/Drew Medical Center during 1996-2004, 38 (26%) were younger than 50 years of age. At diagnosis, the 38 patients had a median age of 42 years. Half of the patients under age 50 had a family history of colorectal cancer.

During 1993-1997, 46% of the 11,615 cases of colorectal cancer in African Americans and Hispanics in California occurred in patients younger than 50 years.

"Colorectal cancer screening should be considered in African Americans and Hispanics beginning at age 40 regardless of family history," the researchers suggested in a poster presentation at the annual meeting of the American College of Gastroenterology.

The college's guidelines on colorectal cancer screening, published in 2000, recommend that patients at higher than average risk for colorectal cancer should be screened by colonoscopy at an age of 40 years or 10 years younger than the age of the youngest affected relative at diagnosis, whichever is earlier.

—Jeff Evans