

# Template

 Entire dispensary

Review plan (10)

[< Back](#)

## Antibiotic Support

 Template by Fullscript

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**Preview****Evidence**

### Evidence rating

The following protocols were developed using only **a,b,c,d**-quality evidence

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### Overview

Antibiotics have been shown to disrupt the gastrointestinal flora, contributing to undesirable digestive concerns. It's estimated that approximately 30% of individuals taking antibiotics experience diarrhea, with symptoms ranging from mild to severe, especially in cases involving *Clostridium difficile*. ([Newberry 2012](#)) Antibiotic-associated diarrhea (AAD) is a primary factor in individuals discontinuing their antibiotic treatment. ([D'Souza 2002](#))

Various studies demonstrate that probiotics may help maintain or restore gut microbe diversity during or after antibiotic treatment. Current evidence primarily involves *Lactobacillus* strains as well as *Saccharomyces boulardii*. ([Newberry 2012](#)) ([Szajewska 2005](#))

### Lactobacillus strains

## **Lactobacillus strains (e.g., *Lactobacillus rhamnosus* GG, *Lactobacillus reuteri*, *Lactobacillus casei*)**

**50–100 billion colony-forming units (CFUs) of a multi-strain probiotic containing *Lactobacilli* for 1–3 weeks with the onset of antibiotic use or for five days after the last antibiotic dose ([Gao 2010](#))([Rodgers 2013](#))**

- A meta-analysis indicates that probiotics, particularly *Lactobacilli*, show promise in preventing AAD. ([D'Souza 2002](#))
- A meta-analysis of 63 randomized controlled trials (RCTs) involving 11,811 participants found that probiotics, primarily *Lactobacillus*-based probiotics, significantly reduced the risk of AAD by 42%. ([Newberry 2012](#))
- A subgroup analysis of six RCTs found that starting probiotics within two days of antibiotic treatment lowered AAD prevalence by 29% in elderly individuals. ([Zhang 2022](#)).
- A probiotic blend containing *Lactobacillus acidophilus* CL1285 and *Lactobacillus casei* LBC80R Bio-K+ CL1285 significantly reduced the incidence of AAD by 44.1% compared to placebo, with shorter symptom duration for AAD and lower incidence of *Clostridium difficile*-associated diarrhea (CDAD). The study demonstrated that a higher dose of 100 billion CFUs was more effective and resulted in fewer gastrointestinal symptoms than 50 billion CFUs. ([Gao 2010](#))

## **Saccharomyces boulardii**

### ***Saccharomyces boulardii***

**500–1,000 mg (10–20 billion CFUs) per day, starting with the initiation of antibiotic treatment and continuing for three days to two weeks.**

- A systematic review of five RCTs found that *S. boulardii* reduced the risk of AAD from 17.2% to 6.7%. *S. boulardii* was shown to be moderately effective in preventing AAD in patients taking antibiotics, primarily for respiratory tract infections. ([Szajewska 2005](#))
- A systematic review of 21 RCTs noted that *S. boulardii* reduced the risk of AAD from 18.7% to 8.5%. Furthermore, *S. boulardii* was shown to effectively reduce the risk of AAD in both children and adults, with significant reductions also seen in CDAD in children. ([Szajewska 2015](#))

## **References**

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# Template

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