GUT MICROBIOTA FOR HEALTH
Experts Exchange

THE PLACE FOR SCIENTIFIC DEBATE

The Gut Microbiota For Health Newsletter #64

August 20, 2015

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Edito

Dear Friends,

This week our editorial team highlights one of the latest directions in personalized medicine: computational biology tools that help physicians predict how a treatment such as antibiotics will change a patient's gut microbiota.

In this newsletter we are also pleased to debut a new interview format -- 4-minute podcasts! In the first one, you can hear Dr. Stephen O'Keefe of Pittsburgh, USA, speak about dietary fibre and colon cancer risk; in the second podcast, Dr. Ramy Aziz of Cairo explains the 'microbiome cloud model' and the challenges of integrating human microbiome variations into systems pharmacology.

Two literature selections this week include one on the long-lasting microbiota changes that occur after bariatric surgery for obesity, and another on a randomized, placebo-controlled trial of probiotics to reduce abdominal pain after colonoscopy.

Physicians, don't forget -- our "Gut Microbiota e-learning" slides can now earn you Continuing Medical Education credits! See our website for more details.

The GMFH publishing team

Gut microbiota e-learning: Get CME Credits!

The « Gut microbiota e-learning », made available on gutmicrobiotaforheath.com and organized by the Gut Microbiota & Health ESNM Section, is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists.

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Each medical specialist should claim only those credits that he/she actually spent in the educational activity. The EACCME is an institution of the European Union of Medical Specialists (UEMS). Only those e-learning materials that are displayed on the UEMS- EACCME website have formally been accredited.

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Learning to predict how antibiotics perturb the gut microbiota

For Dr. Vanni Bucci, assistant professor of computational biology at the University of Massachusetts Dartmouth, new treatments are not the only way to make progress in medicine. He believes doctors can greatly improve care by making better use of treatments that already exist -- even common ones like antibiotics.

Dr. Bucci has so far discovered that antibiotic treatment selects for certain gut bacteria over others. "We see this type of rapid -- really rapid, on the order of a day or couple of days -- shift in composition," he says.

Read more

Written by K. Campbell

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Interview with Dr. Stephen O'Keefe: How a low-fibre diet can increase colon cancer risk

Dr. Stephen J.D. O'Keefe is a Professor of Medicine at the University of Pittsburgh and a practicing gastroenterologist at the University of Pittsburgh Medical Center. His work focuses on 'nutritional gastroenterology' -- in particular, translational research that evaluates physiological and pathophysiological responses to dietary intake.

Dr. O'Keefe gave a talk at Experimental Biology 2015 called, "Diet, Microbiota, and Microbial Metabolites in Rural Africans and African Americans", where he presented data from his recent study.

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Written by K. Campbell

Interview with Dr. Ramy Aziz: Integrating microbiome variations into systems pharmacology

Dr. Ramy K. Aziz is an Assistant Professor of Microbiology and Immunology in the Faculty of Pharmacy at Cairo University. He was previously a visiting scientist at UC San Diego, USA. Dr. Aziz's research focuses on microbial pathogenesis, genomics, and macrobiomics; he is particularly interested in systems biology perspectives.

Dr. Aziz gave a talk at Experimental Biology 2015 called, "Pharmacomicrobiomics: The Impact of Human Microbiome Variations on Systems Pharmacology and Personalized Therapeutics".

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Written by K. Campbell

Bariatric surgery confers long-term benefits through gut microbiota

Tremaroli *et al.* reported that bariatric surgery for obesity, whether gastric bypass or vertical banded gastroplasty, induced a significant and sustained change in the gut microbiome of 14 women for at least a decade. Among the changes in the gut microbiome were genetic adaptation to the new environment (including an increase in sugar metabolism and glycolysis), a decrease in the ratio of short-chain fatty acids to branched-chain fatty acids, and an increase in the dihydroxylation of primary bile acids.
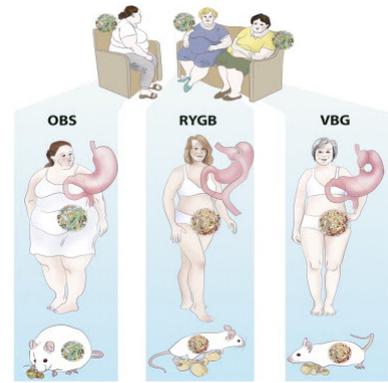
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Written by PY. Arnoux

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Reducing abdominal pain after colonoscopy

Millions of colonoscopies are performed each year in the United States and Europe. In the days following colonoscopy, up to one fifth of patients experience abdominal pain. The investigators conducting this study wondered if these pain symptoms are related to alterations in gut microbiota that occur in the process of bowel preparation.

In this study, patients were randomized to consume either probiotic or placebo capsules after colonoscopy, and were asked to record their symptoms in the subsequent days. The strains *Lactobacillus acidophilus* NCFM and *Bifidobacterium lactis* Bi-07 were used in the capsules.

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Written by P. Enck

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