The Safety of Probiotics: Considerations following the 2011 U.S. Agency for Health Research and Quality Report

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The Journal of Nutrition in response to the recently published report, “The Safety of Probiotics to Reduce Risk and Prevent or Treat Disease” by the U.S. Agency for Healthcare Research and Quality (AHRQ) Southern California Evidence-Based Practice Center. This robust systematic review of randomized controlled trial (RCT) includes data on the safety of probiotics used in research to reduce the risk of, prevent, or treat disease (1). In short, the authors set out to answer the question: are probiotics safe? The report cataloged data concerning the safety of interventions containing organisms from 6 genera: Lactobacillus, Bifidobacterium, Saccharomyces, Streptococcus, Enterococcus, and Bacillus spp. alone or in combination (1). After systematic review of over 11,981 articles identified and 622 included studies on probiotics, the report found that there was only limited evidence to address the questions that the review set forth to answer (1). Although the review included a large number of RCT, most of them were not designed specifically to address and report safety findings. The study concluded that despite the substantial number of publications, the current literature is not well equipped to answer questions on the safety of probiotic interventions with confidence. It is important for the scientific community to recognize that this conclusion should not put the safety of these microorganisms into question but provide further evidence to advance the notion that the 6 genera included in the study have minimal safety concerns, because no adverse events were reported.

The overarching goal of the AHRQ report is to perform an evidence-based review that will help inform individual health plans, providers, and purchasers as well as the health care system as a whole by providing important information to help improve health care quality. Although evidence-based reviews can be powerful tools to identify and synthesize all relevant data, they are limited when available data are not designed with the same power to identify the presence or absence of participants’ adverse health outcomes, the evidence-based report does not address the totality of evidence in relationship to the safety of probiotics. The limited nature of published data available that are specifically designed to assess safety of probiotics should not come as a surprise to the scientific community, given that very few traditional foods/food ingredients that have been widely consumed for centuries have been the subject of systematic toxicological and safety assessment (2). Many microorganisms to which we ascribe probiotic effects have origins in dairy/fermented foods and have long been consumed as constituents of these foods without any apparent ill effect for centuries. Despite their widespread use in foods and dietary supplements, the incidence of bacteremia attributable to probiotic strains remains extremely low (3). The data available in the AHRQ report and literature strengthen the conclusion that the majority of probiotics strains (excluding those new and recently engineered probiotic strains that have not been clinically evaluated for safety and do not have a long history of safe use) in foods and dietary supplements should be considered generally safe. Additionally, many probiotics pose a low risk in the general population, as shown by their native colonization in the gastrointestinal tract of humans. If the question is “are probiotics safe?” and the answer is intended to inform the healthcare community and consumers, then the conversation is incomplete without a discussion concerning the other types of evidence demonstrating that the probiotics covered in the AHRQ report are in fact safe. To properly inform the health care community about the safety of probiotics and other nutritional substances, scientists may be required to modify the current paradigm away from evidence-based reviews that are focused on evidence from RCT while giving little consideration to other forms of evidence.

It is imperative to note that the authors of this commentary in no way wish to suggest that the scientific community should
discontinue researching the safety of probiotics. However, in the absence of drug-like safety data, health care authorities and policy makers should consider incorporating a risk-benefit analysis that utilizes all available evidence pertaining to the potential for benefit and harm. A risk-benefit analysis would enable the scientific community to appropriately shift resources and efforts to focus on extending the safety knowledge of newly engineered strains that pose a much higher risk of adverse events because of their inadequate history of safe use and safety data. Furthermore, a risk-benefit analysis may be the appropriate method for assessing the need for extensive safety evaluations of probiotics in certain diseased populations due to the relatively low risk and potential for substantial benefit for a variety of clinical conditions. This, however, is not true for all disease scenarios where phase 1 safety studies of probiotic strains may still be needed in clinical situations in which the history of safe use is not established for a particular subpopulation.

Growing public interest in probiotics calls for appropriate regulatory and policy action as these microorganisms become an increasingly important part of a balanced diet and in helping consumers to maintain adequate nutrition. Recent demonstration of efficacy in probiotics offers new opportunities for the development of novel and innovative functional food and dietary supplement products. The AHRQ conclusion that the current literature is not well equipped to answer specific questions on the safety of probiotic interventions with confidence provides little guidance to the healthcare and nutrition communities. The lack of adverse events reported throughout studies included in the AHRQ report should strengthen the argument that probiotics are safe. In addition, the totality of evidence is further supportive of a conclusion that probiotic interventions in both healthy and some diseased populations can be considered safe. To better inform the healthcare community on nutrition matters, the AHRQ should not rely primarily on a drug-oriented, evidence-based medicine paradigm. A new paradigm of evidence-based nutrition (4) is needed that includes evaluation of other forms of data and practical information in the development of recommendations.

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Literature Cited