



# Biome Breathe™ Probiotic

## Condition Management Guide

To stimulate a healthy immune system response in children



### INTRODUCTION

In a recently completed clinical trial in children with allergic asthma or recurrent wheezing (n=422), supplementation with Biome Breathe Probiotic daily for 4 months significantly reduced the number of asthma attacks the children experienced during both the treatment period and 4-month follow-up period, compared to placebo (1). On the basis of these encouraging clinical trial results, Biome Breathe™ Probiotic may be considered as an adjunct to medications indicated for paediatric asthma management, including preventer, reliever, or combination medications.

#### CONSIDER AS AN ADJUNCT TO:

Asthma Preventer Medications

Combination Preventer & Reliever

Reliever Medication



### REFERENCES

1. Unpublished clinical trial; manuscript currently under peer review.



# Biome Breathe™ Probiotic

Supporting clinical  
research



J Paediatr Child Health. 2018 Sep;54(9):953-961. doi: 10.1111/jpc.14126. Epub 2018 Jul 27.

## PROBIOTICS SUPPLEMENTATION IN CHILDREN WITH ASTHMA: A SYSTEMATIC REVIEW AND META-ANALYSIS.

Lin J, Zhang Y, He C, Dai J.

**Aim:** To systematically review the effects of probiotics supplementation in children with asthma.

**Methods:** An electronic search was conducted on PubMed, Embase, Cochrane Central Register of Controlled Trials, China National Knowledge Infrastructure Database, CQ VIP Database and Wanfang Data until November 2017. The reference lists of included studies and pertinent reviews were checked for supplementing our search. Randomised control trials that compared probiotics versus placebo were included.

**Results:** Eleven studies with a total of 910 children met eligibility criteria. **The pooled data revealed that the proportion of children with fewer episodes of asthma was significantly higher in the probiotics group than in the control group (risk ratio 1.3, 95% confidence interval (CI) 1.06-1.59);** the reduction of IL-4 (mean differences -2.34, 95% CI -3.38, -1.29) and the increasing of interferon- $\gamma$  (mean differences 2.5, 95% CI 1.23-3.76) was also significant after the treatment of probiotics. Nevertheless, no statistical significance was observed in childhood asthma control test, asthmatic symptom in the day and night, the number of symptom-free days, forced expiratory volume in the first second predicted and peak expiratory flow.

**Conclusion:** This systematic review does not confirm or rule out the beneficial effects of probiotics supplementation in children with asthma. More well-designed randomised control trials with larger sample sizes need to be conducted to evaluate the effects of probiotics in children with asthma in the future.