Results & Findings



DynaMed Level 1 (likely reliable) evidence suggests the following [1]

- *L. rhamnosus* GG, *S. boulardii* reduce risk of AAD in children (many studies 6mo. to 10y.) taking antibiotics
- Different species and combinations have different levels of evidence, and may have different effects (not compared head-to-head; per Cochrane Review)

DynaMed Levels of Evidence [2]

Level	Definition		
1	Likely reliable		
2	Mid-level		
3	Lacking direct		

Probiotic Selection Based on Level of Evidence

Options for Probiotics for Prevention of Diarrhea in Children Taking Antibiotics [1]

Probiotic Species	Prevention of Antibiotic- associated Diarrhea	Prevention of <i>Clostridium Difficile</i> -associated Diarrhea	Typical Dose
Lactobacillus rhamnosus (GG strain) (Culturelle)	Effective (<u>level 1 [likely</u> reliable] evidence)	May be ineffective (<u>level 2 [mid-level] evidence</u>)	1010 CFU/capsule once or twice daily
Saccharomyces boulardii (Florastor)	Effective (<u>level 1 [likely</u> reliable] evidence)	May be effective (<u>level 2 [mid-level]</u> evidence)	250-500 mg/day

Alternatives with Less Robust Evidence of Efficacy (DynaMed Level 2)

- Combination: Lactobacillus casei, Lactobacillus acidophilus, L. reuteri, Lactobacillus bulgaricus, Streptococcus, Bifidobacterium bifidum, Bifidobacterium infantis
- Combination: Bifidobacterium lactis and Streptococcus thermophilus
- Lactobacillus sporogenes
- Combination: Clostridium butyricum and Bifidobacterium combination