Welcome

Derek Evans
Chair-elect of the Pharmacy Professional Group

Products in the pharmacy for preparing the Traveller.

PPG Pre-conference presentation - CISTM16

First Aid kits- what to put in them

Sheila Seed
PPG Council member

Natural medicines- available products an evidence of efficacy

Derek Evans
PPG Chair elect

Natural medicines- available products an evidence of efficacy

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Pre and Probiotics- evidence

• Differences between pre and probiotics
• Quick review of some of the key data for each group
• Use in travel medicine.
Probiotics

- Defined as live organisms that can confer a health benefit on the host
- Differ from prebiotics by colonising the bowel to displace dangerous bacteria.
- Early studies concluded that probiotics reduced the risk of acute diarrhoea by 26% in adults.

Prebiotics

- Non-digestible food ingredient
- Selectively stimulates the growth, activity or both
- Of a limited number of species resident in the gut.
- Second generation using bifidobacterial-galacto-oligosaccharides (B-GOS) better functionality and selectivity.
- Non-digestible substance that act as food for the gut microbiota

Feedback on PROBIOTICS

- 2007 meta-analysis of PROBIOTICS may offer a safe and effective method to prevent TD
- 2014 meta-analysis of PROBIOTICS did not have a significant effect on TD

VARIABILITY IN SETTING, STRAINS USED, CAUSES OF TD INDUSTRY NEEDING TO ADDRESS DEFICITS IN LISTING OF STRAIN SPECIFIC ORGANISMS

Data analysis PREBIOTICS

- 8 literature references between 2005-2018 on PREBIOTICS
- All using standardised B-GOS (41171)
- 6 reports of providing protection bacterial infections (5 typhii)
- 1 study highlighted 39% reduction in risk of TD symptoms.

UNABLE TO PERFORM A META-ANALYSIS REVIEW INSUFFICIENT DATA FOR EXPERT REVIEW PANEL TO CONFIRM USE IN TD REDUCTION.

Results of Swedish trial- single study

B-GOS reduces the risk of diarrhoea after 7 days

Confirmed that this was to be interpreted as starting 7 days before travel to be effective

Pre and Probiotic use in travel medicine

- Travellers diarrhoea prevention, reduction or treatment continues to be a major problem in travel related disease
- Question of antibiotic use and stewardship continues to be debated on the value and risks
- Ruling of the use/abuse of loperamide and FDA ruling on use.
Discussion

• With the answers regarding the use of antibiotics in TD being unresolved
• An alternative approach would be to consider the natural alternatives and consider the efficacy of these groups
• Prebiotics produced from a combination of bacteria and long chain saccharides have studies that claim reduction in TD
• Probiotics produced from natural non-pathogenic material have a WHO definition and conflicting reports of the benefits in TD

Current understanding

• Prebiotics: having a standardised preparation, have insufficient studies published for a meta-analysis review to support use in TD
• Single study data indicates potential use for reduction in TD
• Probiotics: suffer from having poor standardisation of test organisms and bias in trial studies.
• Meta-analysis data cannot support claims for use in reduction of TD

Conclusions

• Confusion and mixing of reviews together for pre and probiotics should be considered independently.
• Addressing of the reasons for poor study data with probiotics by the pharma industry
  • Requires separate studies for prebiotics

Questions?

Natural Medicines: Selected Products and Effectiveness

Karl Hess
PPG Council member

Avoiding insect bites

Larry Goodyer
PPG Council member
From EH to Zika. The scope of practice and evidence related to Canadian pharmacists as travel health care providers

Sherilyn Houle
PPG Council member

An inter professional collaboration between a community and a travel clinic in a Swiss university primary care and public health center

Marie Jose Barbalat
Switzerland

Questions to speakers

Close and Reception