## *B. infantis* 35624 probiotic therapy shows promise in IBS

Previous research indicates that the bacterial flora of the gut could have a role in irritable bowel syndrome (IBS). A pilot study by O'Mahony *et al.* demonstrated that a specific strain of probiotic bacteria, *Bifidobacterium infantis* 35624, might be a promising treatment for IBS. The same team have now confirmed its efficacy in a randomized, double-blind, placebo-controlled, dose-ranging study.

In total, 362 women with IBS received either active treatment at one of three doses ($1\times10^6$, $1\times10^8$, or $1\times10^{10}$ live bacteria) in capsule form, taken daily for 4 weeks, or placebo. Patients were followed up for a further 2 weeks. Intention-to-treat analysis revealed that, compared to placebo, only the $1\times10^8$ dose resulted in a significant improvement from baseline for the primary endpoint of improved abdominal pain and discomfort ($P=0.023$). The $1\times10^8$ dose was also the only dose to result in improvements in any of the secondary endpoints (all $P\leq0.05$). The $1\times10^8$ dose seemed to be equally effective across IBS subtypes; however, there was a trend towards greater efficacy in those with diarrhea-predominant IBS.

Given that the $1\times10^{10}$ dose had shown efficacy in the pilot study, Whorwell *et al.* were surprised at its lack of efficacy in this trial. *Post hoc* experiments showed that this dose 'coagulated' into a firm mass that probably inhibited the organism's growth. While this study shows that *B. infantis* 35624 (in capsule form) can effectively treat IBS, it also emphasises the need for clinical trials of the final formulations of all probiotic products.

**Original article** Whorwell PJ *et al.* (2006) Efficacy of an encapsulated probiotic *Bifidobacterium infantis* 35624 in women with irritable bowel syndrome. *Am J Gastroenterol* **101:** 1581–1590

## Driving skills recover quickly after sedation with propofol

It is currently recommended that patients who have undergone sedated endoscopy avoid driving, cycling, and even using public transport unaccompanied for 24 h afterwards. Many patients, however, are unable to find an alternative to travelling alone. These recommendations were devised at a time when benzodiazepines were the only sedatives used during endoscopy, and might not reflect the faster recovery times associated with newer, shorter-acting sedatives such as propofol. A new German study has shown that the driving skills of patients sedated with propofol return to normal within 2 h of an endoscopic procedure.

Patients were randomly allocated to undergo gastrointestinal endoscopy with either propofol or midazolam plus pethidine. Their psychomotor and driving skills were assessed via a driving-simulation test and a number-connection test 1 h before and 2 h after endoscopy. Although the number-connection test results did not significantly differ before and after the procedure in either group, the results of the driving simulation differed quite markedly between groups. The patients in the midazolam group performed markedly worse 2 h after sedation, compared with baseline, but the driving skills of the patients in the propofol group were almost unaffected.

Riphaus *et al.* suggest that the guidelines on driving after sedated endoscopy should be revised, following larger, dedicated studies. They emphasize that these results apply only to relatively healthy patients without relevant comorbidities, and that the effect of higher doses—as used in prolonged procedures—should be assessed separately.

**Original article** Riphaus A *et al.* (2006) Quality of psychomotor recovery after propofol sedation for routine endoscopy: a randomized and controlled study. *Endoscopy* **38:** 677–683

## Small-intestinal recovery is fastest in young celiac disease patients

The only current treatment for celiac disease is lifelong compliance with a gluten-free diet. Data on recovery of the small intestine after the adoption of this diet are, however, surprisingly sparse. In order to address this lack, Tursi *et al.* conducted a 2-year, prospective study of 42 consecutive patients newly diagnosed with celiac disease.

All patients (age range 15–72 years) underwent esophagogastroduodenoscopy with small-bowel biopsy at baseline (before introduction of the gluten-free diet) and every 6 months thereafter. At 2 years, 76.2% of patients were judged to have endoscopically 'normal' findings, compared with 11.9% of patients at baseline. Patients <60 years old showed improvement within 1 year, whereas patients >60 years old showed no improvement by the study end. No