



63 ° Congr. Nazionale SIGG, Roma, 30 novembre  
2018

# L'INTESTINO SECONDO CERVELLO: COME ASCOLTARLO E ASSISTERLO PER PREPARARE UNA BUONA SALUTE IN ETÀ GERIATRICA?

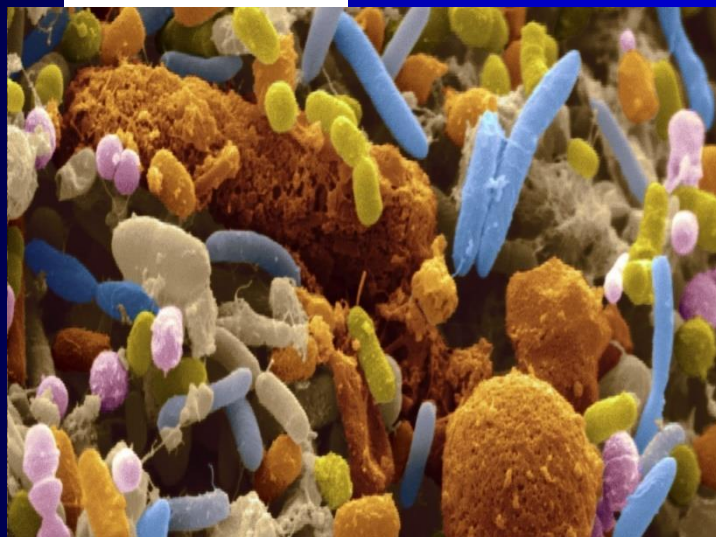
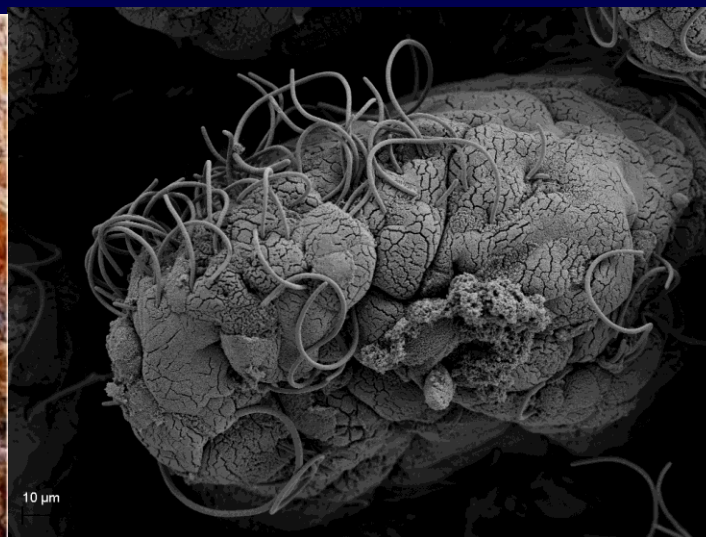
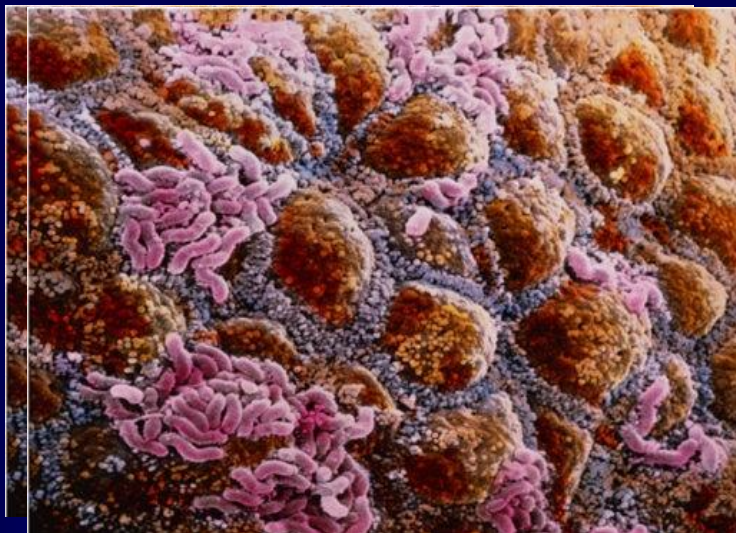
*Giovanni Gasbarrini \**

*\*Professore Emerito di Medicina Interna all' Università Cattolica di Roma*

*V. Bahia \*\**

*\*\*Tecnico foto*





cosa e'

?



# THE HUMAN

Bacteria, fungi, and viruses outnumber human cells in the body by a factor of 10 to one. The microbes synthesize key nutrients, fend off pathogens and impact everything from weight gain to perhaps even brain development. The Human Microbiome Project is doing a census of the microbes and sequencing the genomes of many. The total body count is not in but it's believed over 1,000 different species live in and on the body.

## 25 SPECIES

in the **stomach** include:

- *Helicobacter pylori*
- *Streptococcus thermophilus*

## 500-1,000 SPECIES

in the **intestines** include:

- *Lactobacillus casei*
- *Lactobacillus reuteri*
- *Lactobacillus gasseri*
- *Escherichia coli*
- *Bacteroides fragilis*
- *Bacteroides thetaiotaomicron*
- *Lactobacillus rhamnosus*
- *Clostridium difficile*

# MICROBIOME

## 600+ SPECIES

in the **mouth, pharynx and respiratory system** include:

- *Streptococcus viridans*
- *Neisseria sicca*
- *Candida albicans*
- *Streptococcus salivarius*

## 1,000 SPECIES

in the **skin** include:

- *Pityrosporum ovale*
- *Staphylococcus epidermidis*
- *Corynebacterium jeikeium*
- *Trichosporon*
- *Staphylococcus haemolyticus*

## 60 SPECIES

in the **urogenital tract** include:

- *Ureaplasma parvum*
- *Corynebacterium aurimucosum*





# Anatomo-Microbiological barrier

## Microbiota

***Mucosal  
Barrier***

***Epithelial  
barrier***

***Endocrine  
system***

***Vascular and lymphatic  
systems***

Gemelli



***Acquired  
and  
Innate  
immunity***

***Neuroenteric system***

***Digestive enzymes***

# Microbiota has many components

**Virus/phages**      **Bacteria**      **Protozoa**      **Helminth**  
**Archea**      **Micro-eukaryotes**      **Yeast**      **Parasite**

*Mucosal  
Barrier*

*Epithelial  
barrier*



*Acquired  
and  
Innate  
immunity*

*Endocrine  
system*

*Vascular and lymphatic  
systems*

*Neuroenteric system*  
*Digestive enzymes*



# Gut Bacteriome

Virus/phages      **Bacteria**      Protozoa      Helminth

Archea      Micro-eukaryotes      Yeast      Parasite

*Mucosal  
Barrier*

*Epithelial  
barrier*



*Acquired  
and  
Innate  
immunity*

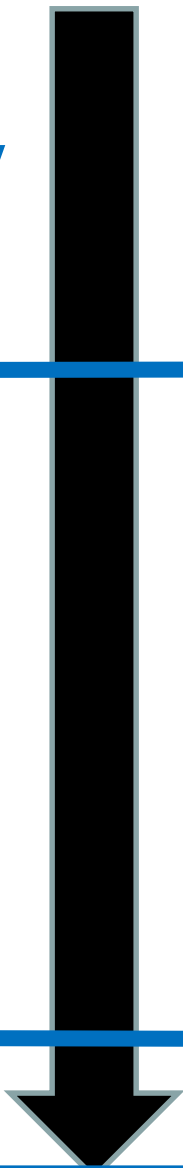
*Endocrine  
system*

*Vascular and lymphatic  
systems*

*Neuroenteric system*

*Digestive enzymes*

# Microbial Taxonomic Rank

Genes identity		DOMINIUM	Level
		REGNUM	
		PHYLUM	1
		CLASSE	2
		ORDO	3
		FAMILIA	4
		GENUS	5
99%		SPECIES	6
100%		SUBSPECIES	7



# **..HOWEVER, EACH INDIVIDUAL**

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**4-6 phyla**



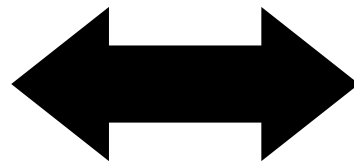
**130-150 bacterial species**



**800-1200 subspecies**

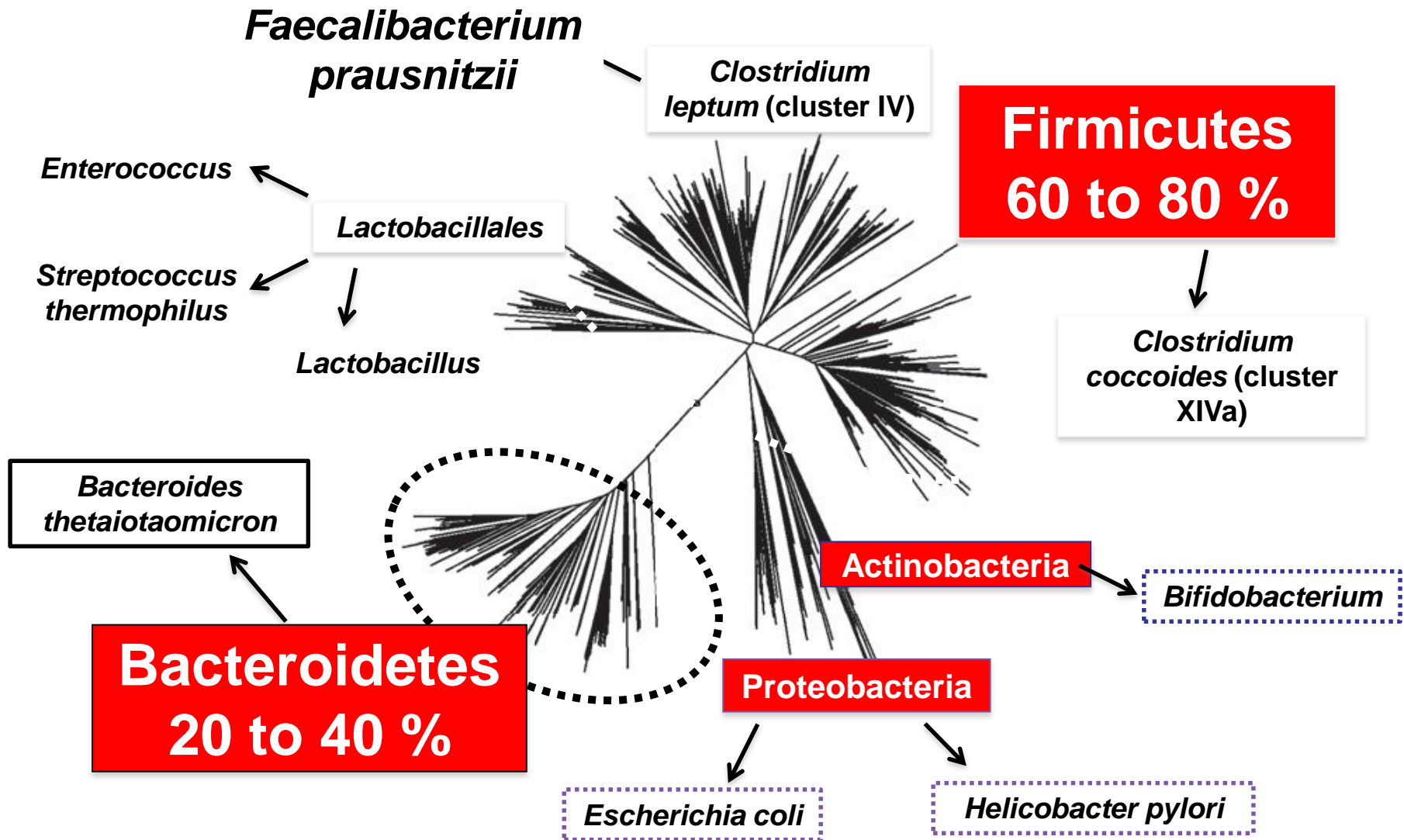
**800-1000 gr, 3.000.000 genes**

**Microbiome**



**Metabolome**

# Phylogenetic diversity of human gut Bacteriome

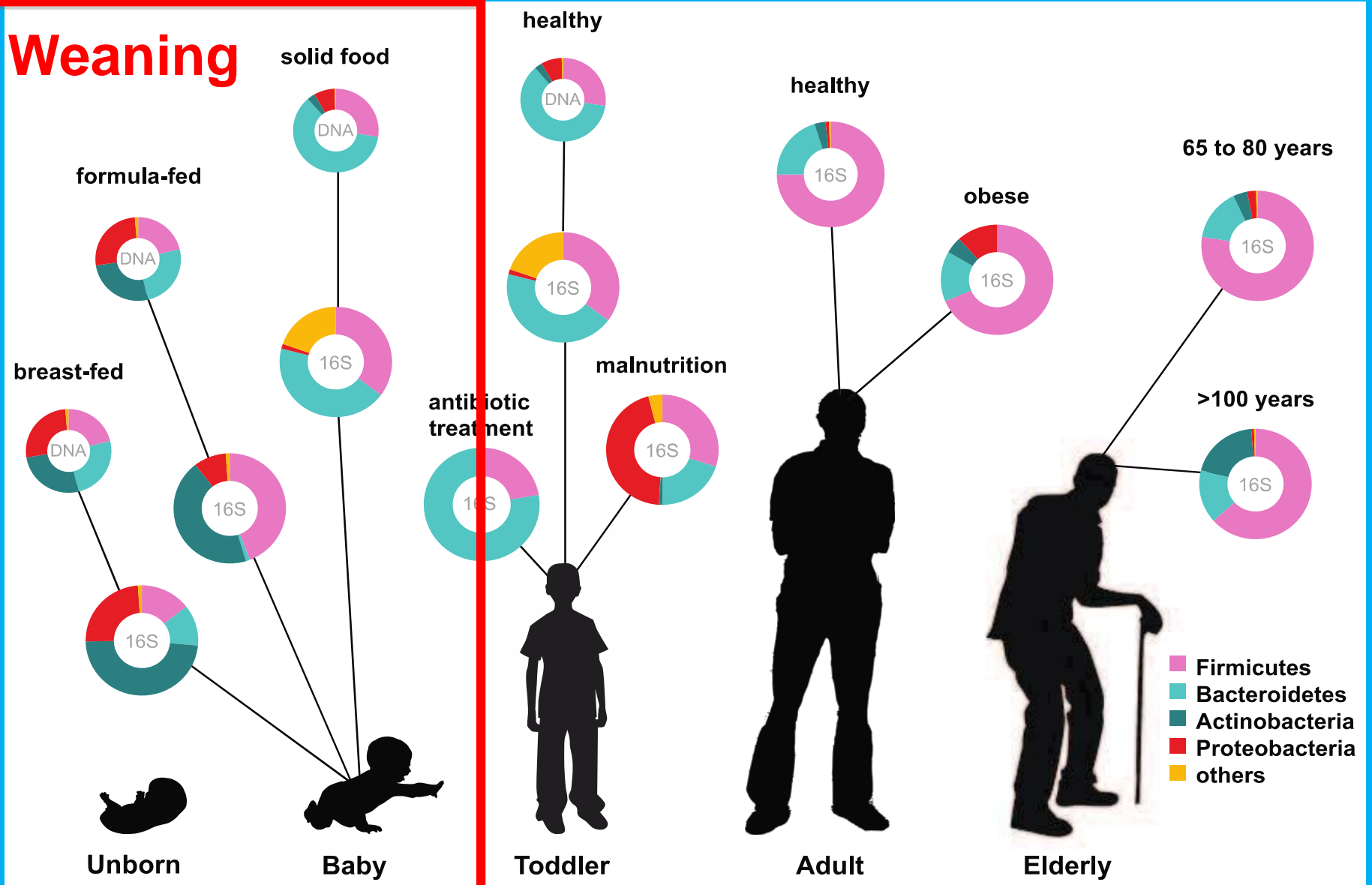


**2 major phyla: Firmicutes and Bacteroidetes (>70%)**

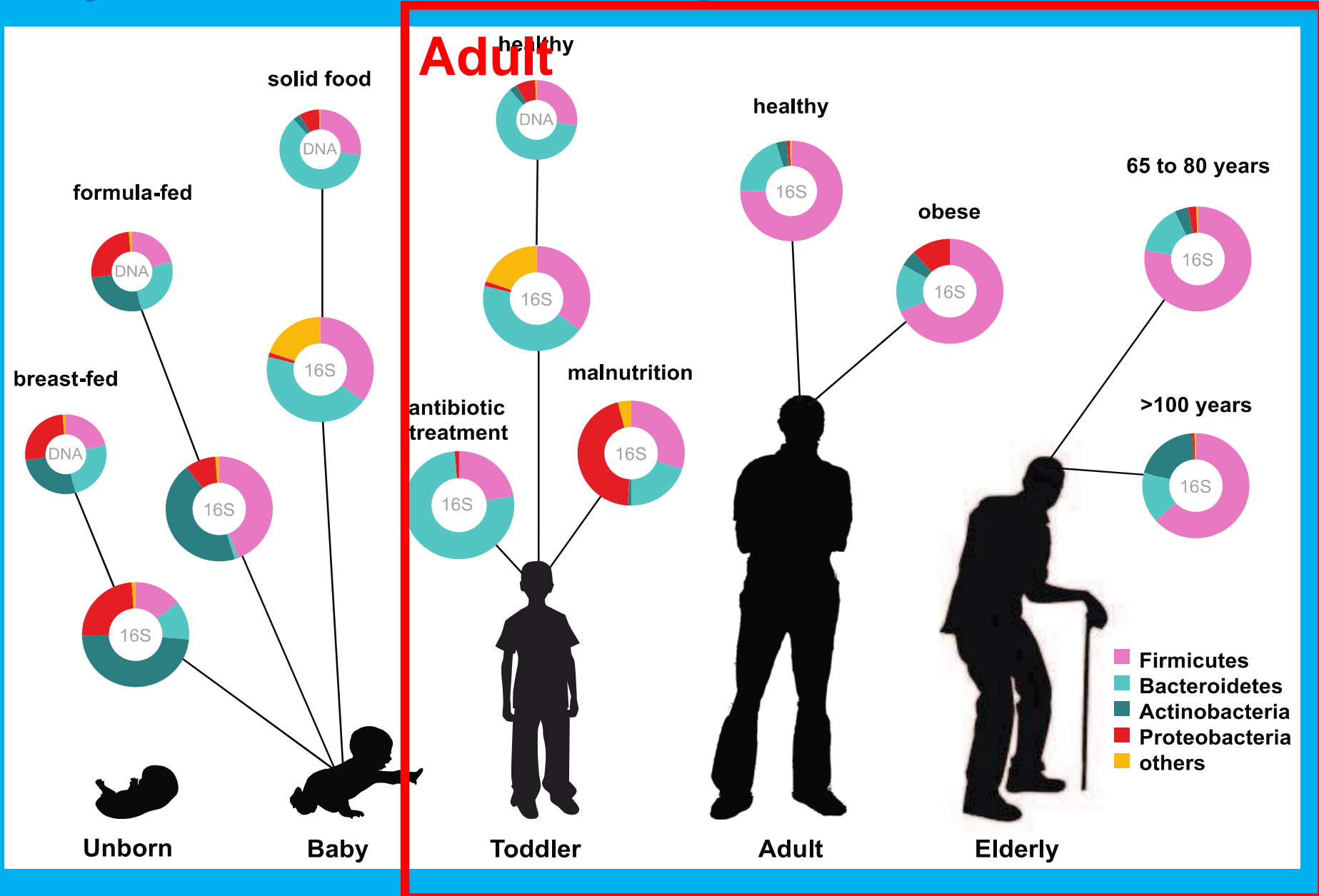


# Dysbiosis is a consequence of life events

## Weaning

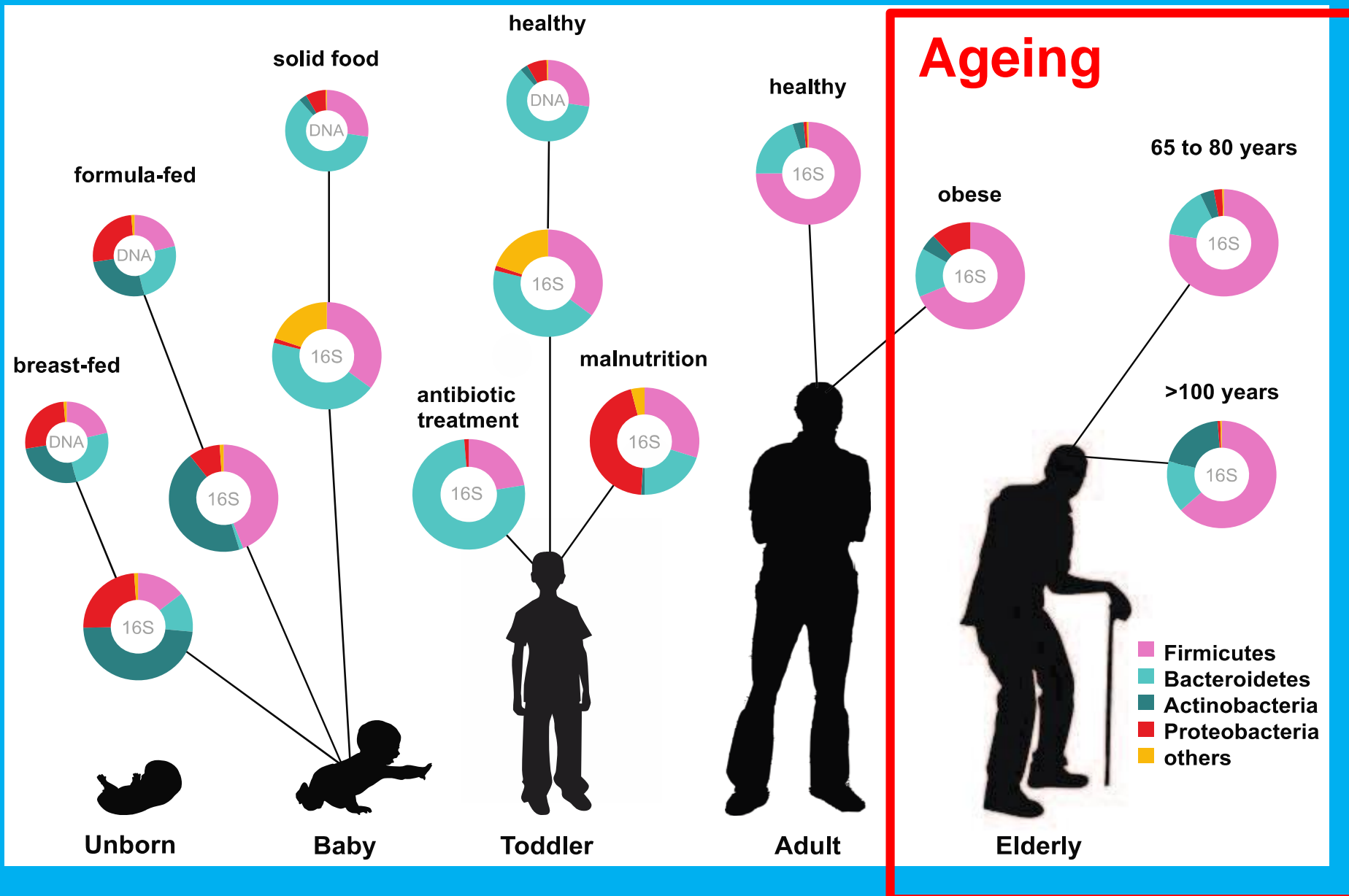


# Dysbiosis is a consequence of life events





# Dysbiosis is caused by several life events



# GUT MICROBIOTA AND HOST HEALTH

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- **Barrier effect**
- **Immunocompetence/Tolerance**
- **Synthesis**
- **Metabolism**
- **Drug metabolism**
- **Behavior conditioning**

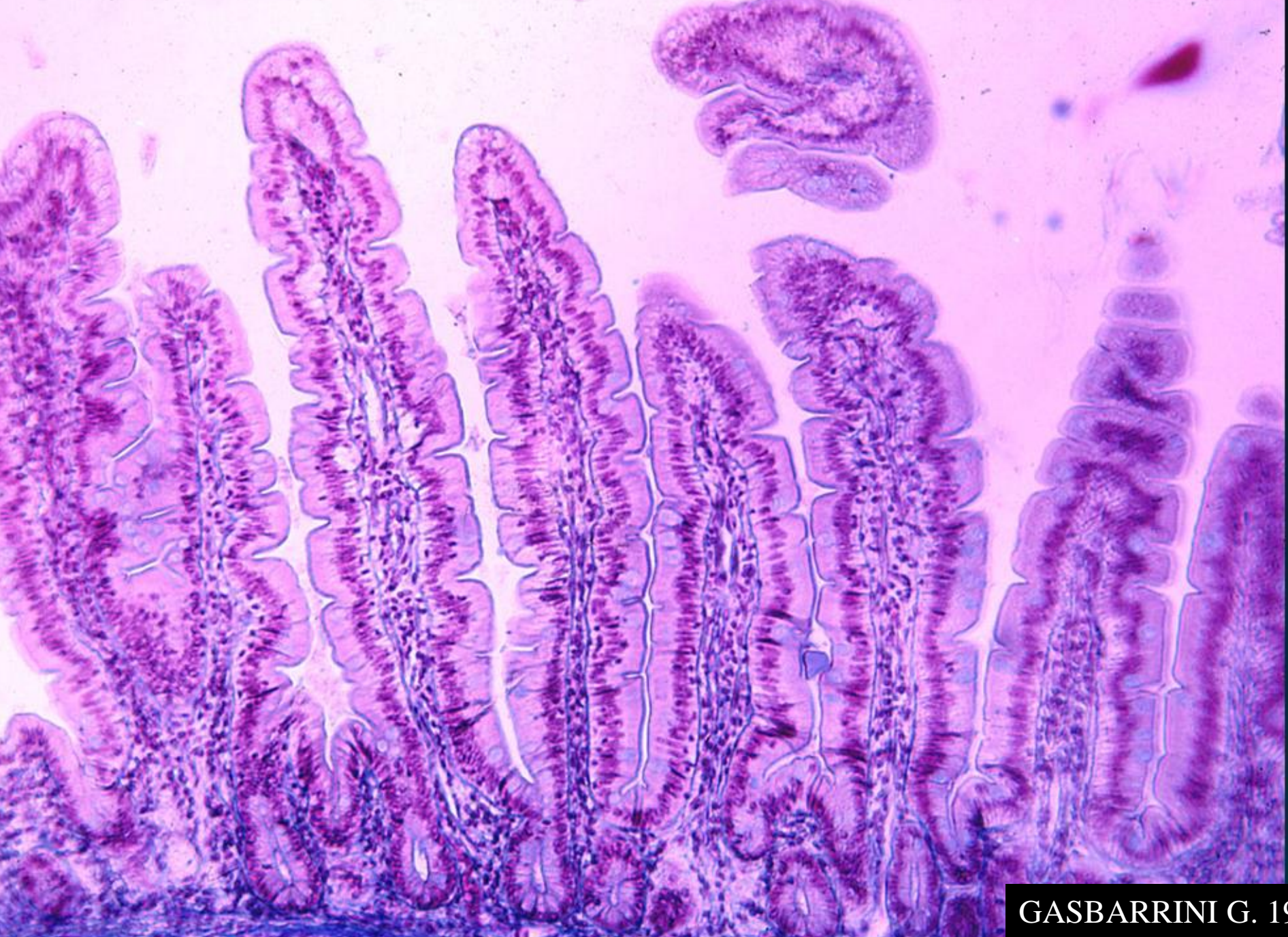
***...specific effects in each GI tract!***

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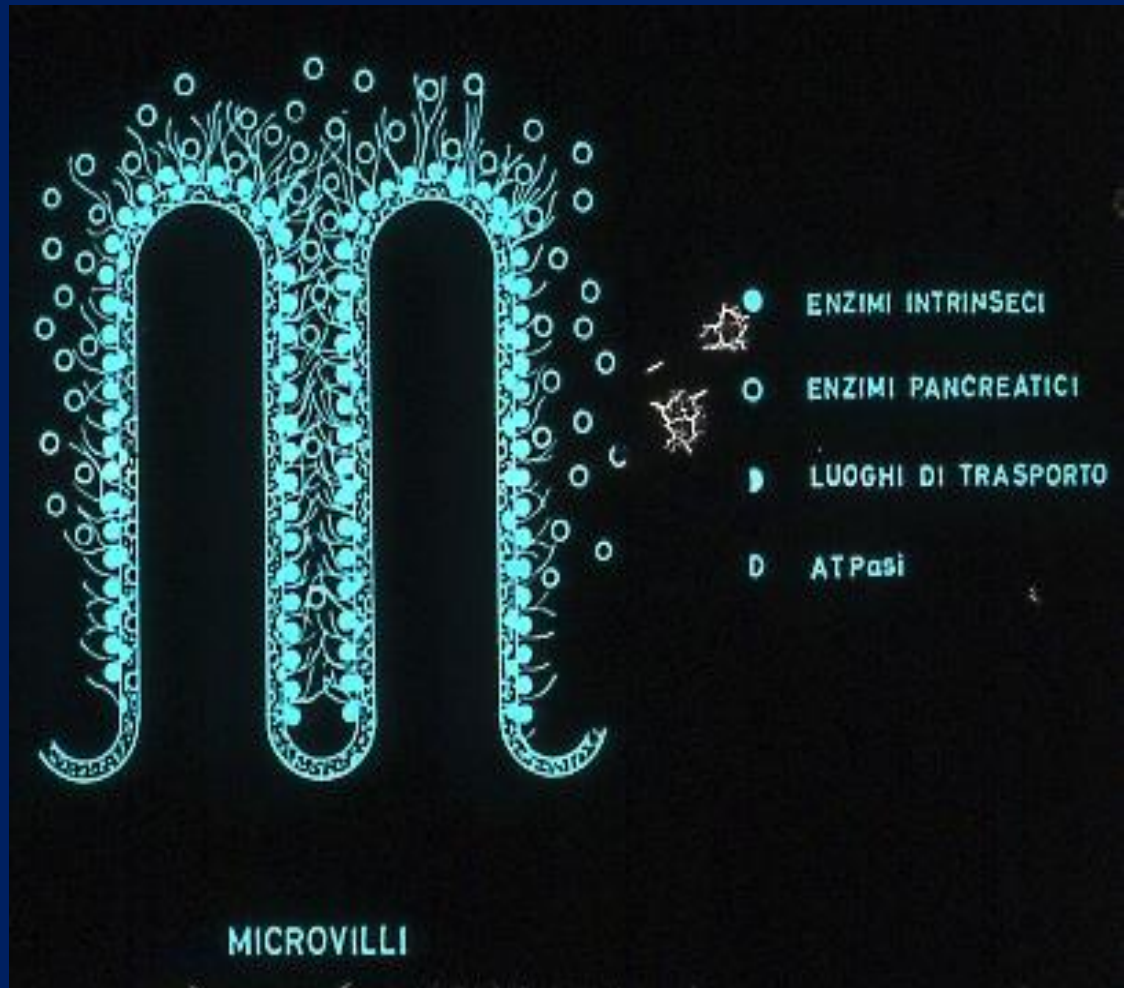
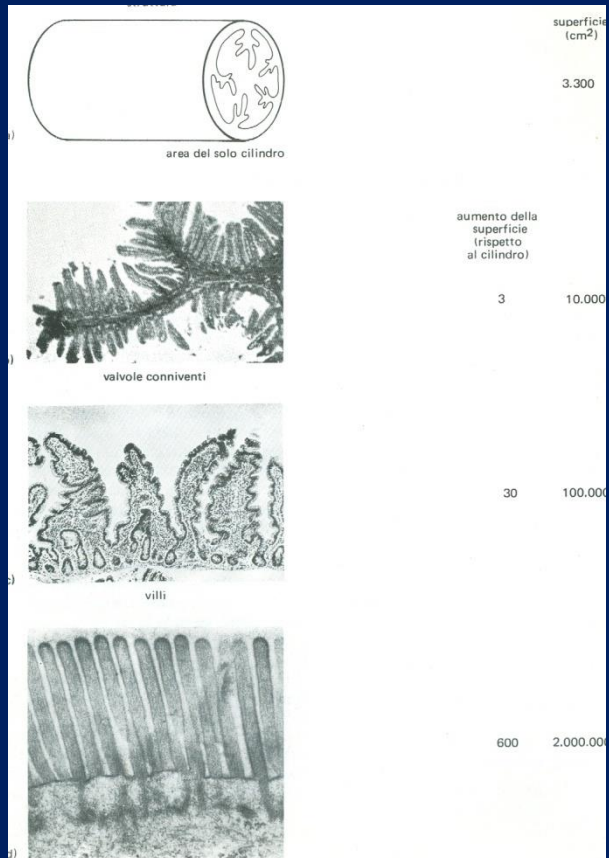
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## MUCOSAL BARRIER: INTEGRITY OF ENTEROCYTES AND BRUSH BORDER

















IN GERIATRIA

# BLEBBING: A PHASE OF PHYSIOLOGIC CELL DEATH WITH EXTRUSION OF APOPTOTIC BODIES



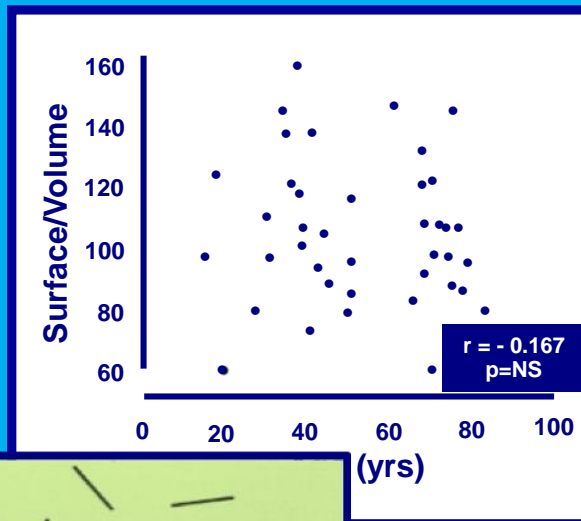
Gasbarrini G ... Bonvicini F, 1962

## OR LIKE A SILE OF AMERICA'S CUP: *SPINNAKER APOPTOSIS*

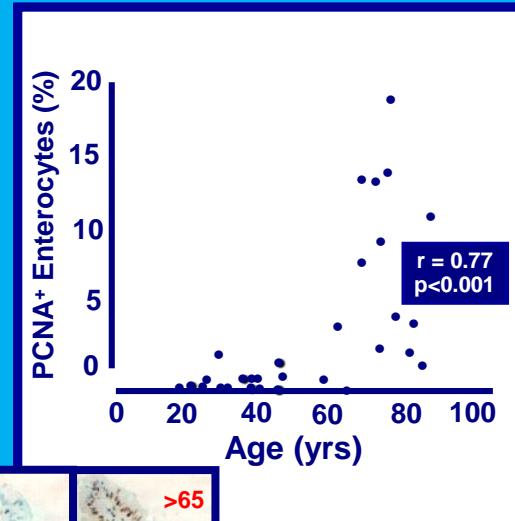




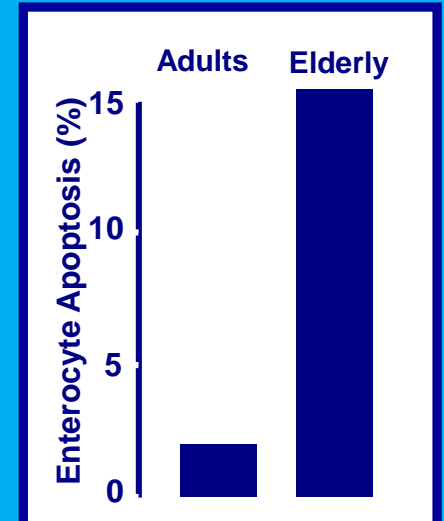
# SMALL BOWEL MUCOSA IN THE ELDERLY



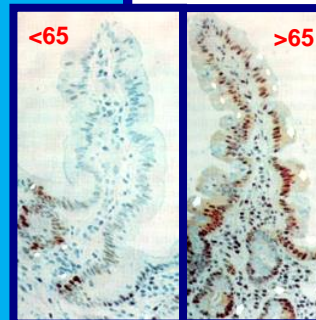
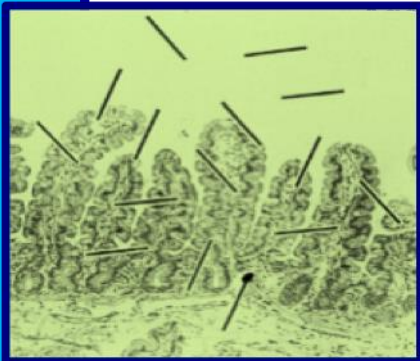
*Gerontology 1986*



*Mech Ageing Dev 1998*



*Gerontology 2002*







# THE "AGEING" GUT

**Normal morphology**



**Increased enterocyte  
proliferation rate**



**Malabsorption in  
stress conditions**

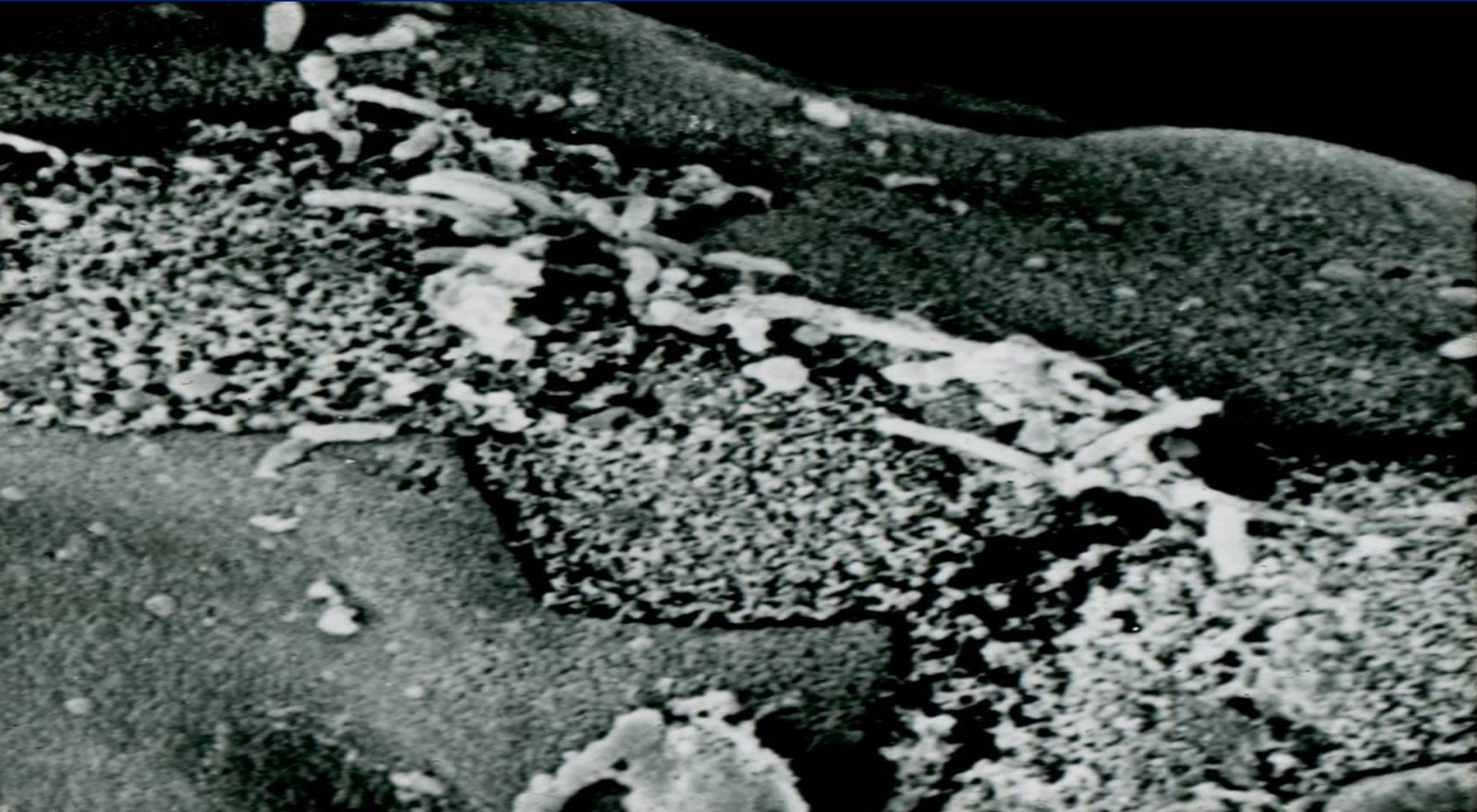
# THE ANATOMO-MICROBIOLOGICAL GUT BARRIER

A fluorescence microscopy image showing the gut barrier. The top left area is filled with a dense population of bacteria, appearing in various colors (red, green, yellow, and blue) against a black background. A prominent, bright green, elongated structure, likely a villus or part of the intestinal wall, runs diagonally from the top right towards the bottom left. The bottom right area shows a dense layer of cells, with their nuclei stained blue. The overall image illustrates the complex interaction between the microbiome and the host's gut barrier.

**BIOTIC SURFACE**

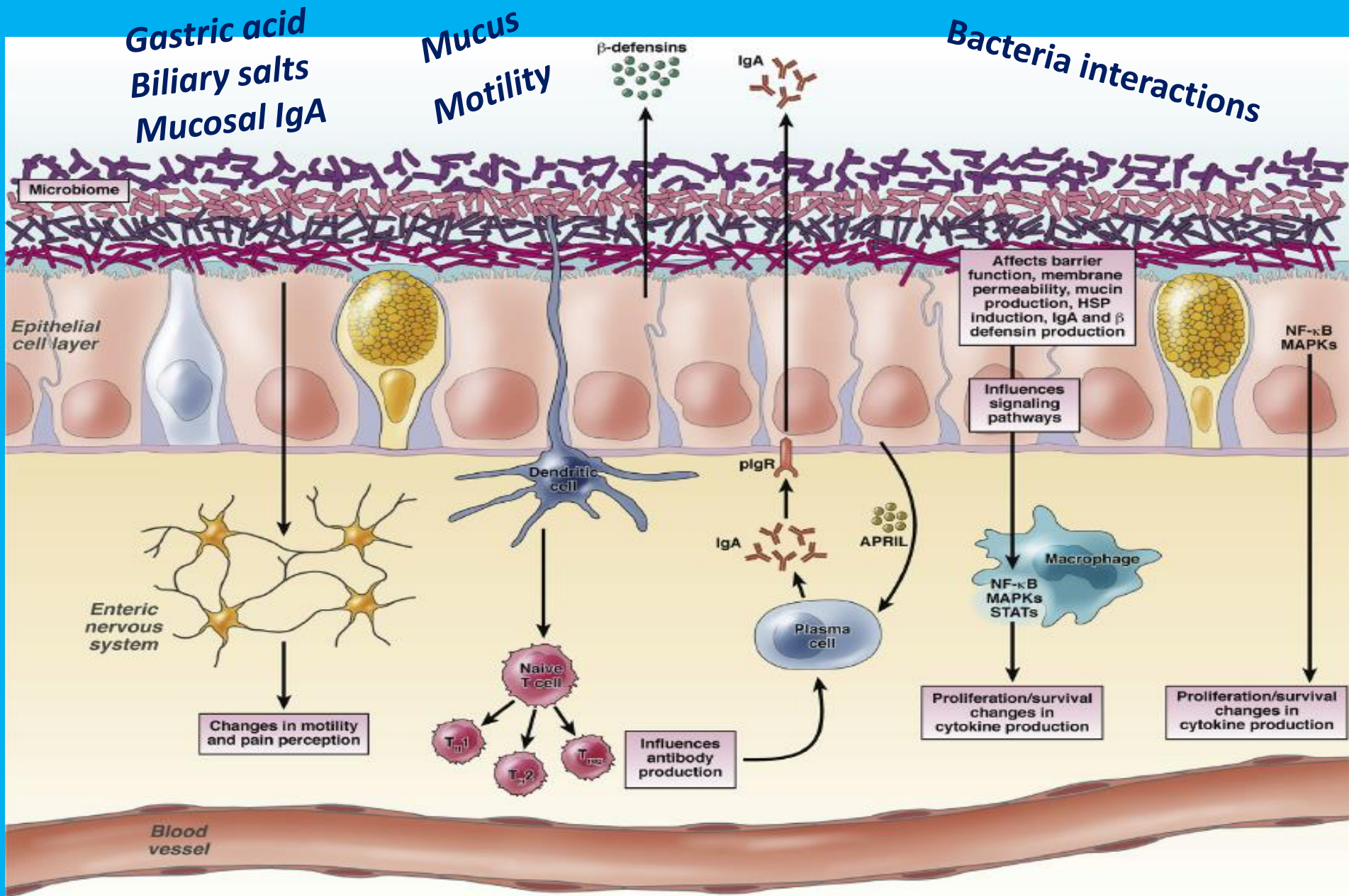


# EFFECT OF THE MUCOLYTIC ACTIVITY OF BACTERIA ON THE SURFACE OF ENTEROCYTES



Gasbarrini G et al., SEM, 1985

# GUT BARRIER INTEGRITY

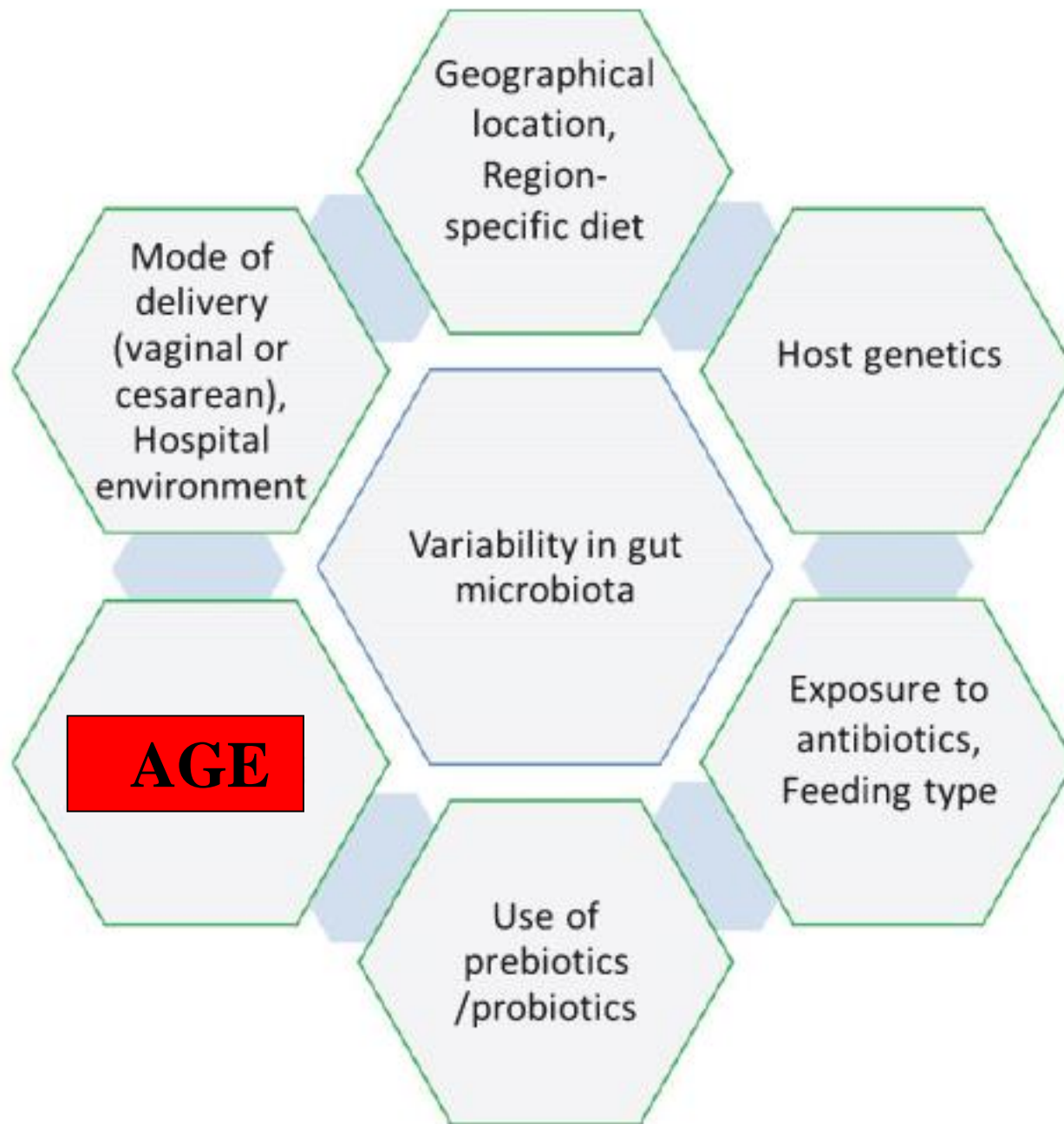




## **Almost any Digestive and extra-Digestive Diseases have been associated to a DYSBIOTIC and LEAKY GUT**

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- *Gastrointestinal infections*
- *IBS and IBD*
- *SIBO and CBO*
- *Diverticulosis*
- *Gastro-intestinal Cancers*
- *Food Intolerance/Allergy*
- *Celiac disease*
- *Liver and Pancreatic diseases*
- *Obesity, Diabetes and Metabolic Syndrome*
- *Gynecological, Rheumatological, Cardiovascular, Neuropsychiatric disorders...*



**Ageing is characterized by the onset of pathophysiological processes which can dramatically compromise the homeostatic equilibrium between microbiota and host**

## **DIGESTION:**

- Poor comminution of hard foods due to possible poor dentition and decreased strength of muscles used in chewing and oral processing.
- Diminished production of saliva.
- Possible swallowing difficulties (dysphagia), potentially related to impaired saliva production.
- Possible lower acidity of the stomach, particularly for those with conditions being treated by proton pump inhibitor drugs.
- Diminished production of digestive enzymes.
- Decreased gut motility.

**Ageing is characterized by the onset of pathophysiological processes which can dramatically compromise the homeostatic equilibrium between microbiota and host**

**DIET:**

- the diet in elderly individuals can change for a number of reasons, including loss of sensation of taste and smell, tooth loss and chewing difficulties.
- elderly have an increased risk of malnutrition
- poor quality of the diet: increased consumption of high sugar/high fat foods and a reduction in the proportion of plant-based foods consumed

Animal-based diets  
(high-fat, low-fiber)

Abundance of bile-tolerant microorganism - *Alistipes*, *Bilophila*, and *Bacteroides*



Firmicutes (including *Roseburia*, *Eubacterium rectale*, and *Ruminococcus bromii*)



*Bilophila wadsworthia* (a sulphite-reducing bacterium)



Plant-based diets  
(high-fiber, low-fat)

Bacteroidetes



*Faecalibacterium prausnitzii*, *Prevotella*, and *Xylanibacter*



Firmicutes





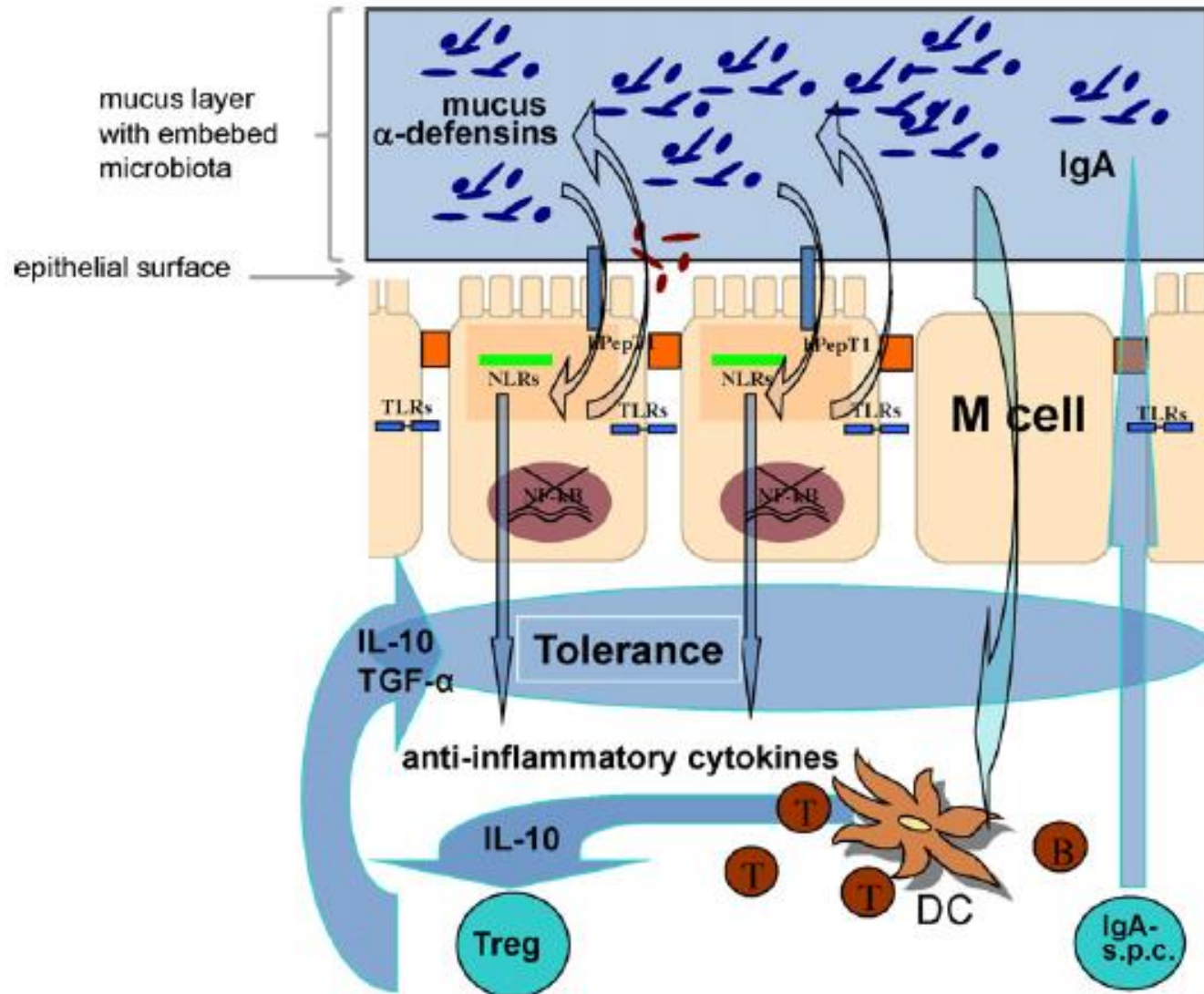
**Ageing is characterized by the onset of pathophysiological processes  
which can dramatically compromise  
the homeostatic equilibrium between microbiota and host**

**DETERIORATION OF THE IMMUNE SYSTEM FUNCTION  
(IMMUNOSENESCENCE)**

**CAUSE:**

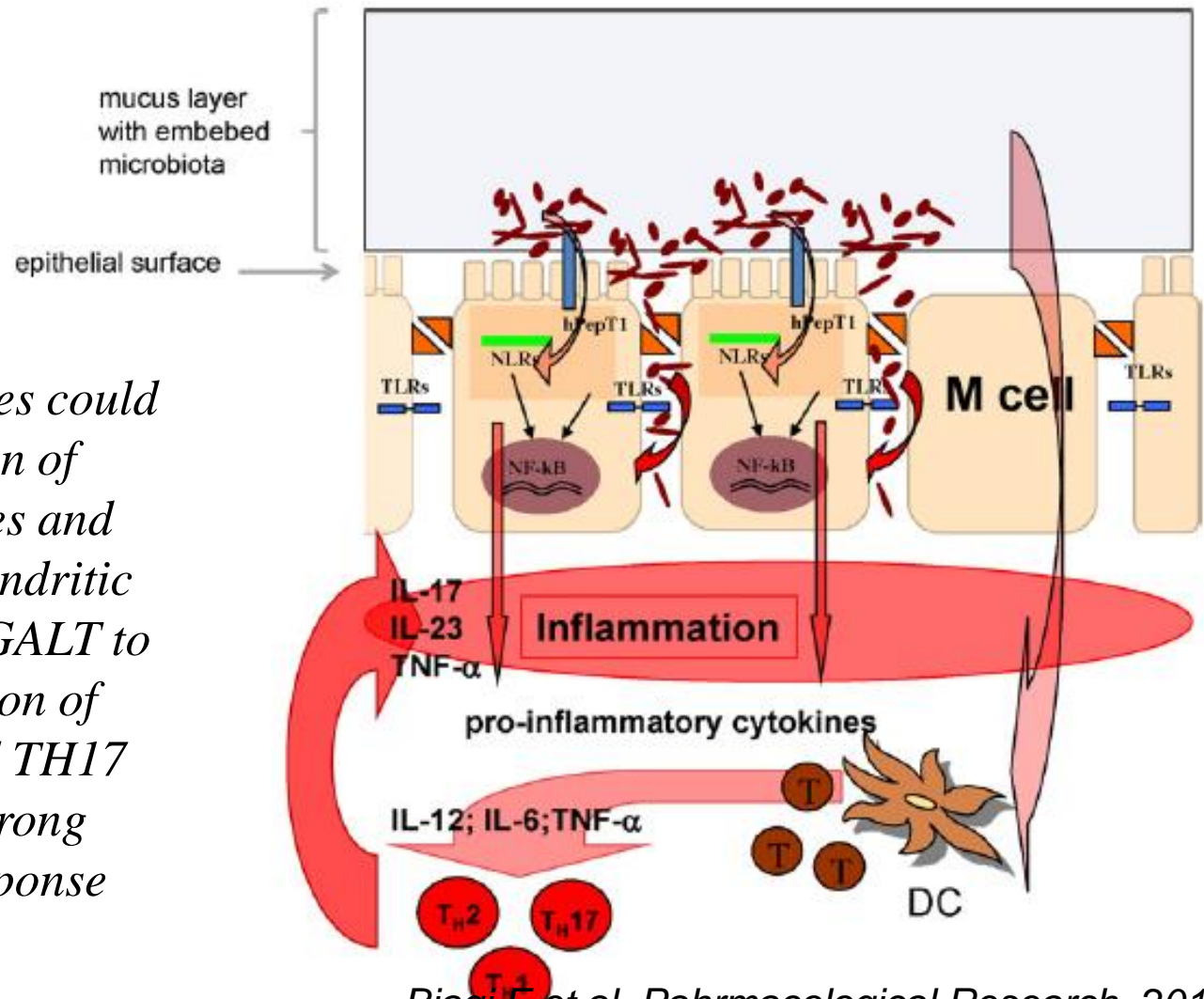
- Changes in Innate Immunity
- Changes in Adaptive Immunity
- Inflammaging: a chronic, low-grade, pro-inflammatory condition
- Due to the increase in plasmatic levels and cell capability to produce pro-inflammatory cytokines

Intestinal microorganisms are kept under a constant surveillance, to avoid an excessive bacterial load on the intestinal mucosal surface.



In the elderly, the impairment of the GALT capacity to efficiently synthesize strain-specific secretory IgA, together with the reduced efficiency of the innate immune defences, may result in the failure to control the resident microbiota.

*In this context enterocytes could engage the activation of inflammatory cytokines and chemokines, forcing dendritic cells in the underlying GALT to drive the differentiation of effector TH1, TH2 and TH17 cells that induce a strong pro-inflammatory response*



# **EUBIOSIS**



***Modification of MICROBIOTA-HOST equilibrium  
during lifetime***



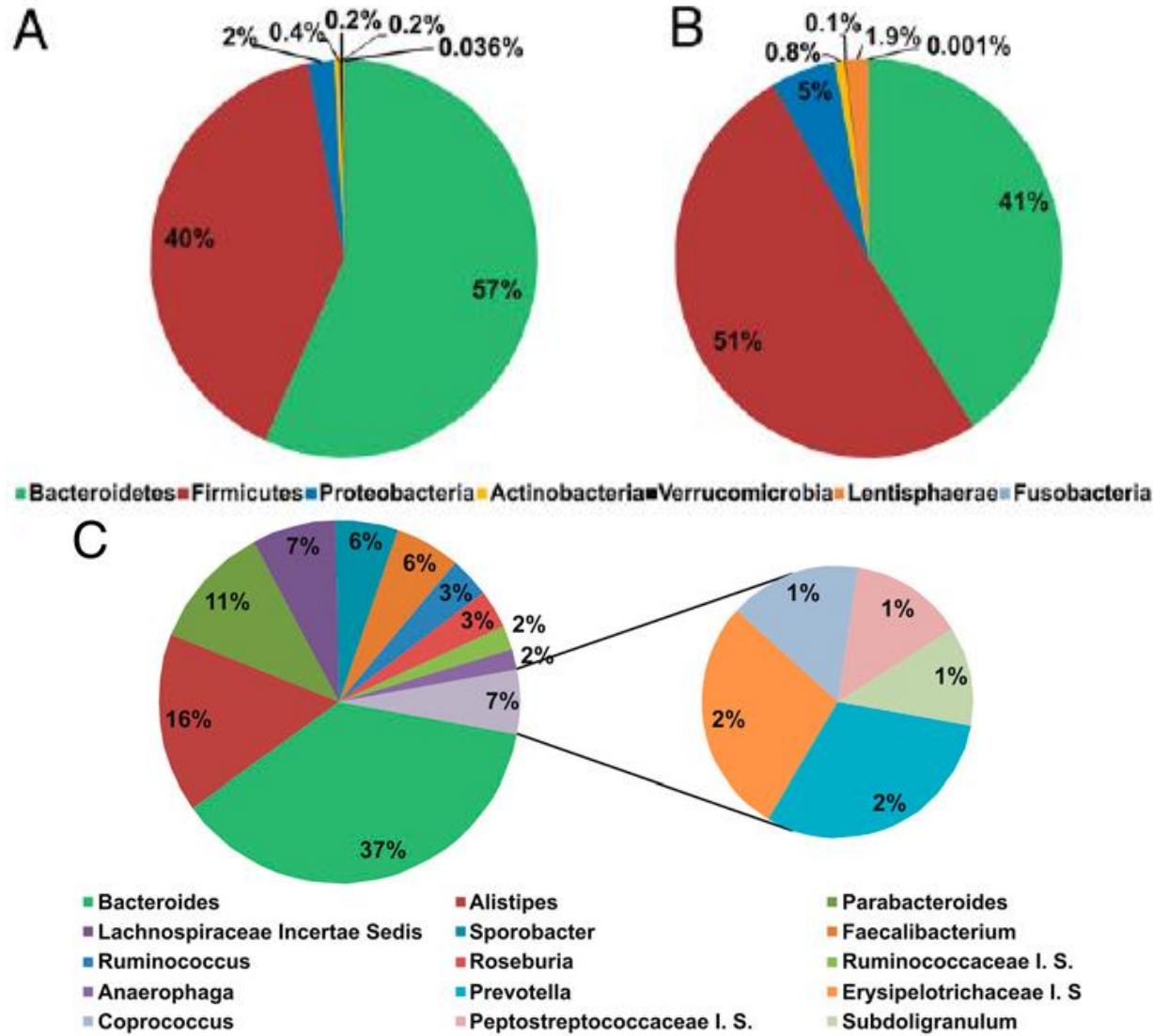
***Quali-quantitative alteration of  
gut microbiota and its functions***



**“AGED” GUT MICROBIOTA**

# Composition, variability, and temporal stability of the intestinal microbiota of the elderly

Marcus J. Claesson<sup>a,b</sup>, Siobhán Cusack<sup>a</sup>, Orla O'Sullivan<sup>c</sup>, Rachel Greene-Diniz<sup>a</sup>, Heleen de Weerd<sup>d</sup>, Edel Flannery<sup>e</sup>, Julian R. Marchesi<sup>b,f</sup>, Daniel Falush<sup>g</sup>, Timothy Dinan<sup>b,h</sup>, Gerald Fitzgerald<sup>a,b</sup>, Catherine Stanton<sup>b,c</sup>, Douwe van Sinderen<sup>a,b</sup>, Michael O'Connor<sup>i,j</sup>, Norma Harnedy<sup>i,j</sup>, Kieran O'Connor<sup>j,k,l</sup>, Colm Henry<sup>k,l</sup>, Denis O'Mahony<sup>i,j,m</sup>, Anthony P. Fitzgerald<sup>e,n</sup>, Fergus Shanahan<sup>b,m</sup>, Cillian Twomey<sup>i,j,m</sup>, Colin Hill<sup>a,b</sup>, R. Paul Ross<sup>b,c</sup>, and Paul W. O'Toole<sup>a,b,1</sup>



## ELDERLY SUBJECTS:

## IRISH

- Different Fecal Core Microbiota compared to Younger and Older Adults
- Bacteroidetes-Dominant Interindividual Variability
- Increased abundance of *Faecalibacterium spp.*



## 178 | NATURE | VOL 488 | 9 AUGUST 2012

*Overall*

Long-stay  
High fat  
Low fiber diet

**Microbiota composition in elderly people living in long-stay residential care facilities was different from that of the free living elderly, within the same ethnogeographic region.**



# Gut microbiota composition correlates with diet and health in the elderly

178 | NATURE | VOL 488 | 9 AUGUST 2012

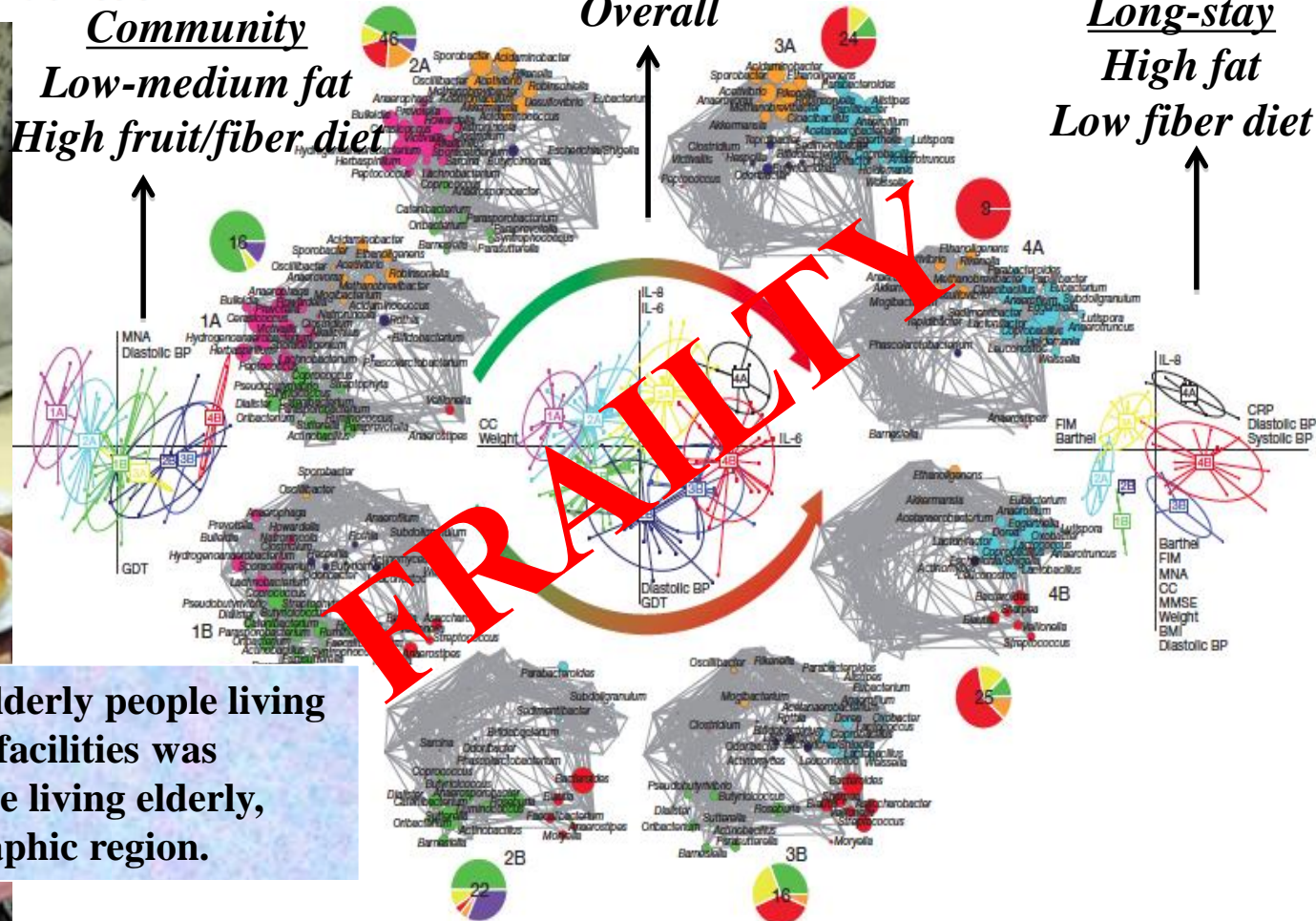
Marcus J. Claesson<sup>1,2\*</sup>, Ian B. Jeffery<sup>1,2\*</sup>, Susana Conde<sup>3</sup>, Susan E. Power<sup>1</sup>, Eibhlís M. O'Connor<sup>1,2</sup>, Siobhán Cusack<sup>1</sup>, Hugh M. B. Harris<sup>1</sup>, Mairead Coakley<sup>4</sup>, Bhuvaneswari Lakshminarayanan<sup>4</sup>, Orla O'Sullivan<sup>4</sup>, Gerald F. Fitzgerald<sup>1,2</sup>, Jennifer Deane<sup>1</sup>, Michael O'Connor<sup>5,6</sup>, Norma Harnedy<sup>5,6</sup>, Kieran O'Connor<sup>6,7,8</sup>, Denis O'Mahony<sup>5,6,8</sup>, Douwe van Sinderen<sup>1,2</sup>, Martina Wallace<sup>9</sup>, Lorraine Brennan<sup>9</sup>, Catherine Stanton<sup>2,4</sup>, Julian R. Marchesi<sup>10</sup>, Anthony P. Fitzgerald<sup>3,11</sup>, Fergus Shanahan<sup>2,12</sup>, Colin Hill<sup>1,2</sup>, R. Paul Ross<sup>2,4</sup> & Paul W. O'Toole<sup>1,2</sup>



**Community**  
**Low-medium fat**  
**High fruit/fiber diet**

**Overall**

**Long-stay**  
**High fat**  
**Low fiber diet**



Microbiota composition in elderly people living in long-stay residential care facilities was different from that of the free living elderly, within the same ethnogeographic region.

# Gut microbiota in the elderly

- ★ “long-stay” associated microbiota group:

↑frailty, ↑consumption of sugars and fats, ↓nutritional status



*mostly found in long-term care facilities, but were also detectable in the community in people with similar signs of biological aging*

- ★ “diversity-associated” microbiota group:

more healthy, healthy diet

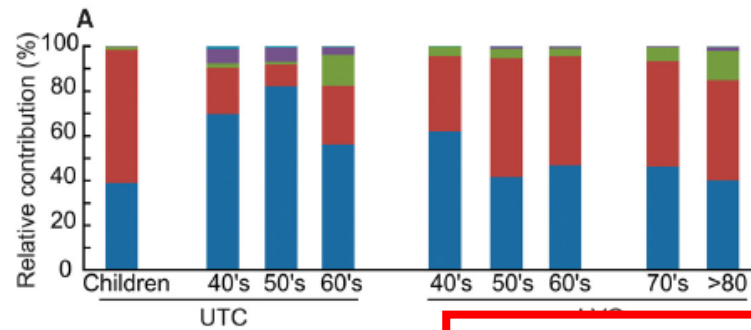


*usually community-dwelling elderly volunteers*

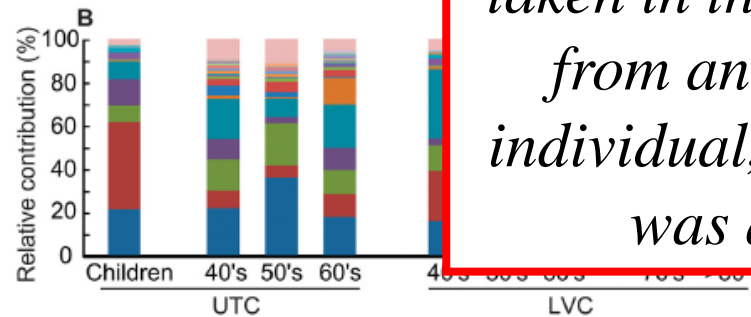
**Community associated microbiota configurations were impacted more by the use of antibiotics than the microbiota of individuals in long-term care (more pronounced decrease-recovering process)**

# Comparative analysis of gut microbiota in elderly people of urbanized towns and longevity villages

Se-Hoon Park<sup>1†</sup>, Kyung-Ah Kim<sup>2†</sup>, Young-Tae Ahn<sup>1†</sup>, Jin-Ju Jeong<sup>2</sup>, Chul-Sung Huh<sup>3</sup> and Dong-Hyun Kim<sup>2\*</sup>

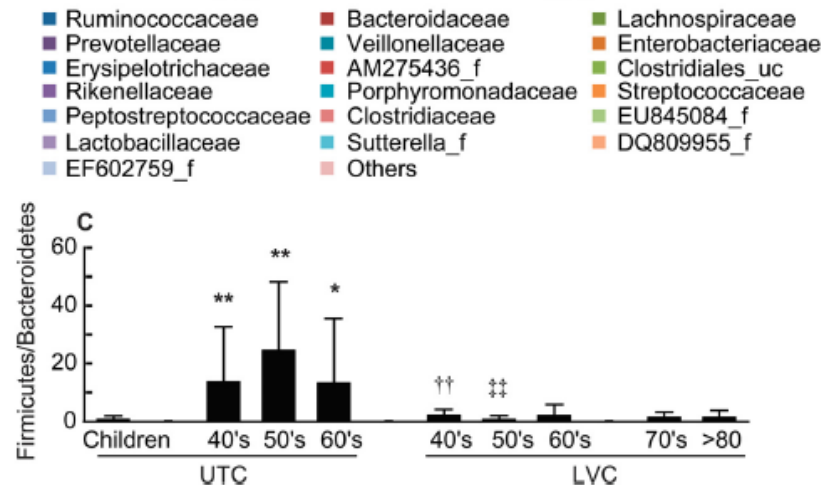


Gut microbiota of elderly people of urbanized town communities (UTC) vs. longevity village communities (LVC)



*unfortunately, none of the samples taken in the longevity villages was from an effectively longevous individual, since the elderly group was aged  $80 \pm 9$  years!*

The ratio of Firmicutes to Bacteroidetes in the gut of LVC adults was lower than in UTC adults. The population levels of Lachnospira and Lachnospiraceae were lower than in UTC, but the population levels of Faecalibacterium, Megamonas, and Clostridium were higher in LVC.



Although most of the species detected in LVC were detected in UTC, some **Bacteroides** spp. and **Faecalibacterium** spp. were detected only in LVC.

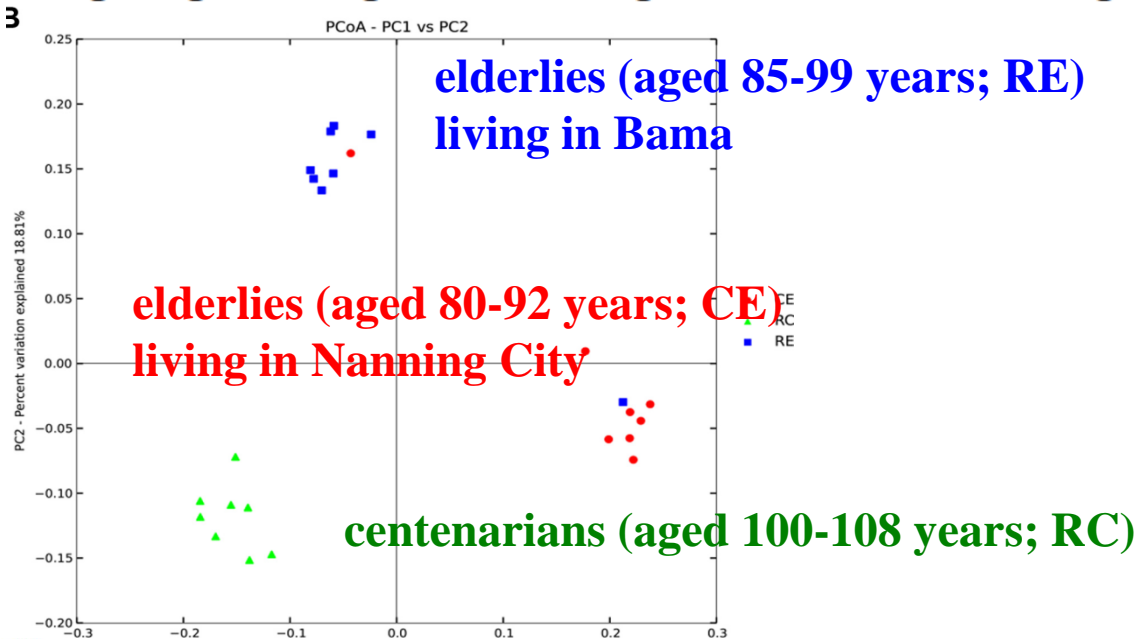
These findings suggest that maintaining gut microbiota, including **Faecalibacterium** spp. play an important role in preserving residents' health in LVC.



# Gut Microbiota Community and Its Assembly Associated with Age and Diet in Chinese Centenarians<sup>S</sup>

J. Microbiol. Biotechnol. (2015), 25(8), 1195–1204

Fang Wang<sup>1</sup>, Ting Yu<sup>1</sup>, Guohong Huang<sup>1,2</sup>, Da Cai<sup>1</sup>, Xiaolin Liang<sup>1</sup>, Haiyan Su<sup>1</sup>, Zhenjun Zhu<sup>1</sup>, Danlei Li<sup>3</sup>, Yang Yang<sup>4</sup>, Peihong Shen<sup>4</sup>, Ruifeng Mao<sup>1</sup>, Lian Yu<sup>1</sup>, Mouming Zhao<sup>1\*</sup>, and Quanyang Li<sup>1\*</sup>



**Centenarians-related OTUs:**

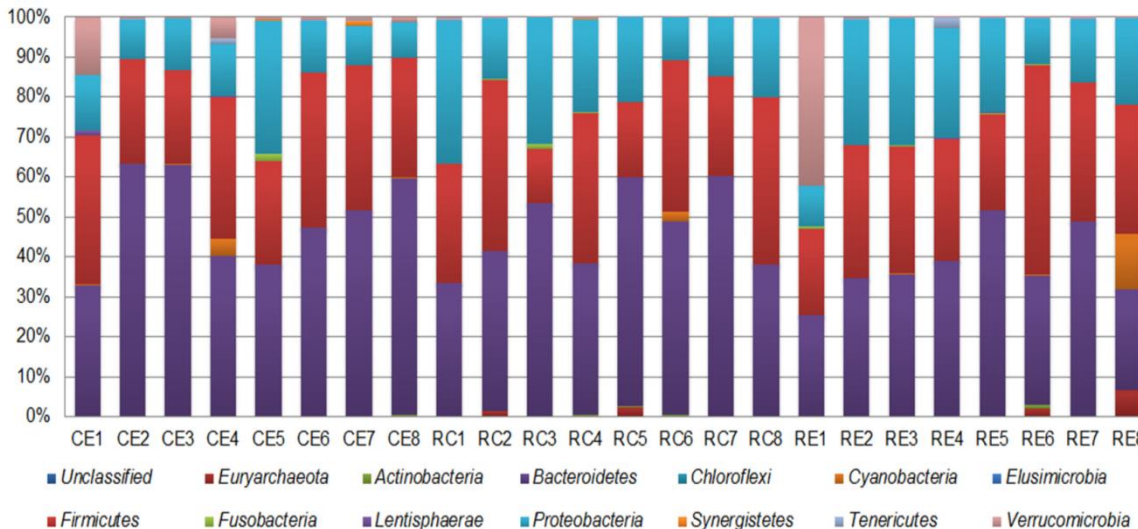
Ruminococcaceae

Clostridiaceae

**High-fiber diet-related OTUs:**

Ruminococcaceae

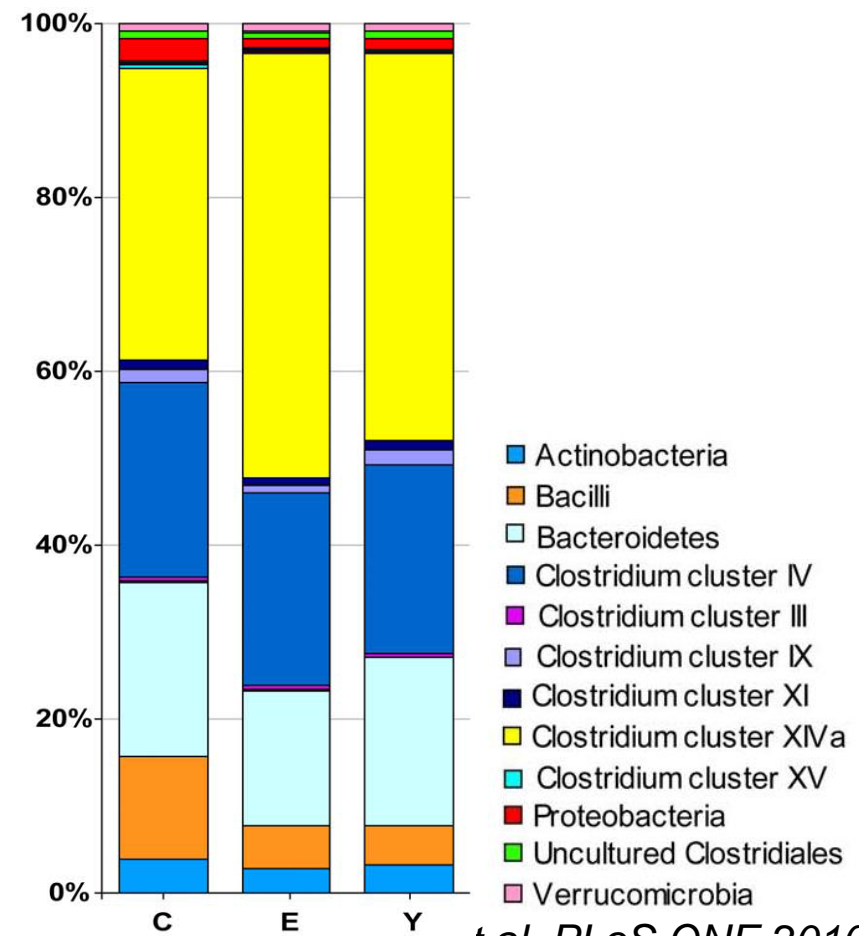
**The age and high-fiber diet were concomitant with changes in the gut microbiota of centenarians, suggesting that age and high-fiber diet can establish a new structurally balanced architecture of gut microbiota that may benefit the health of centenarians.**



# Through Ageing, and Beyond: Gut Microbiota and Inflammatory Status in Seniors and Centenarians

Elena Biagi<sup>1\*</sup>, Lotta Nylund<sup>2,3</sup>, Marco Candela<sup>1</sup>, Rita Ostan<sup>4</sup>, Laura Bucci<sup>4</sup>, Elisa Pini<sup>4</sup>, Janne Nikkila<sup>3</sup>, Daniela Monti<sup>5</sup>, Reetta Satokari<sup>2</sup>, Claudio Franceschi<sup>4</sup>, Patrizia Brigidi<sup>1</sup>, Willem De Vos<sup>3,6</sup>

A low diversity in terms of species composition was observed in centenarians (Simpson index =127). **Bacteroidetes and Firmicutes still dominate the gut microbiota** of extremely old people (representing over 93% of the total bacteria). However changes in the relative proportion of Firmicutes subgroups were observed, with a **decrease in the contributing Clostridium cluster XIVa**, an increase in Bacilli, and a rearrangement of the Clostridium cluster IV composition. Moreover, the gut microbiota of centenarians is enriched in Proteobacteria, a group containing many of those bacteria recently redefined as “pathobionts”



# The Gut Microbiota of Rural Papua New Guineans: Composition, Diversity Patterns, and Ecological Processes

## Asaro and Suasi (Papua Nuova Guinea populations):

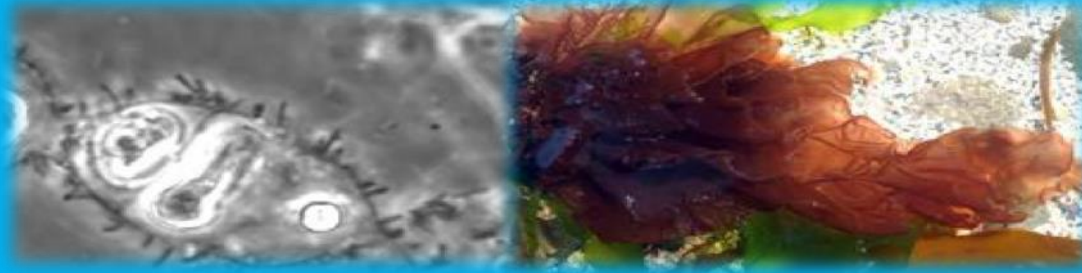
- live in traditional settings
- no sewage, wastewater, or drinking water treatment facilities exist, drinking water is derived primarily from rivers, streams, or rainwater and is mainly consumed without boiling or any other treatments
- both communities rely on subsistence agriculture for their food supply, with households having their own gardens
- under-nutrition is rare in PNG, as carbohydrate sources are generally available.
- staple foods are sweet potato, taro, and plantain, which are traditionally cooked in open fires and meat-derived protein (principally pork and fish) is consumed less frequently
- antibiotic use is high due to the high burden of infectious diseases, poorly regulated administration, and the lack of diagnostic capacity, which leads to empirical treatments.





# Diet and gut bacteria

*“A special gift for sushi eaters”*



Zobellia galactanivorans is a marine Bacteroidetes able to metabolize the polysaccharide porphyran from marine red algae. Metagenomics revealed that porphyranases were common in the Japanese population but absent in North American individuals.

In Japan, the genome of the gut bacterium Bacteroides plebeius revealed presence of a porphyran utilization locus upstream of genes for conjugative DNA transfer, acquired by horizontal gene transfer from sea-weed-associated bacteria found in sushi.



Heheann JH et al. Nature 2010

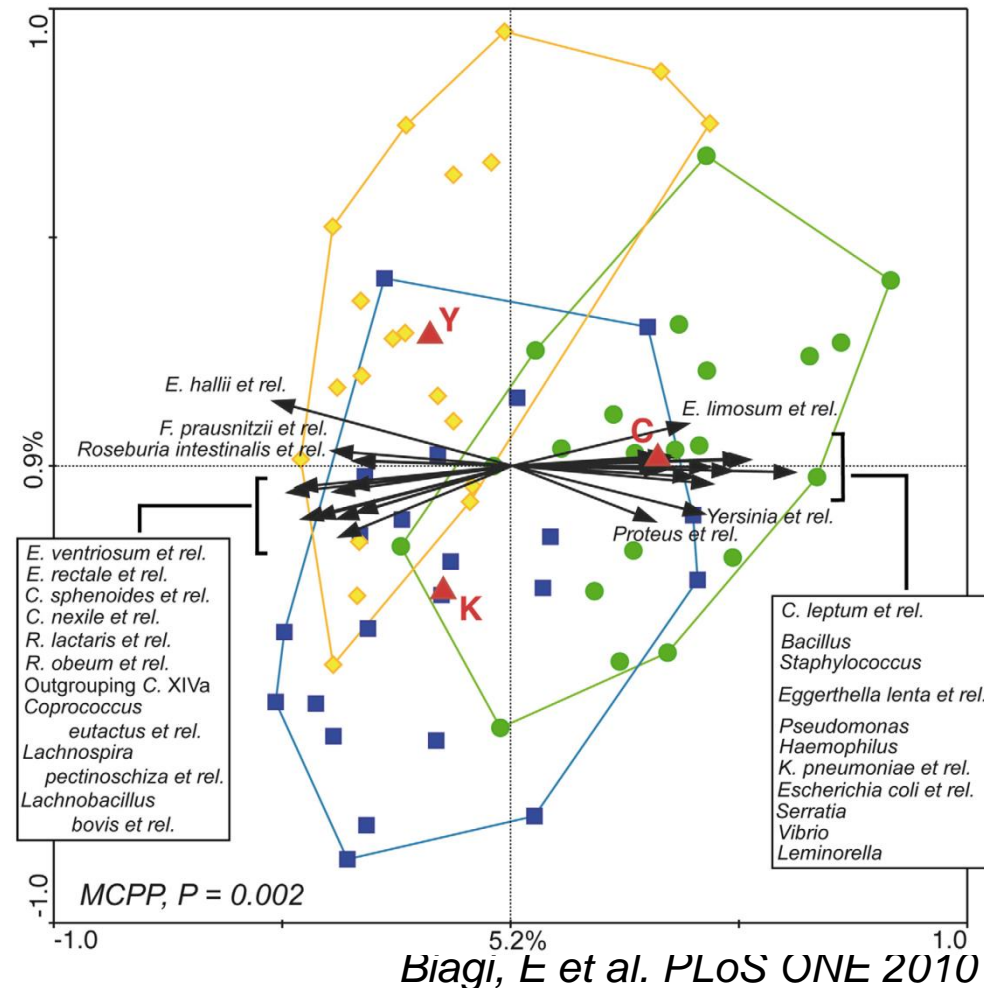


**Several butyrate producers were found in lower amounts in centenarians** (*Ruminococcus obeum* et rel., *Roseburia intestinalis* et rel., *E. ventriosum* et rel., *E. rectale* et rel., *E. hallii* et rel. (all belonging Clostridium cluster XIVa), and *Papillibacter cinnamovorans* et rel., and *F. prausnitzii* et rel. (Clostridium cluster IV)). The **decrease of *F. prausnitzii*** in centenarians is of interest as this species is known to affect the gut inflammation processes.

Conversely, the butyrate producers *Anaerotruncus colihominis* et rel. (Clostridium cluster IV), and *Eubacterium limosum* et rel. (Clostridium cluster XV) increased in centenarians.

**The increase of *E. limosum* is high (approximately 15- fold), and could point to a group of bacteria characteristic of the long life.**

A decrease in bifidobacteria and increased levels of the mucin degrading *A. muciniphila* were also detected in aged people if compared to the young adults.



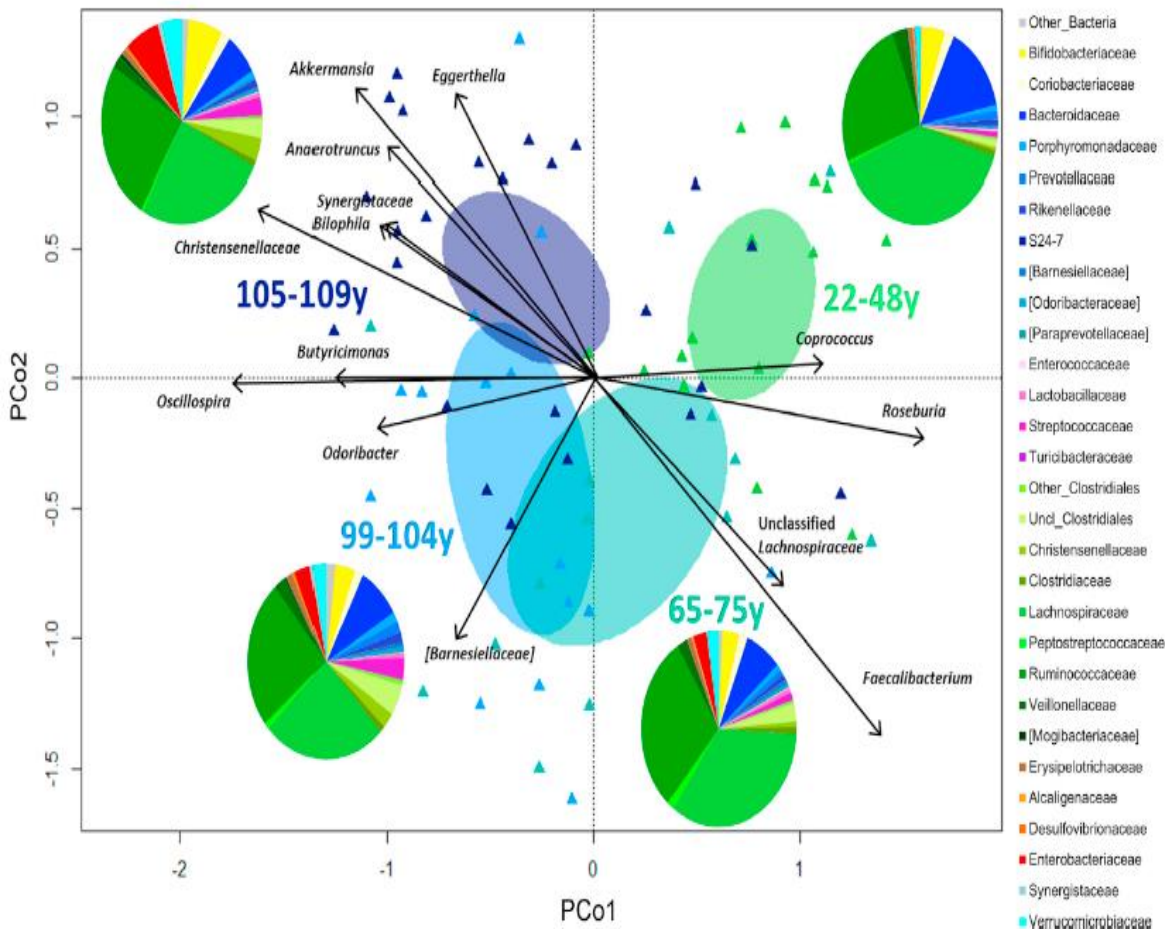
***“Aged” gut microbiota:  
...only deranged or a trajectory towards a different stability?***

# Gut Microbiota and Extreme Longevity

Current Biology 26, 1–6, June 6, 2016

Elena Biagi,<sup>1,\*</sup> Claudio Franceschi,<sup>2,3,4</sup> Simone Rampelli,<sup>1</sup> Marco Severgnini,<sup>5</sup> Rita Ostan,<sup>2,3</sup> Silvia Turroni,<sup>1</sup> Clarissa Consolandi,<sup>5</sup> Sara Quercia,<sup>1</sup> Maria Scurti,<sup>2,3</sup> Daniela Monti,<sup>6</sup> Miriam Capri,<sup>2,3</sup> Patrizia Brigidi,<sup>1</sup> and Marco Candela<sup>1,\*</sup>

*young adults (30 years old in average) vs. “young elderly” (aged 65-75 years) vs. long-living subjects, subdivided into a group of 15 centenarians (99-104 years old) and a group of 24 semi-supercentenarians (105-109 years old), all enrolled in a restricted geographic area in Italy*



typical signs of an elderly-type gut microbiota: **decrease in saccharolytic butyrate producers** (Faecalibacterium, Coprococcus, Roseburia), **increase in possibly opportunistic bacteria** (Enterobacteriaceae, Desulfovibrionaceae)

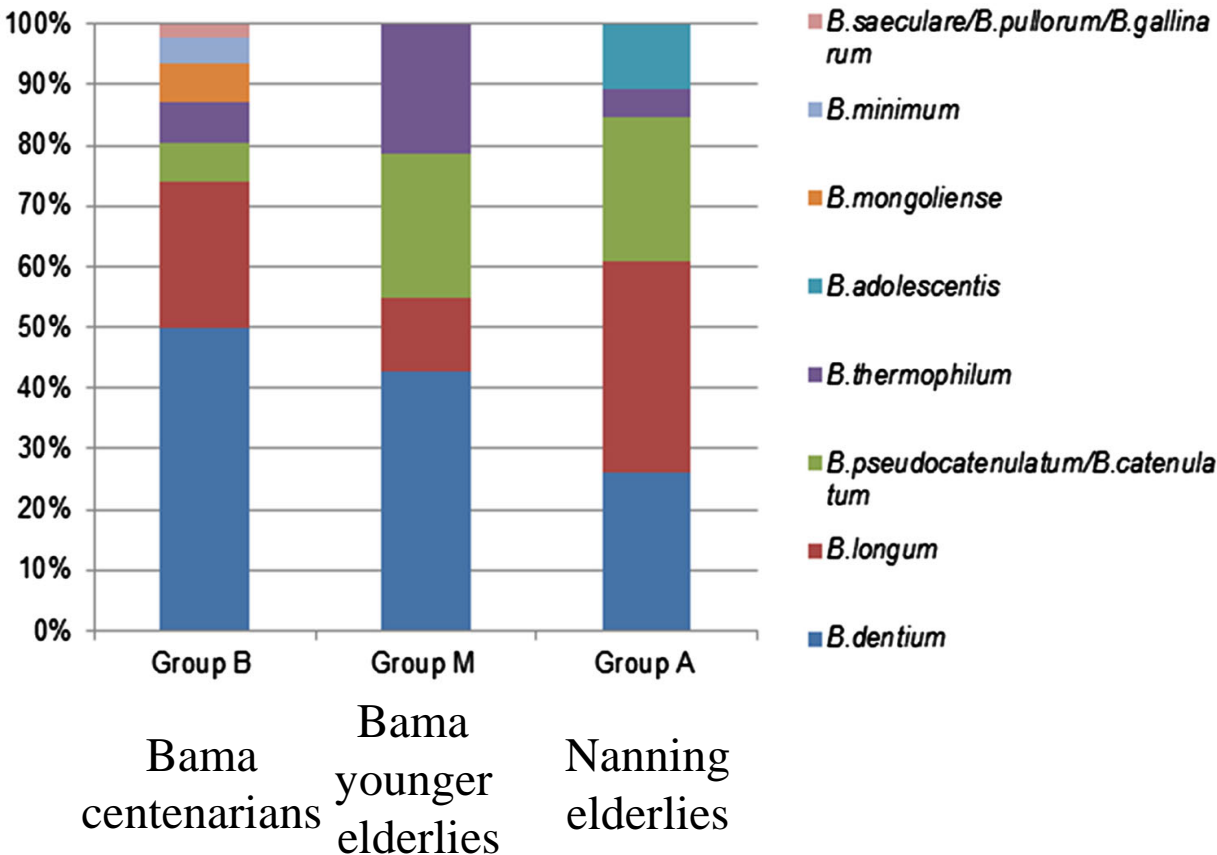
centenarians and, especially, semi-supercentenarians showed an **unexpected increase in bacteria possibly linked to good immunological and metabolic health, such as Christensenellaceae, Akkermansia, Bifidobacterium.**

# Qualitative and Semiquantitative Analysis of Fecal *Bifidobacterium* Species in Centenarians Living in Bama, Guangxi, China

Curr Microbiol (2015) 71:143–149

Fang Wang<sup>1</sup> · Guohong Huang<sup>1,2</sup> · Da Cai<sup>1</sup> · Danlei Li<sup>3</sup> · Xiaolin Liang<sup>1</sup> · Ting Yu<sup>1</sup> · Peihong Shen<sup>4</sup> · Haiyan Su<sup>1</sup> · Jidong Liu<sup>1</sup> · Hongcang Gu<sup>5</sup> · Mouming Zhao<sup>1</sup> · Quanyang Li<sup>1</sup>

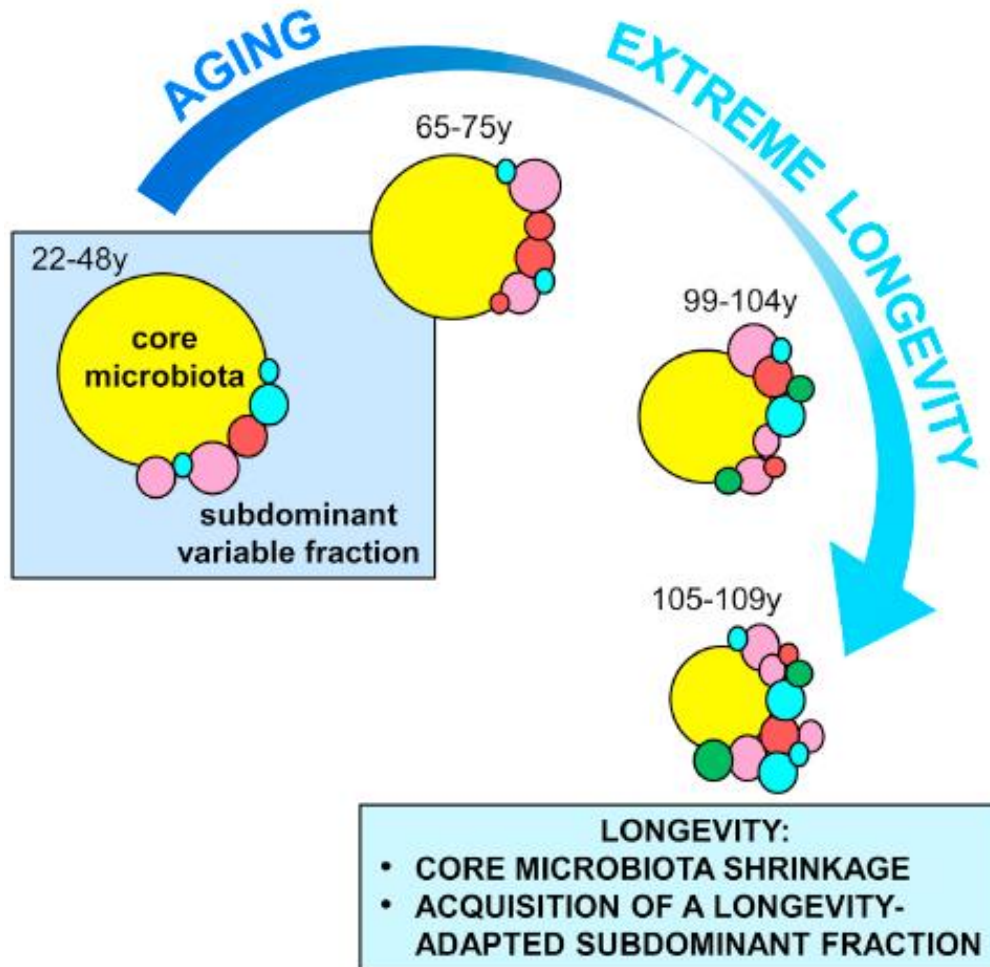
Centenarians tend to have more complex fecal *Bifidobacterium* species than young elderlies from different regions.



*B. minimum*, *B. saeculare*, *B. pullorum*, *B. gallinarum*, and *B. mongoliense* were found in centenarians but were absent in the younger elderlies. In addition, *Bifidobacterium* species found in centenarians were different from those found in Bama young elderly and Nanning young elderly.



*“Aged” gut microbiota:  
...only deranged or a trajectory towards a different stability?*



**Accommodating  
opportunistic  
and allochthonous bacteria  
might possibly support  
health maintenance during  
aging, such as an  
enrichment and/or higher  
prevalence of health  
associated groups (e.g.,  
*Akkermansia* ,  
*Bifidobacterium* ,  
and *Christensenellaceae*).**

# Gut microbiota signatures of longevity

CellPress

Fanli Kong<sup>1,2,4</sup>, Yutong Hua<sup>1,4</sup>,  
Bo Zeng<sup>1</sup>, Ruihong Ning<sup>1</sup>, Ying Li<sup>1,3,5,\*</sup>,  
and Jiangchao Zhao<sup>2,5,6,\*</sup>

**168 individuals from Dujiangyan and Ya'an,  
Sichuan province, China**

67: long-living group ( $\square$  90 years old),

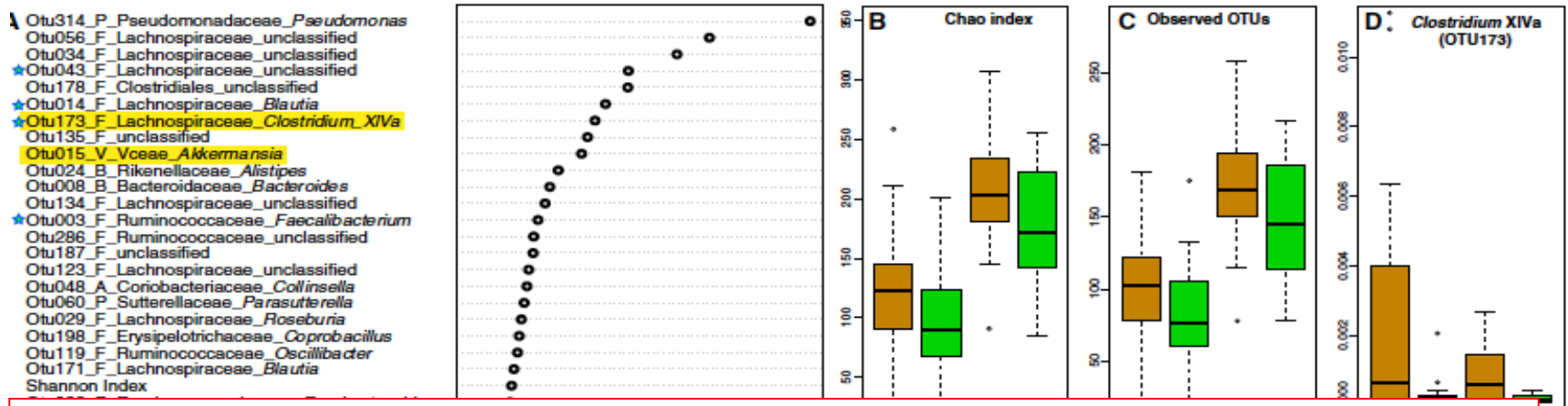
54: elderly

47: young adults

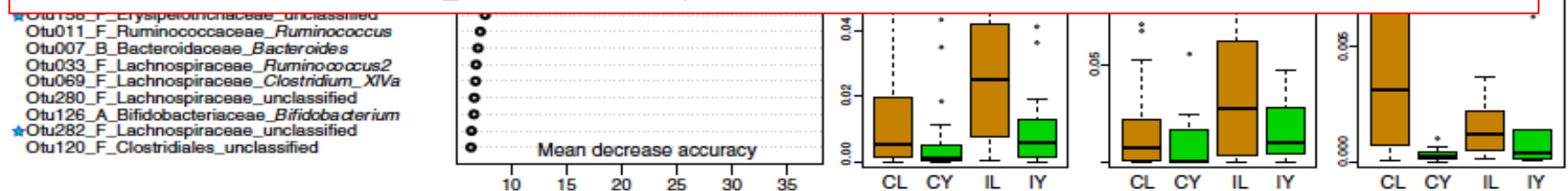
Greater community richness (number of taxa), including both expected (Chao) and observed numbers of OTUs, were observed in the long-living group ( $p \square 0.001$ ). Although not listed as one of the top predictors, community diversity (Shannon index) was also greater in the long-living group than in the younger group ( $p = 0.012$ ).

**Validation by comparison with the Italian dataset from Biagi et al.**

Among the top 50 features that differentiate the Chinese long-living people from the younger groups, 11 were also listed as the top 50 in the Italian dataset, including community richness (Chao index and observed OTUs), members of *Blautia* (OTU014), *Clostridium XIVa* (OTU173), *Faecalibacterium* (OTU003), *Escherichia\_Shigella* (OTU005), unclassified *Lachnospiraceae* (OTU043, 028 and 282), *Ruminococcaceae* (OTU018), and *Erysipelotrichaceae* (OTU158)



**OTUs enriched in the long-living groups in both cohorts, including members of the *Clostridium* cluster XIVa, *Ruminococcaceae*, *Akkermansia* and *Christensenellaceae*, are potentially beneficial bacteria!**



# *Consequences of gut microbiota ageing*

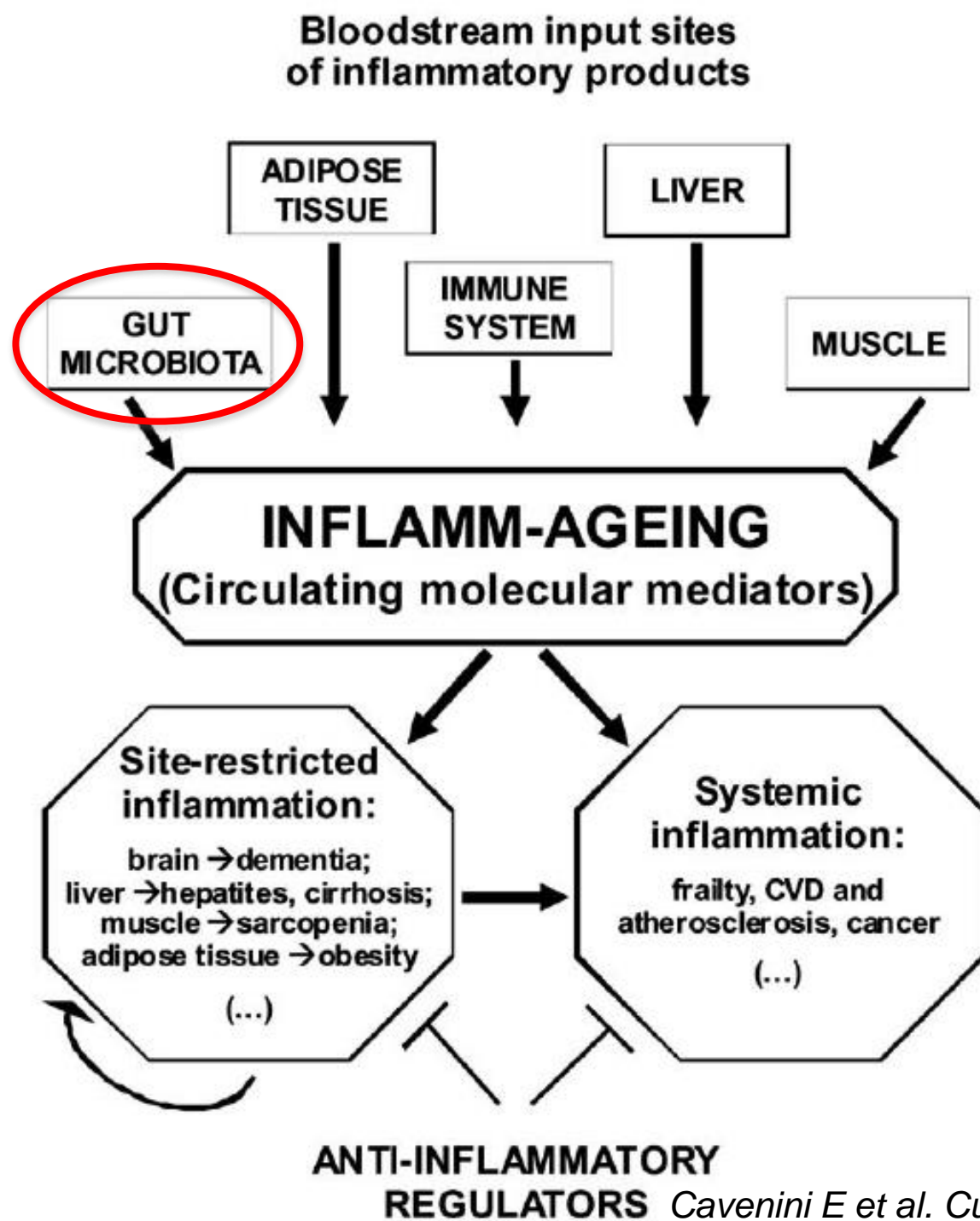


## *Consequences of gut microbiota ageing*

- Susceptibility to *C. difficile* infection
- Increased inflammatory status

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- Susceptibility to *C. difficile* infection
- Increased inflammatory status

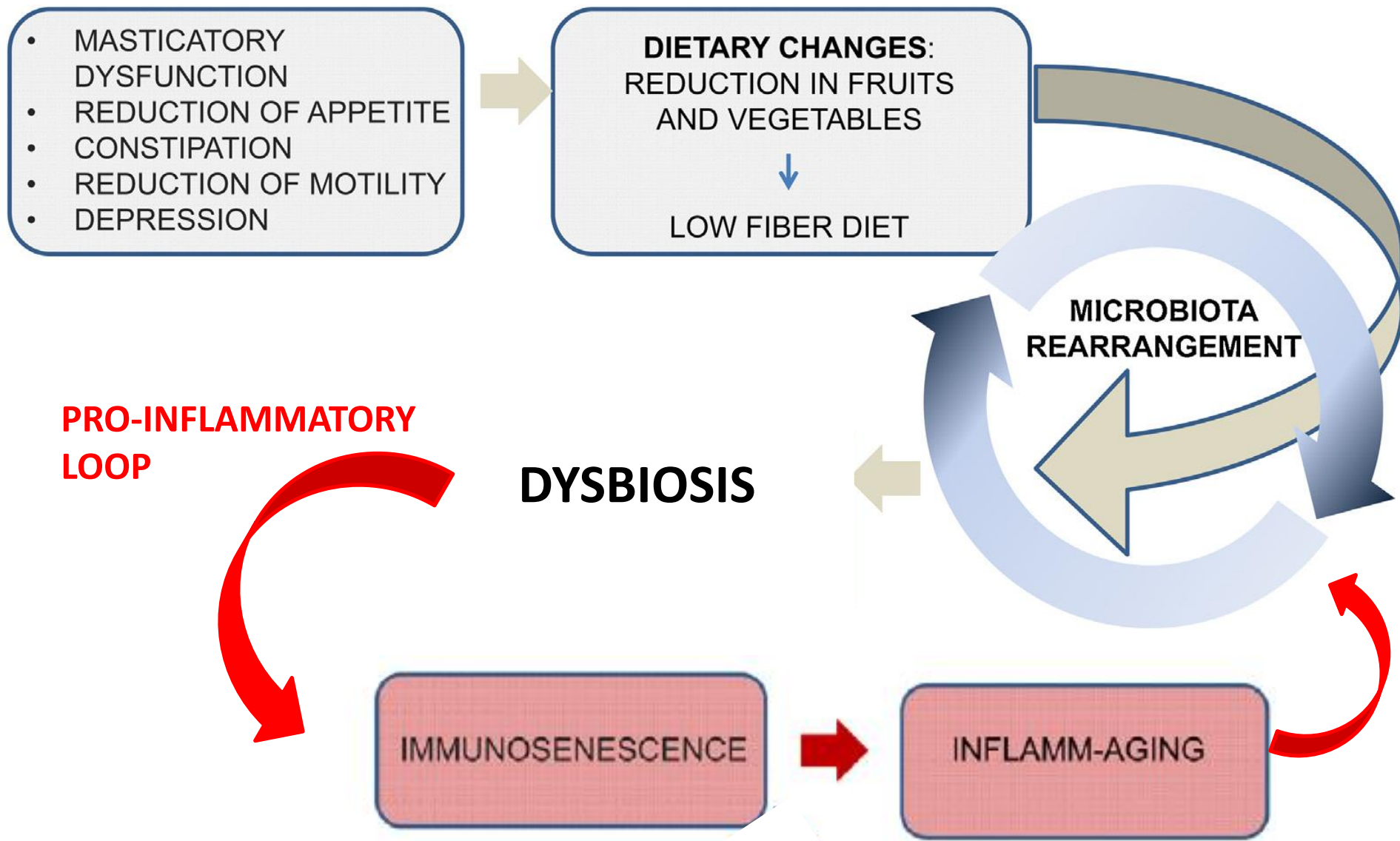


## **INFLAMM-AGEING CONSEQUENCES:**

- Progression of chronic diseases
- Metabolic alterations such as insulin resistance and muscle catabolism (sarcopenia or cachexia).
- The lymphocyte cell cycle can be altered within an inflammatory microenvironment, this may explain the higher frequency of autoimmune phenomena
- A sustained inflammatory response can induce the compensatory production of immunosuppressor mediators that can tip the balance to a relatively hyporeactive immune system.



# *Ageing inevitably affects gut microbiome*



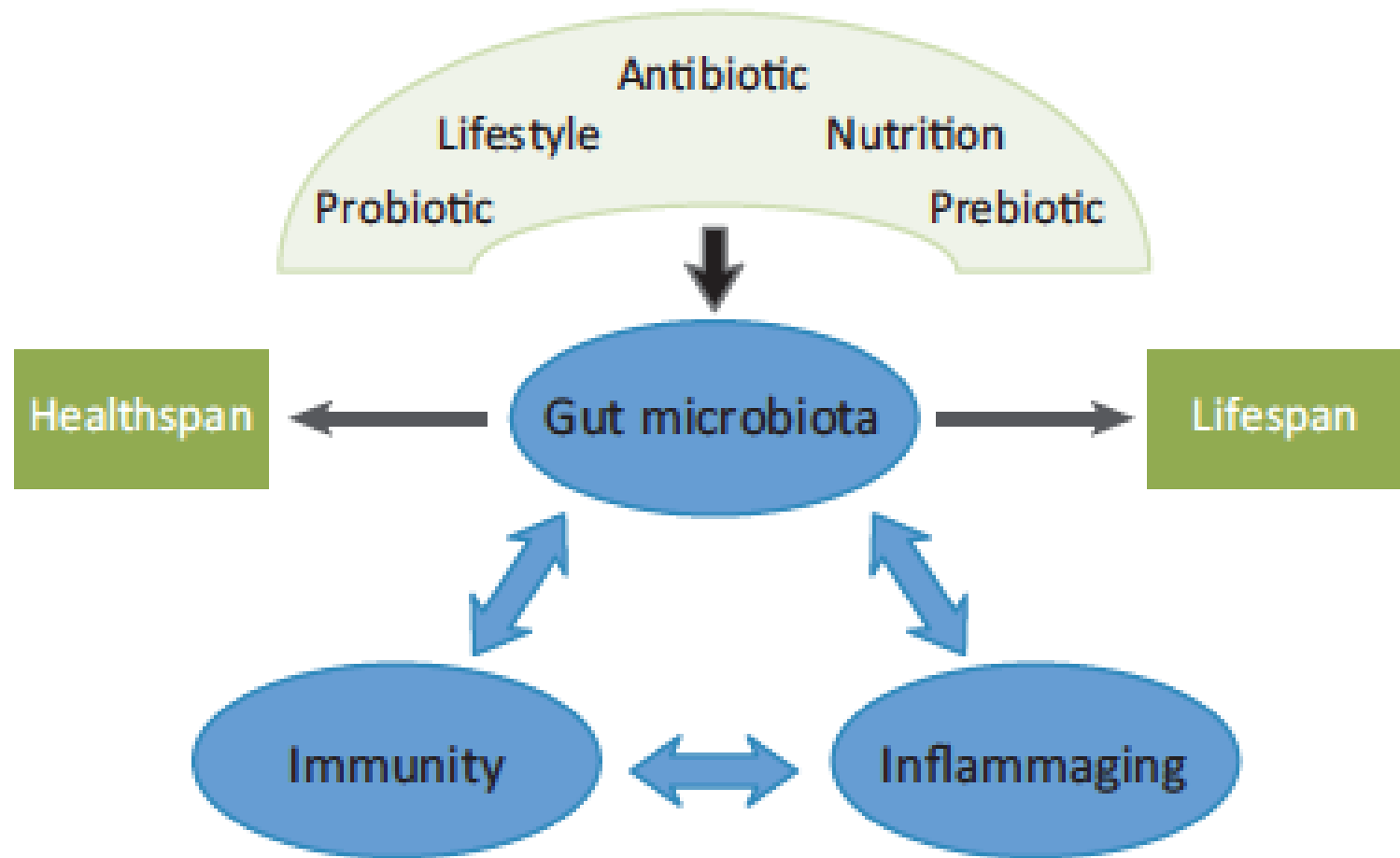
# LIMITATIONS OF GUT MICROBIOME RESEARCH IN AGEING:

- Unfeasibility of longitudinal studies to assess the “real” evolution of gut microbiome throughout life
- Limitations of studies conducted in different Countries (different diet/lifestyle)
- Lack of consensus on the definition of “elderly”

*However, once a large number of microbiota studies focused on subjects of different age, including longliving individuals, will be available from several different countries, a comparative unconstrained approach of NGS data will be useful to isolate microbiota signatures of longevity independent of the nationality of the involved subjects.*

***Describing a sort of “universal” longevity dynamics may help in unraveling how the gut microbial ecosystem could affect our lifespan and, more importantly, healthspan.***

In the future, the age-tailored and personalized modulation of the gut microbiome composition will be aimed at maintaining the microbial profile **with the highest probability to help the host in preventing diseases and promoting health in that specific stage of life**



## *Consequences of gut microbiota ageing*

- Susceptibility to *C. difficile* infection
- Increased inflammatory status



# C DIFF INFECTION

## Socio-economic burden in EU



Wien Klin Wochenschr. 2014 Jul;126(13-14):427-30. doi: 10.1007/s00508-014-0549-x. Epub 2014 Jun 6.

**Severe Clostridium difficile infection: incidence and risk factors at a tertiary care university hospital in Vienna, Austria.**

Starzengruber P<sup>1</sup>, Segagni Lusignani L, Wrba T, Mitteregger D, Indra A, Graninger W, Presterl E, Diab-Elschahawi M.

**5.23 CDI /10.000 patient-days**  
**4.41 severe CDI /10.000 patient-days**

**84.5% severe CDI according to ESCMID guidelines**



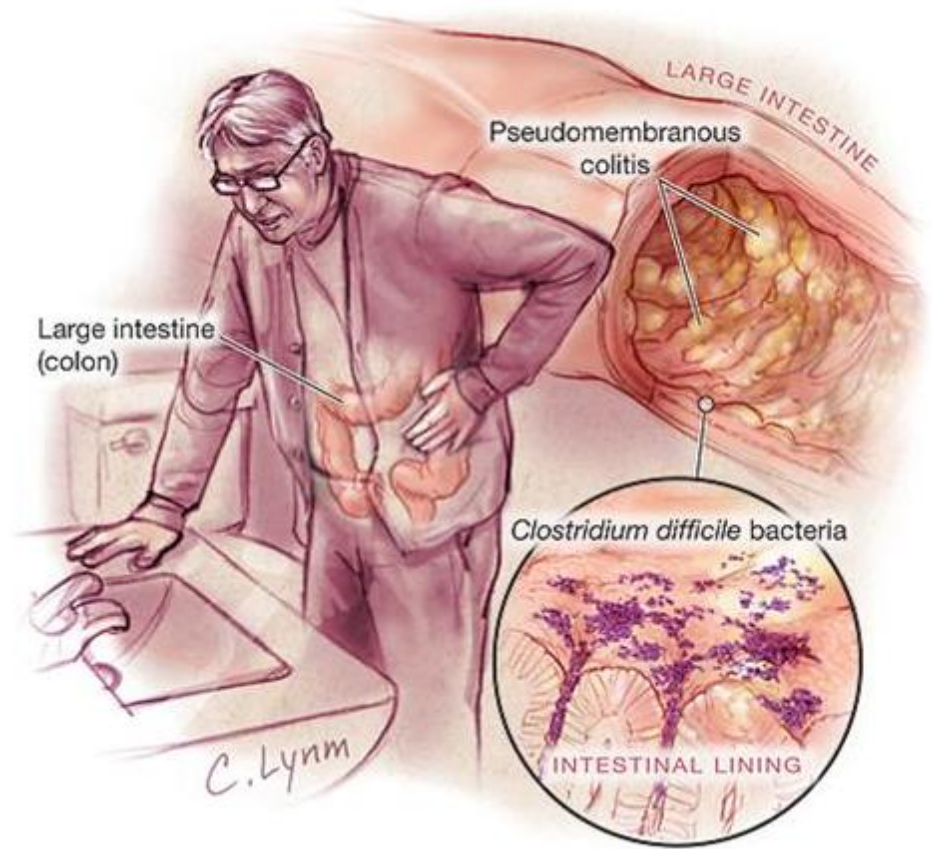
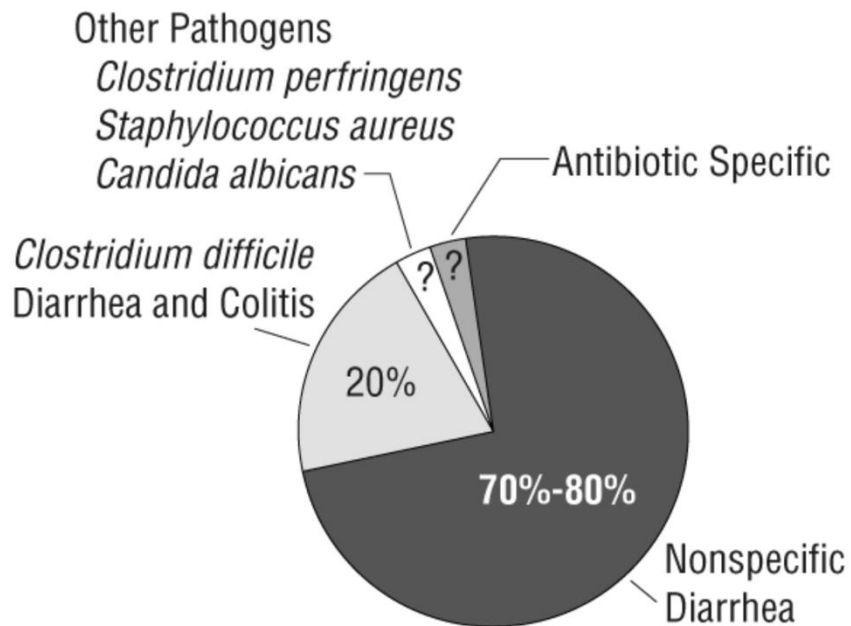
Infection. 2014 Jun;42(3):585-9. doi: 10.1007/s15010-014-0597-1. Epub 2014 Feb 13.

**A cluster of fulminant Clostridium difficile colitis in an intensive care unit in Italy.**

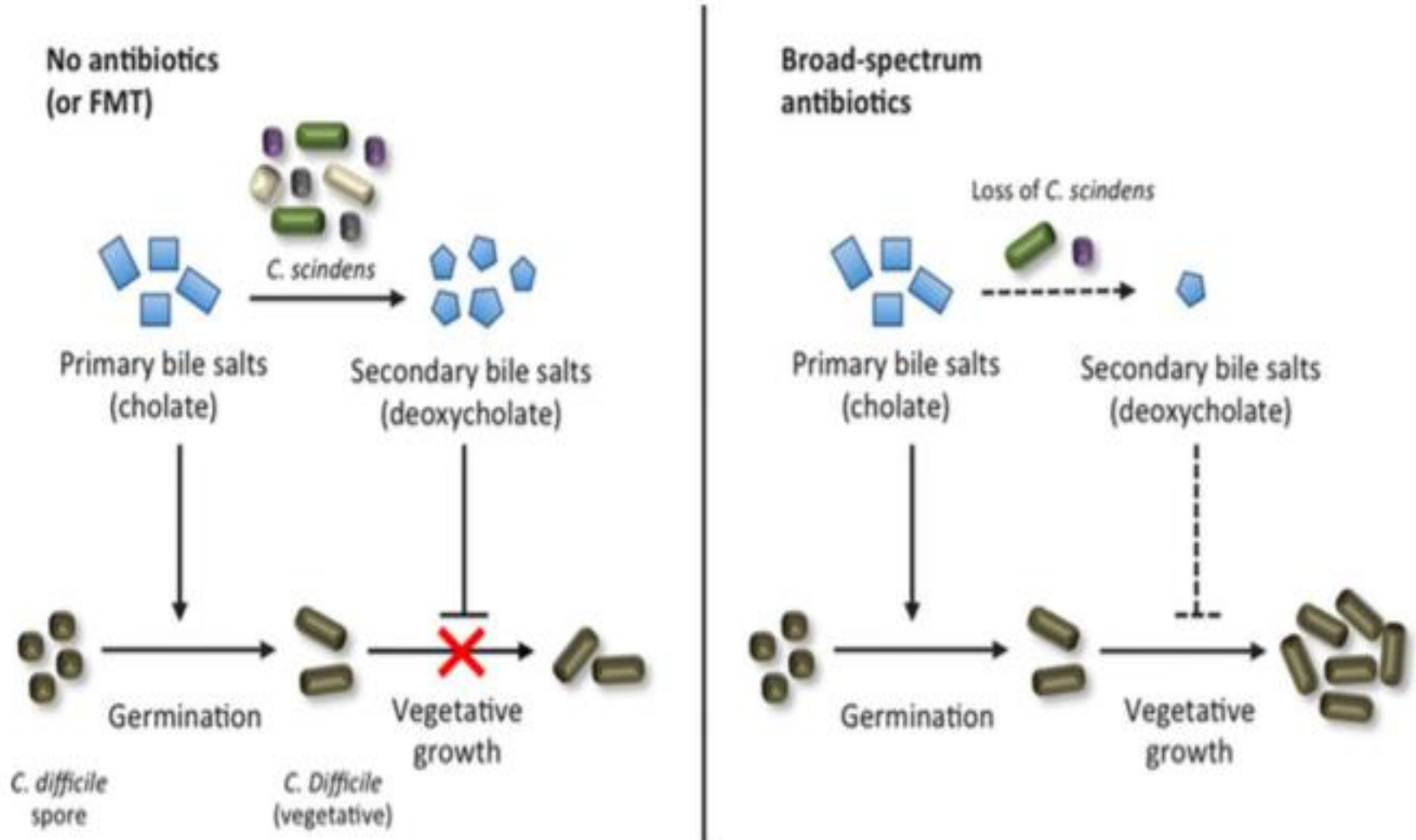
Guastalegname M<sup>1</sup>, Grieco S, Giuliano S, Falcone M, Caccese R, Carfagna P, D'ambrosio M, Taliani G, Venditti M.

**2,61/1.000 admissions in 2013      vs      1,26/1.000 admissions in 2012**

# *C. difficile*, antibiotics and diarrhoea



# Antibiotics, *C. difficile* and diarrhoea



# Gut microbiota composition and *Clostridium difficile* infection in hospitalized elderly individuals: a metagenomic study

Christian Milani<sup>1,\*</sup>, Andrea Ticinesi<sup>2,3,\*</sup>, Jacoline Gerritsen<sup>4</sup>, Antonio Nouvenne<sup>2,3</sup>, Gabriele Andrea Lugli<sup>1</sup>, Leonardo Mancabelli<sup>1</sup>, Francesca Turroni<sup>1</sup>, Sabrina Duranti<sup>1</sup>, Marta Mangifesta<sup>1</sup>, Alice Viappiani<sup>5</sup>, Chiara Ferrario<sup>1</sup>, Marcello Maggio<sup>3,6</sup>, Fulvio Lauretani<sup>2</sup>, Willem De Vos<sup>4</sup>, Douwe van Sinderen<sup>7</sup>, Tiziana Meschi<sup>2,3</sup> & Marco Ventura<sup>1</sup>

*hospitalized elderly patients (age  $\geq$  65) under standard diet: 25 CDI-positive (CDI group), 29 CDI-negative exposed to antibiotic treatment (AB+ group) and 30 CDI-negative subjects not on antibiotic treatment (AB– group).*

**CDI** was associated with a significant **under-representation of gut commensals with putative protective functionalities**, including *Bacteroides*, *Alistipes*, *Lachnospira* and *Barnesiella*, and over-representation of opportunistic pathogens.

In CDI- patients, **antibiotic treatment** was associated with significant depletion of few commensals like *Alistipes*, but not with a reduction in species richness



# European Consensus Conference on Faecal Microbiota Transplantation in Clinical Practice

## FMT for recurrent *Clostridium difficile* infection

**Statement:** FMT is recommended as a highly effective and safe treatment option for both mild and severe rCDI. Its implementation in **clinical practice is recommended**

**Quality of evidence:** high

**Strength of recommendation:** strong

## FMT for refractory *Clostridium difficile* infection

**Statement:** FMT can be considered as a treatment option for **refractory CDI**

**Quality of evidence:** high

**Strength of recommendation:** strong

## FMT for the first episode of *Clostridium difficile* infection

**Statement:** There is insufficient evidence to recommend FMT as a treatment for the first episode of CDI. Additional studies are needed to determine if **FMT could have an advantage over antibiotics for this indication**

**Quality of evidence:** low

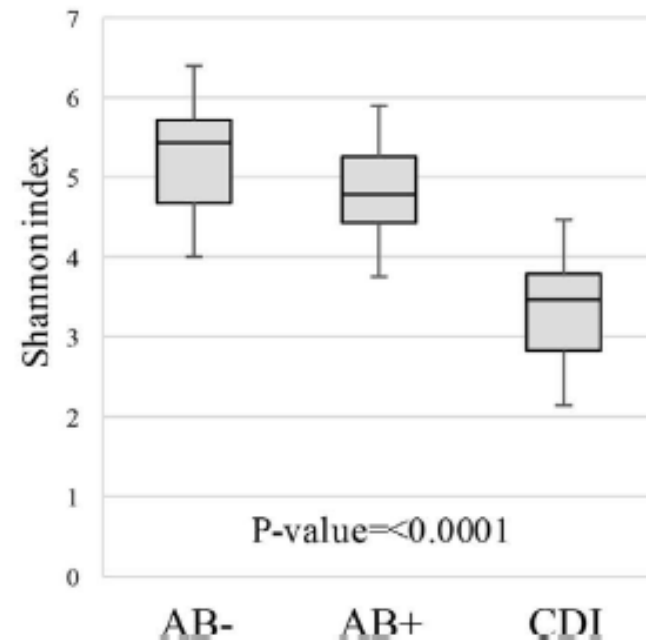
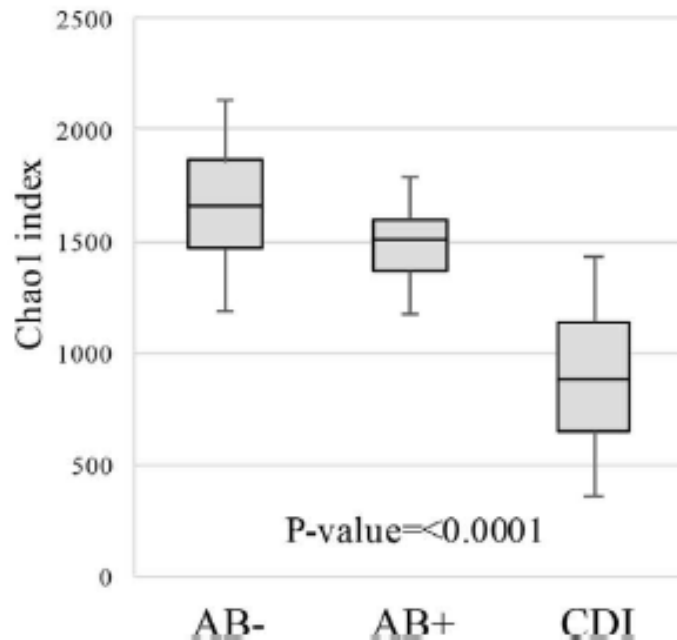
**Strength of recommendation:** weak

# Gut microbiota composition and *Clostridium difficile* infection in hospitalized elderly individuals: a metagenomic study

Christian Milani<sup>1,\*</sup>, Andrea Ticinesi<sup>2,3,\*</sup>, Jacoline Gerritsen<sup>4</sup>, Antonio Nouvenne<sup>2,3</sup>, Gabriele Andrea Lugli<sup>1</sup>, Leonardo Mancabelli<sup>1</sup>, Francesca Turroni<sup>1</sup>, Sabrina Duranti<sup>1</sup>, Marta Mangifesta<sup>1</sup>, Alice Viappiani<sup>5</sup>, Chiara Ferrario<sup>1</sup>, Marcello Maggio<sup>3,6</sup>, Fulvio Lauretani<sup>2</sup>, Willem De Vos<sup>4</sup>, Douwe van Sinderen<sup>7</sup>, Tiziana Meschi<sup>2,3</sup> & Marco Ventura<sup>1</sup>

hospitalized elderly patients (age  $\geq 65$ ) under standard diet: 25 CDI-positive (*CDI group*), 29 CDI-negative exposed to **antibiotic treatment** (*AB+* group) and 30 CDI-negative subjects **not on antibiotic treatment** (*AB-* group).

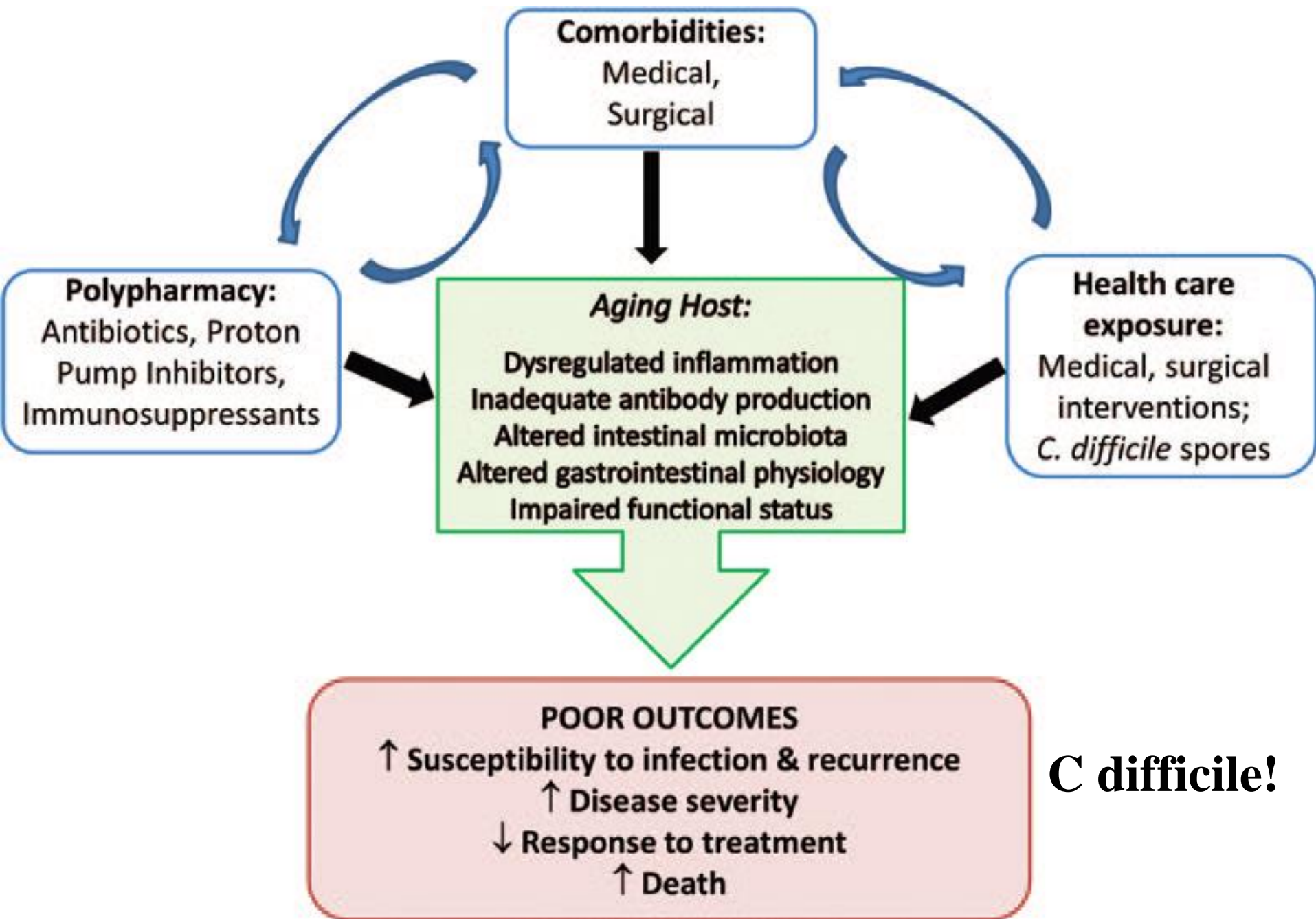
A significantly lower microbial diversity was detected in CDI samples, whose microbiomes clustered separately from CDI-negative specimens



# Oral, Capsulized, Frozen Fecal Microbiota Transplantation for Relapsing *Clostridium difficile* Infection

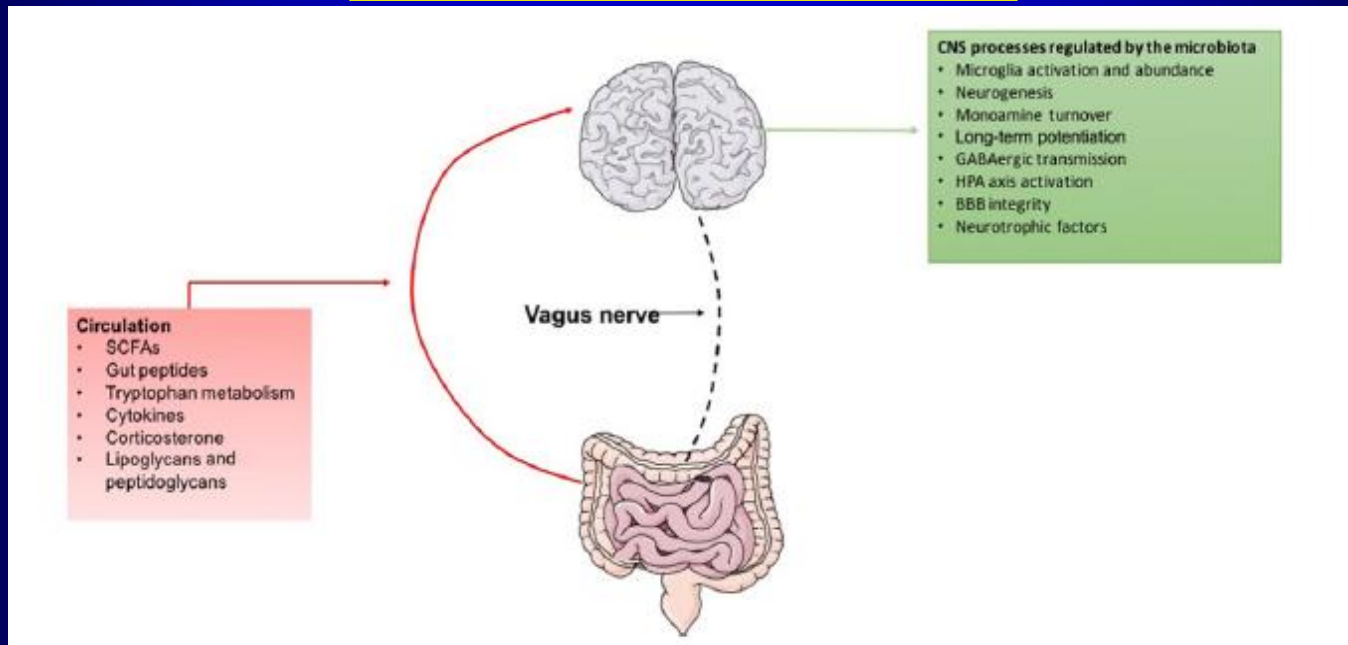
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- 20 pts with rCDI received 15 FMT capsules by healthy volunteers on 2 consecutive days and were followed up for symptom resolution and adverse events for up to 6 months
- Resolution of diarrhea in 14 patients (70%; 95%CI, 47%-85%) after a single capsule-based FMT
- All 6 non-responders were re-treated; 4 had resolution of diarrhea, resulting in an overall 90% rate of clinical resolution of diarrhea (18/20)
- No serious adverse events attributed to FMT





# MICROBIOTA-GUT- BRAIN AXIS



Sherwin E et al, Recent developments in understanding the role of the gut microbiota in brain health and disease. Ann N Y Acad Sci. 2017 Aug 2. doi: 10.1111/nyas.13416.

# MICROBIOTA-GUT-BRAIN AXIS

- 
- The diagram illustrates the Microbiota-Gut-Brain Axis as a bidirectional communication system. On the left, five bullet points represent factors originating from the gut: Neurotransmitters synthesis, Modulation of the immune system, Neuroactive metabolites production, Vagus pathway, and Modulation of key dietary amino-acids (TRP). On the right, five bullet points represent factors originating from the brain: Neuroinflammation, Stress, Neurotransmission, Neurogenesis, and Modulation of complex behaviors. A large, light blue bracket on the left side groups the gut-related factors, and a large, light blue bracket on the right side groups the brain-related factors. A vertical double-headed arrow in the center connects the two brackets, signifying the reciprocal nature of the axis.
- Neurotransmitters synthesis
  - Modulation of the immune system
  - Neuroactive metabolites production
  - Vagus pathway
  - Modulation of key dietary amino-acids (TRP)
- Neuroinflammation
  - Stress
  - Neurotransmission
  - Neurogenesis
  - Modulation of complex behaviors

# GUT MICROBIOTA ↔ NEUROLOGIC DISEASES

- Parkinson's disease (PD)
  - Alzheimer's disease (AD)
  - Cerebrovascular diseases
  - Affective disorders
  - Alcohol addiction
  
  - Autism spectrum disorders
  - Multiple Sclerosis
- } Not typical of the elderly

# GUT MICROBIOTA IN PARKINSONIAN PATIENTS

- Reduced abundance of *Prevotella* species, which produce mucin → increase in intestinal permeability and bacterial translocation
- Increased *Akkermansia muciniphila*
- Lower levels of anti-inflammatory-associated bacteria (*Blautia*, *Roseburia*)
- Lower levels of acetate, butyrate and propionate
- Small intestine bacterial overgrowth



# PARKINSON'S DISEASE AND HELICOBACTER PYLORI

- H. pylori may contribute to the development of parkinsonian symptoms through degenerative dopaminergic neurons in the brain
- H. pylori eradication enhances the onset time of levodopa and improves tremor, and walking ability
- rigidity

# STROKE AND BRAIN INJURY

- Alterations to the human microbiota following stroke have been observed, with specific decreases observed in the *Bacteroides fragilis* group and increases in an *Atopobium* cluster noted
- Microbial metabolism was also affected by stroke, with decreases in fecal concentration of acetic acid and increases in valeric acid and isovaleric acid.

# STROKE AND BRAIN INJURY – PRECLINICAL DATA

- Depletion of gut bacteria through antibiotic administration worsened the survival rate of mice following the induction of ischemia
- In the middle cerebral artery occlusion, cerebral ischemia is associated with a dysregulation of the murine microbiota, with a reduction in bacterial  $\alpha$ -diversity, intestinal motility and intestinal barrier dysfunction (=increased permeability)
- Microbial-derived metabolites may influence stroke susceptibility through modulation of infection, platelet activation and thrombosis.

# STROKE AND BRAIN INJURY – PRECLINICAL DATA

- The gut microbiota modulates immune signaling and influences the pathological outcome during stroke
- An increased activation of the sympathetic nervous system may also influence dysregulation to the microbiota following stroke
- The gut microbiota may influence the severity of post-stroke infections, a complication associated with stroke



# ALZHEIMER'S DISEASE

Accumulation of amyloid plaques, tau fibrils and neuroinflammation widespread

- Higher levels of Shigella/Escherichia
  - Increased of hematic IL-1 $\beta$  and CXCL2
- } Systemic inflammation
- Higher levels of LPS and Escherichia coli K99 pilli protein in brain parenchyma and blood vessels of Alzheimer's patients
- LPS was found to colocalize with A $\beta$  1-40 in amyloid plaques
- } Bacterial components translocation
- Molecular mimicry may also play a role in Alzheimer's disease neurodegeneration

# DEPRESSION

Depressed patients usually have a dysregulated microbiota  
(reduction in species richness and microbial diversity)



Transplantation of these patients' microbiota into microbiota-depleted rats, they developed a depression behavioral phenotype. They also had an elevated kynurenine/tryptophan ratio, indicating that perhaps the depressed microbiota facilitates the conversion of tryptophan into kynurenine, a deleterious metabolite

# THE ROLE OF AMYLOID IN NEURODEGENERATION

- Why are the neurodegenerative disorders so closely related to age?



The late onset of Alzheimer and Parkinson's disease allows for minute alterations in proteostasis and inflammation to have cumulative effects

- What are the principal sources of microbial amyloid in humans?

# ALCOHOL ADDICTION

The psychological status of **alcoholics** with **increased intestinal permeability** was worse than that of controls and alcoholics with regular intestinal permeability



A dysregulated microbiota-gut-brain axis facilitates the psychological symptoms observed in alcoholics

# AUTISM

- Growing evidences suggest that the gut microbiota composition may affect some facets of social behaviors in mammals
- In many animal models of autism spectrum disorders there is an altered microbiota composition
- Recent evidence suggests that the modulation of the gut microbiota (through diet, probiotics and microbiota transfer) may affect some behaviors typical of autism spectrum disorders
- The relationship between the host's genetics and the gut microbiota in affecting the behavior is still to clarify.



# PANS / PANDAS AND GUT MICROBIOTA

Pediatric acute-onset  
neuropsychiatric syndrome  
(**PANS**)

Pediatric autoimmune  
neuropsychiatric disorders  
associated with streptococcal  
infections (**PANDAS**)

**Sudden developement of tics,  
obsessive-compulsive disorder  
and behavioral symptoms**

In a cohort of 30 PANS/PANDAS patients, it has been demonstrated the **presence of an altered intestinal bacterial community structure** comparing to controls.

Quagliariello A...Gasbarrini A. et al. Gut Microbiota Profiling and Gut-Brain Crosstalk in Children Affected by Pediatric Acute-Onset Neuropsychiatric Syndrome and Pediatric Autoimmune Neuropsychiatric Disorders Associated With Streptococcal Infections. Front Microbiol. 2018 Apr 6;9:675. doi: 10.3389/fmicb.2018.00675. eCollection 2018.

# PANS / PANDAS AND GUT MICROBIOTA

- PANS/PANDAS patients aged 4-8 showed a strong increase in *Bacteroidetes* (*Bacteroides*, *Odoribacter*, *Oscillospira*) and in many pathways regarding the antibody response to gut inflammation, while pathways concerning brain functions resulted to be decreased.
- In PANS/PANDAS patients older than 9 it was not possible to identify a distinct biomarker in the bacterial population; however, a negative correlation emerged between *Firmicutes* and *anti-streptolysin O* titer, with a positive correlation with *Odoribacter*.

Streptococcal infection can lead the gut microbiota composition to a pro-inflammatory status through the selection of bacterial strains associated with gut inflammation and immune activation.

# MULTIPLE SCLEROSIS

Autoimmune disease caused by the progressive demyelination of the axons

- Increased intestinal permeability in patients with relapsing/remitting MS
- Increased circulating LBP in patients with remitting/relapsing MS → Gram negative translocation from the intestinal lumen
- Reductions in Faecalibacterium, Prevotella and Anaerostipes; it is still to be determined whether these alterations are comorbid consequences of multiple sclerosis or play an active role in the development of the disease
- In mice, the gut microbiota influences myelination within the prefrontal cortex and the composition of the gut microbiota may determine the severity of the disease.

**nella pratica clinica**



Doctor, should  
I eat yogurth?





Yogurt. Per la legge è *latte fermentato* con due specifici batteri, il *Lattobacillus bulgaricus* e lo *Streptococcus thermophilus*, il cui compito è quello di fermentare il lattosio ad acido lattico (la cui acidità fa coagulare il latte per la precipitazione della caseina) e di dare gusto attraverso la trasformazione dei grassi e delle proteine in sostanze aromatiche. Alla fine della fermentazione lattica si registra anche un aumento dell'acido folico e della niacina. Di norma il latte utilizzato è quello vaccino.

Latte fermentato. Questa denominazione viene riportata in etichetta quando il latte è fermentato con microrganismi diversi da quelli usati per lo yogurt.

Ne fate uso

?





**ALKALIZE  
ENERGY**  
Probiotics  
Organic Hydration

- + 12 strains USDA ORGANIC Probiotics
- + Millions of CFUs per 20 oz serving

A proprietary blend in an enzyme enriched substrate derived from:

*Lactobacillus Acidophilus*

*Lactobacillus Casei*

*Lactobacillus Plantarum*

*Lactobacillus Rhamnosus*

*Lactobacillus Salivarius*

*Lactobacillus Lactis*

*Streptococcus Thermophilus*

*Bifidobacterium Lactis*

*Bifidobacterium Breve*

*Bifidobacterium Longum*

*Bifidobacterium Lactis*

*Bifidobacterium Lactis*

made with water and a proprietary

blend of 3 organic grasses



# Human diet shapes bacteria ENTEROTYPES

“feeding” our microbiota

biotin and riboflavin



**Proteolytic bacteria:**

***Bacteroides***, *Streptococcus*,  
*Staphylococcus*, *Proteus*, *Escherichia*,  
some species of *Clostridium*, *Fusobacteria*,  
*Bacillus*, *Propionibacterium*...

thiamine and folate



**Saccharolytic bacteria**

***Prevotella***, *Bifidobacterium*, *Lactobacillus*,  
*Eubacterium*, *Propionibacterium*,  
*Escherichia*, *Enterococcus*,  
*Peptostreptococcus*, *Fusobacteria*...

***Wu et al. Science 2011***

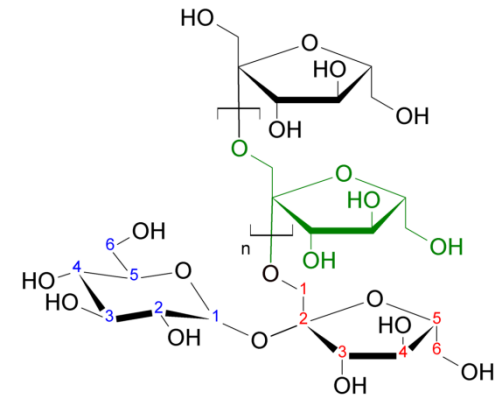
# Fermentation

## Prebiotic fibres: FOS, GOS and inulin



The highest level of butyrate are seen with prebiotic fibres: **FOS, GOS and inulin**

- Prebiotics fibres are totally fermented, producing **SCFA**
- **FOS, GOS** and **inulin** selctively
  - Stimulate proliferation of bifidobacteria and lactobacilli
  - Inhibition patogenic Gram + and Gram – bacteria
  - **Reduce intestinal permeability, LPS** and metabolic endotoxiemia



**Bifidobacteria**

**Lactobacilli**



**E. Coli**  
**Bacteroides sp.**  
**Clostridium perfringens**  
**Salmonella sp.**  
**Listeria sp.**  
**Shigella sp.**  
**Campylobacter**  
**Vibrio Cholera**





# *PROBIOTICI* TINDALIZZATI NON VITALI

## *Lactobacillus acidophilus* HA-122

- INULINA
- AMINOACIDI (glicina, glutammina)
- VIT D3 (colecalciferolo)
- ZINCO

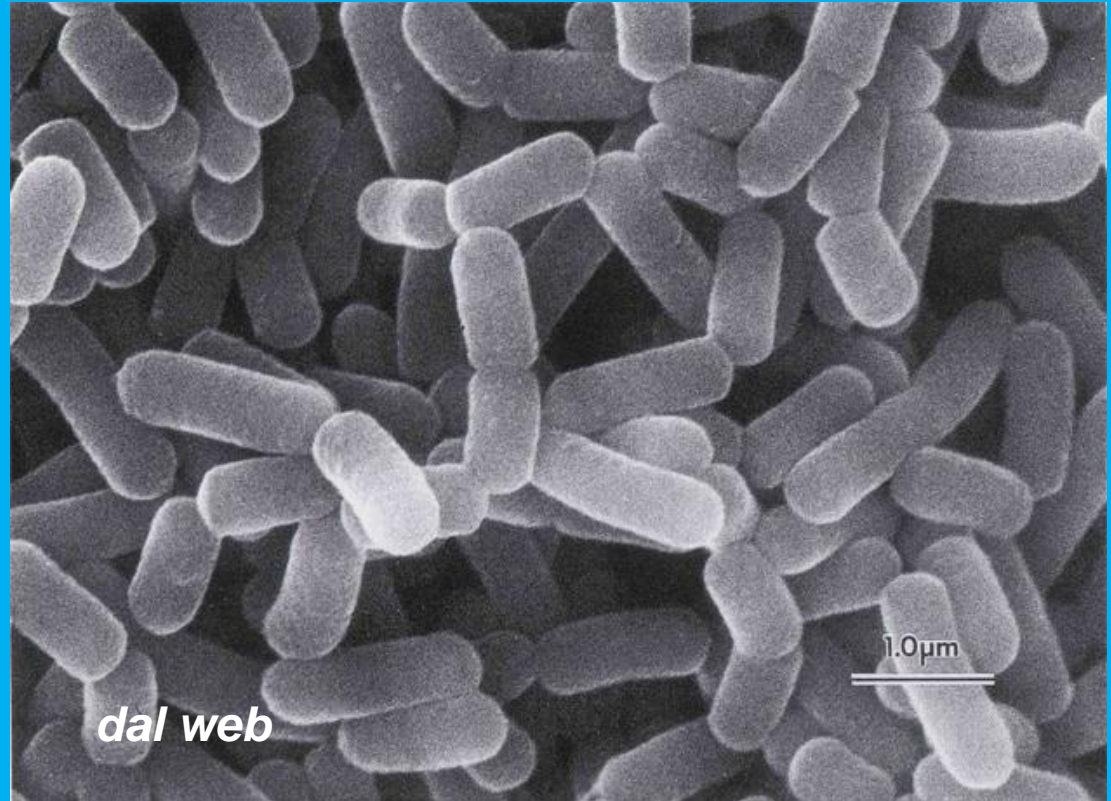
NO GLUTINE , NO LATTOSIO

# LACTOBACILLUS ACIDOPHILUS

*Presente in bocca, intestino, vagina.*

*Produce acido lattico attraverso l'enzima lattasi.*

*Contenuto nello yogurt e prodotti caseari vari, e nei cibi fermentati*



## INDICAZIONI

- Infezioni vaginali
- Infezioni polmonari nel bambino
- Diarrea da antibiotici
- Meteorismo
- Eczema dei bambini (l'uso orale da parte di donne in gravidanza e allattamento, e bambini previene la dermatite atopica)
- Ipercolesterolemia

## **INULINA**

### **Fibra vegetale solubile**

CARBOIDRATO OTTENUTO DA CICORIA E CARCIOFO

*non digerita , non assorbita, fermentata dai batteri intestinali  
che se ne nutrono (PREBIOTICO)*

Proposta per favorire la flora batterica eubiotica, nella stipsi.

Non ancoraprovata la sua utilità nelle iperlipemie, obesità, diabete.

**GLUTAMMINA** sintetizzata a partire dall'acido glutammico, è l'aminoacido prevalente (60%) nel corpo umano. Concentrata nei *muscoli*, *nel liquido cefalo-rachidiano e nel plasma*. *Stress fisico-psichico, invecchiamento*

*ne richiedono l'integrazione alimentare. Se carente, viene sottratta dai muscoli e dalla cute che perdono tonicità e compattezza.*

Importante substrato energetico per le cellule in rapido turnover come i linfociti.

Fondamentale per il **sistema immunitario**, l'integrità delle **cellule intestinali**, dei **follicoli dei capelli**.

Favorisce l'equilibrio acido-basse.

**GLICINA** produce immunoglobuline, previene l'apoptosi cellulare prematura.

Importante per il **sistema immunitario**. Come componente del glutathione regola

**I processi infiammatori.**

# VIT D<sub>3</sub>

## FUNZIONI BIOLOGICHE CLASSICHE

**Endocrina:** 1-25 (OH)<sub>2</sub>: colecalciferolo (calcitriolo):

- assorbimento di calcio e fosforo intestinale e renale
- regolazione **recettori della Vit D nelle paratiroidi** e della loro risposta al calcio sotto il controllo del paratormone. DEFICIT = iperplasia delle paratiroidi e aumento del paratormone
- Controllo della propria omeostasi attraverso le idrossilasi renali

# VIT D<sub>3</sub>

## FUNZIONI BIOLOGICHE NON CLASSICHE

**Immunità:** riduzione del rischio di malattie infiammatorie croniche, autoimmunitarie. Possibile protezione in m. neoplastiche.

Controllo della differenziazione e maturazione **neurone**, del rischio di **deficit cognitivi** e di **depressione**.

**DEFICIT VIT D<sub>3</sub>: carenza <20 ng/ml ; insufficienza 20-30 ng/ml**

**Alterazione immunità, aumentata incidenza di m. cardiovascolari**

**Aumento del rischio di cadute e fratture:**

- Riduzione della forza del quadricipite femorale
- Riduzione della stabilità posturale e delle performance muscolari funzionali
- Riduzione della velocità di conduzione dei motoneuroni, dei tempi di reazione e della sintesi di fattori neurotrofici



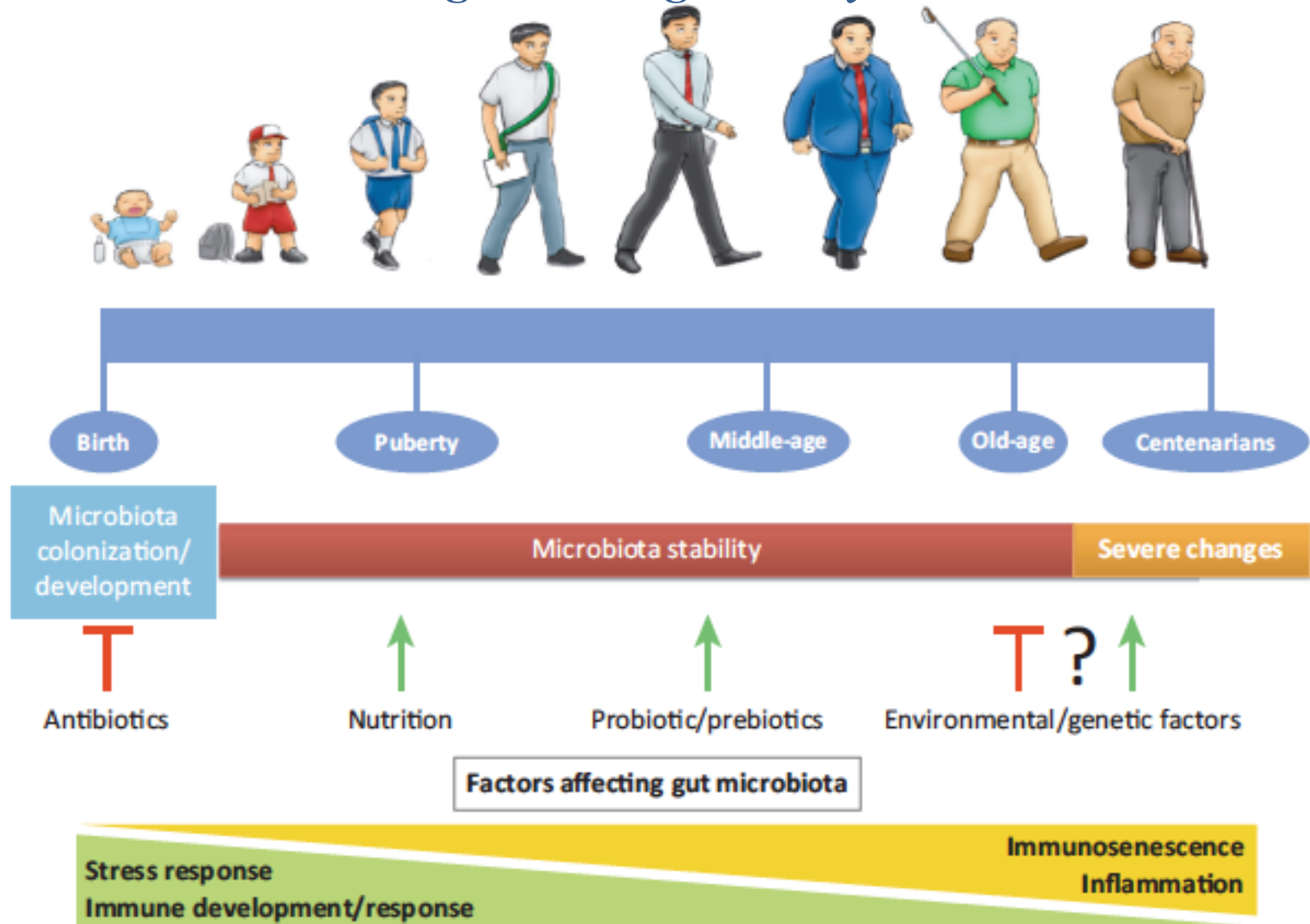
# ZINCO

Molluschi (ostriche), carne rossa, ceci e lenticchie, cereali integrali, uova, funghi, semi di zucca, noci, mandorle, pinoli, lievito di birra, cioccolato

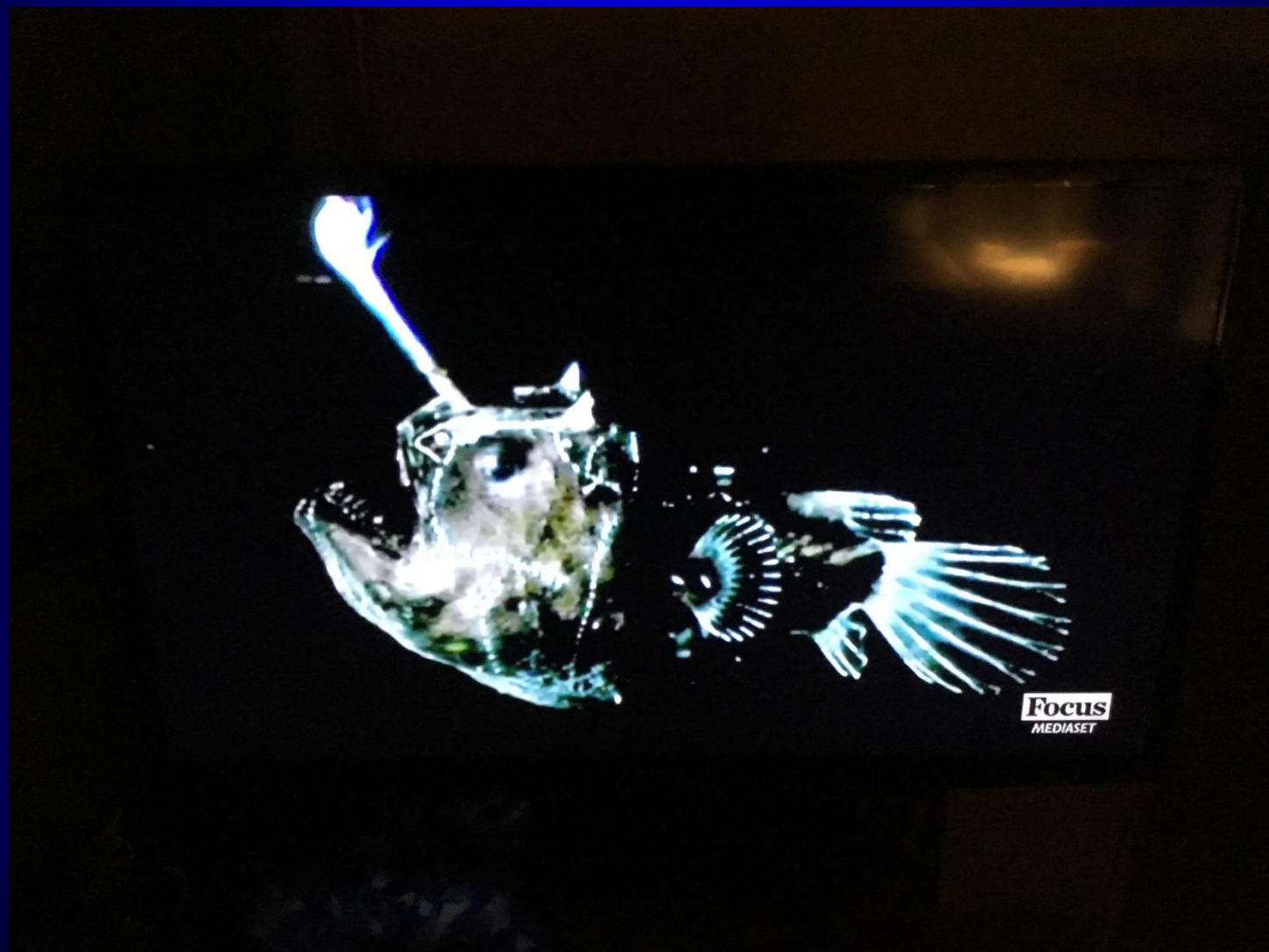
## **FUNZIONI FONDAMENTALI PER L'ORGANISMO**

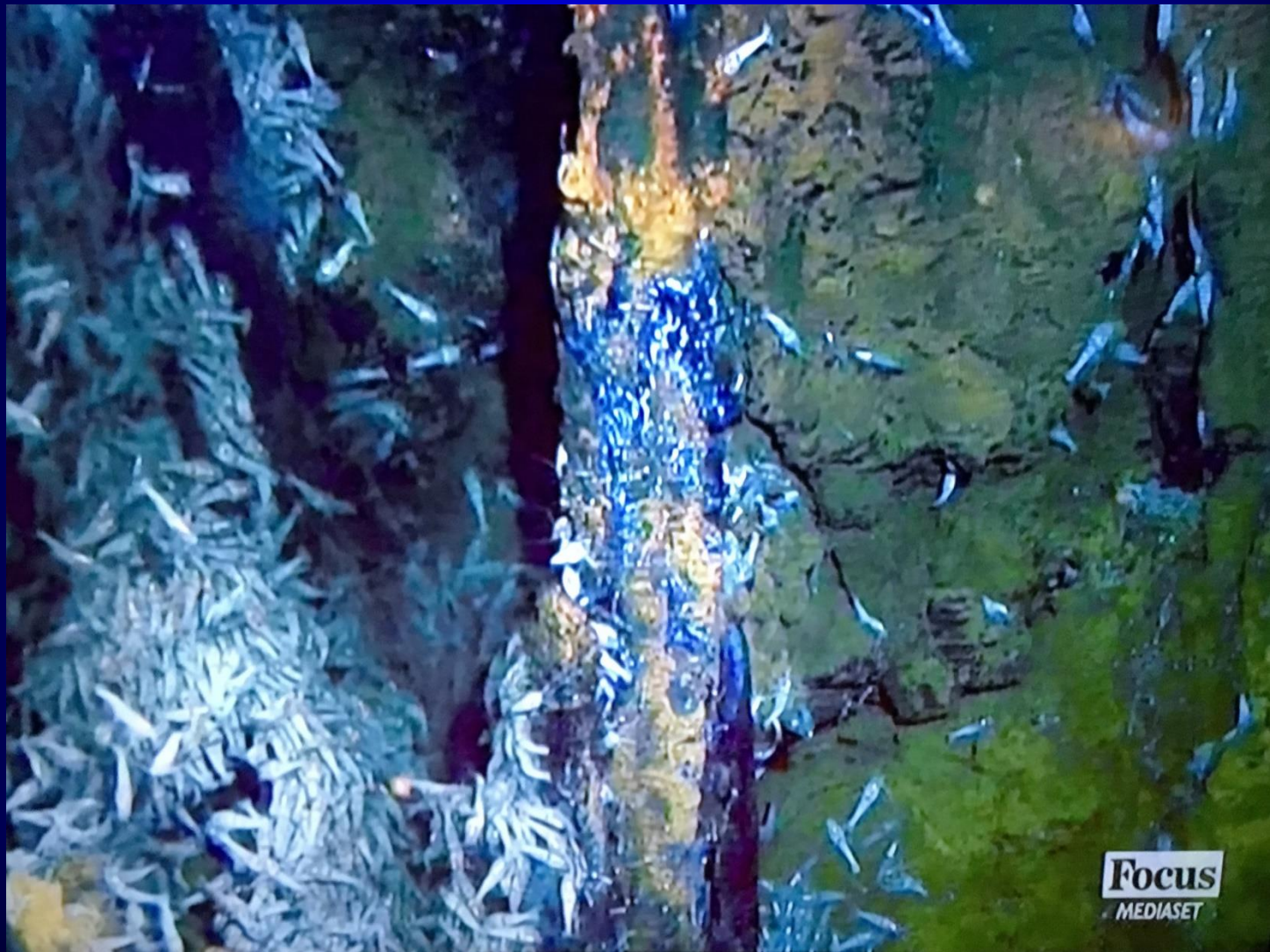
- Immagazzinato in muscoli , fegato, ossa, capelli
- Antiossidante
- Attiva numerosi enzimi
- Attiva ormoni sessuali, della crescita, insulina
- Attiva sistema immunitario
- Favorisce vista, olfatto, memoria
- Favorisce cicatrizzazione delle ferite
- Previene e cura la degenerazione maculare
- Favorisce crescita dei capelli e delle unghie
- Utile nel diabete
- Necessario per l'apparato riproduttivo

*There is no chronological threshold or age at which the composition of the microbiota suddenly alters; rather, changes occur gradually with time...*









**Focus**  
MEDIASET



# Archeologia

