# 2021 ESPEN CONGRESS

F. Kerlikowsky, 1, T. Greupner 1, M. Müller 1, J. Espadaler-Mazo 2, H.-J. Müller 3, A. Hahn 1, 1Faculty of Natural Sciences, Institute of Food Science and Human Nutrition, Leibniz University, Hanover, Germany, 2 R&D Department, AB-BIOTICS SA, Sant Cugat del Velles, Spain, Director Business Development, SymbioPharm GmbH, Herborn, Germany

### INTRODUCTION

- The clinical manifestation of elevated cholesterol is a major risk factor for the development and progression of coronary heart disease (1)
- The pharmacological treatment against hypercholesterolemia is often associated with far-reaching side effects (2,3)
- There is a need to investigate alternative therapy approaches to lower elevated blood cholesterol concentrations in patients with mildmoderate dyslipidemia

#### AIM

- To study the effect of a probiotic formulation consisting of strains *Lactobacillus plantarum* Lp) on serum low density lipoprotein (LDL) cholesterol as primary target parameter, planned as a primary prevention study
- Total cholesterol (TC), triglycerides (TG) and high density lipoprotein (HDL) cholesterol as secondary parameters

### METHOD

- A randomized, double-blinded, placebo-controlled clinical trial in otherwise healthy adult patients with untreated LDL cholesterol ≥160 mg/dL at screening and providing informed consent
- Subjects of the study were without drug treatment and had only moderately elevated LDL cholesterol concentrations up to 220 mg /dL
- Placebo or *L. plantarum* capsule (Lp) were taken once daily for 12 weeks
- The Lp capsule contained a dried lactobacillus powder and maltodextrin: 100 mg bacterial mixture of 1,2x10<sup>9</sup> CFU of *L. plantarum CECT7527, CECT7528* and CECT7529 in a proportion 1:1:1 each and 340 mg

- (TC)

- 2020
- covariates

### **PROBIOTIC FORMULATION INFLUENCES BLOOD CHOLESTEROL LEVELS: A** RANDOMIZED, CONTROLLED TRIAL DURING THE COVID-19 PANDEMIC

#### RESULTS

91 subjects (of 100 planned) were randomized and completed the study

Study groups were well balanced at baseline (see table 1)

• In contrast to the placebo, a decrease of LDL cholesterol was achieved in the Lp group. The effect was significantly different to the placebo with p=0.036 (LDL) and p=0.086

The effect was more pronounced in subjects with higher LDL cholesterol concentrations (LDL t0 > 199 mg/dL) with p=0,030)

No effects were observed on HDL) or TG

Adjusting for treatment wave and baseline TG increased significance of effect for both LDL and TC (p<0.001 vs placebo)

Recruitment wave and baseline LDL, TC and TG values significantly modulated LDL and TC change (all p<0,05)

#### Table 1: Baseli

Number of

Sex (n

Age

BMI\_(

Syst.\_RR

Diast.\_RR(

LDL-C (n

TC (mg

TG (mg

Mean value ± standard error of the mean; m:men; f: female; BMI: Body-Mass-Index; Syst.\_RR: systolic blood pressure; Diast.\_RR: diastolic blood pressure

## CONCLUSIONS

## REFERENCES

#### maltodextrin

Placebo contained 440 mg Maltodextrin only

LDL, HDL, TC and TG were measured in serum at baseline and after 12 weeks

Recruitment and intervention took place during the Covid-19 pandemic in Hanover University (Germany), in three consecutive waves, March to December

Data were analyzed with linear model (GLM), with treatment arm as fix factor, recruitment wave as random factor, and baseline LDL, TC and TG values as

line characteristics of the study groups			Lp $Placebo$			
	Lp	Placebo	192,5 190,0	P · V	2.34±2.1	0 191
subjects	47	44		<b>—</b>	188	
n/f)	14/33	14/30	185,0 -4.34±2.34 184 182,5			
(y)	63.7± 1.0	63.3 ± 1.2	E 180,0			<b>—</b> • • • •
g/m)	26.4 ± 0.6	26.2 ± 0.6	LDL t0 LDL t12 LDL t0 LDL t12 error bar +/- 1 SEM			
mmHg)	142.1 ± 2.1	138.5 ± 2.0	Figure 1: Change in mean LDL cholesterol concentration Table 2: Comparison of study results			
(mmHg)	88.2 ± 1.2	86.3 ± 1.3		Lp	Placebo	p
ng/dL)	187.9 ± 3.0	188.3 ± 3.1	LDL*A t <sub>12</sub> -t <sub>0</sub> (mg/dl)	-13.9 ± 11.8	-2.7 ± 13.2	0
			TC $\Delta t_{12}$ -t <sub>0</sub> (mg/dl)	-7.7 ± 24.9	1.2 ± 23.9	0
;/dL)	276.5 ± 5.0	280.3 ± 5.2	TG $\Delta$ t <sub>12</sub> -t <sub>0</sub> (mg/dl)	7.7 ± 40.3	$1.1 \pm 32.1$	0
			HDL $\Delta t_{12}$ -t <sub>0</sub> (mg/dl)	0.4 ± 7.8	0.1 ± 7.7	0
g/dL)	122.8 ± 5.4	134.1 ± 8.2	TC $\Delta t_{12}$ -t <sub>0</sub> (mg/dl)	-7.7 ± 24.9	1.2 ± 23.9	<(

The probiotic formulation significantly lowered LDL and TC during a 12week intervention, compared to Placebo

The effect was statistically significantly influenced by recruitment wave, baseline LDL, TC and TG values

(1) Silverman et al, 2016, JAMA 316(12):1289-97

(2) Mills et al, 2008, J. Am. Coll Cardiol. 52: 1769-1781

(3) Yebyo et al, 2019, Ann. Intern. Med. 170:1-10

+49 511 762 5430

#### Leibniz Universität Hannover

Poctor. Possion

CONGRESS

P-229

ESPEN2021



+ T-test for unpaired T test samples

00

\*LDL t0 >199mg/dl subpopulation with (n) Lp=15; Placebo=12

‡ GLM with treatment, baseline LDL, TC, TG and wave as cofactors

### ACKNOWLEDGEMENTS

The authors would like to thank all participants who took art in our study. Further, the authors thank SymbioPharm GmbH for providing the verum capsule. The authors declare no conflict of interest,. The company SymbioPharm, Herborn had no role in the design of the study; in the collection, analyses or interpretation of data; in the writing of the manuscript or in the decision to publish the results.

### **CONTACT INFORMATION**

Felix Kerlikowsky, Institute of Food Science and Human Nutrition, Leibniz University, Hanover, Germany