



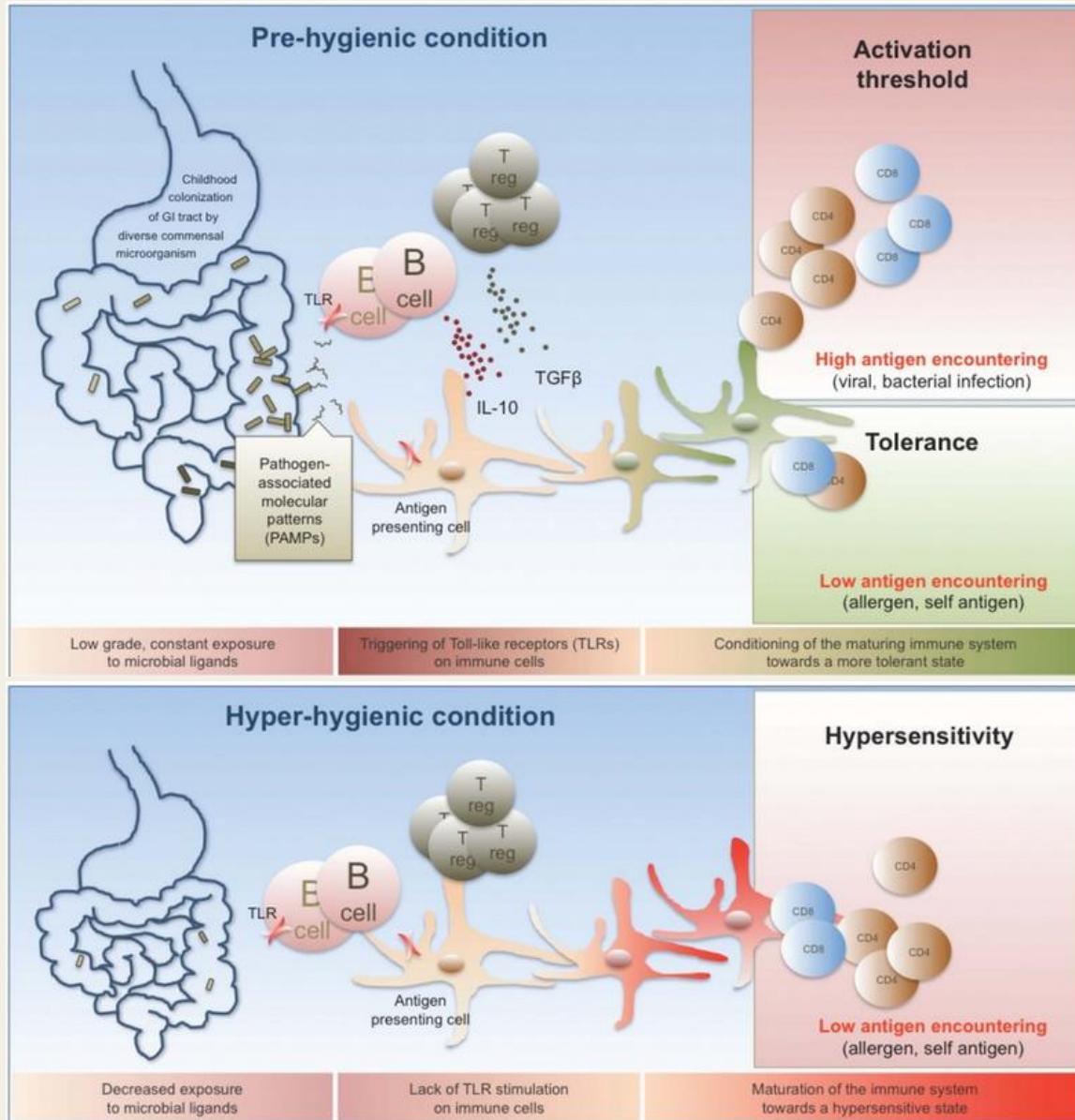
Interfacing Food & Medicine

# The Microbiome in Allergy and Asthma

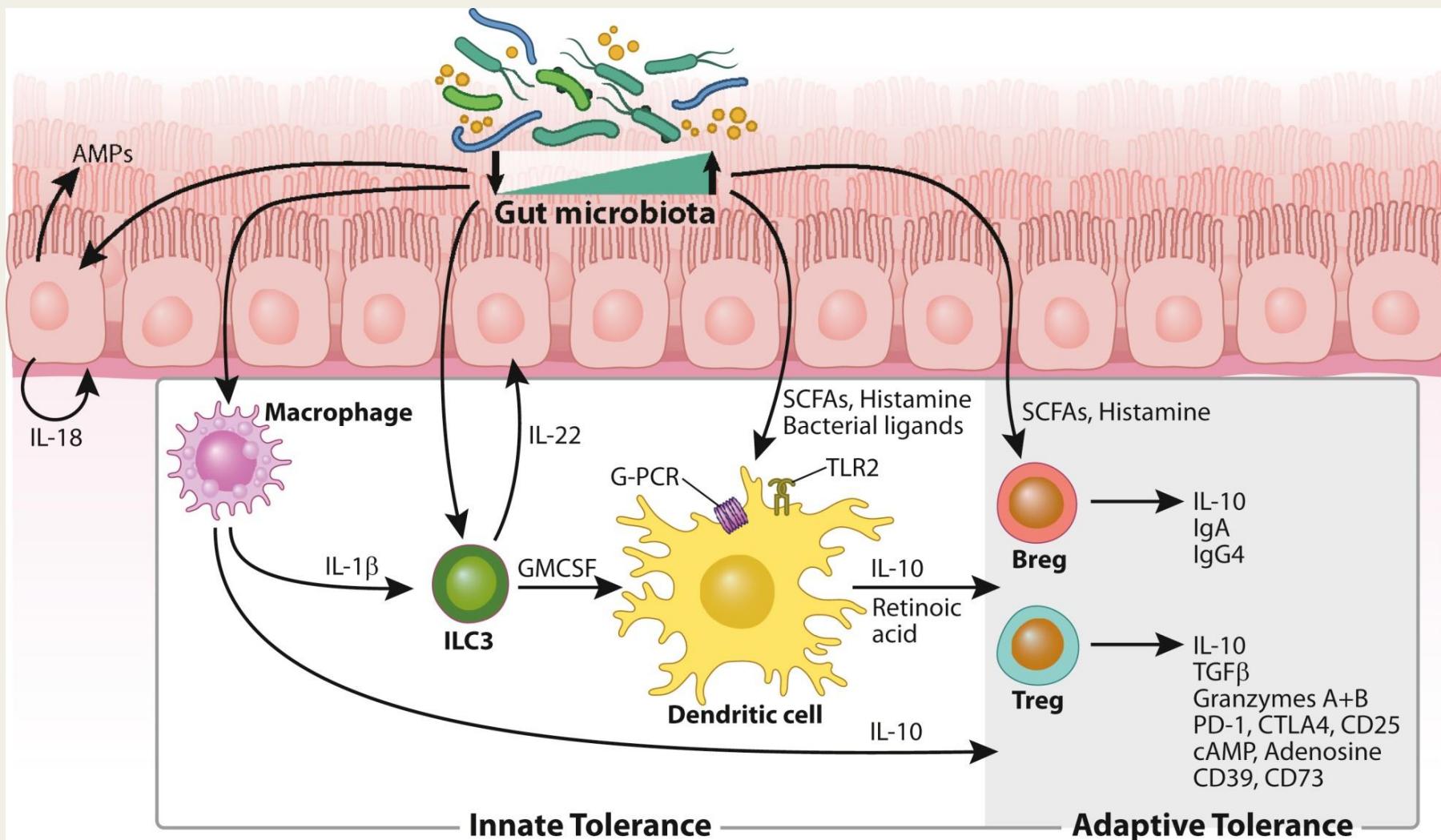
Liam O'Mahony

14<sup>th</sup> March 2019

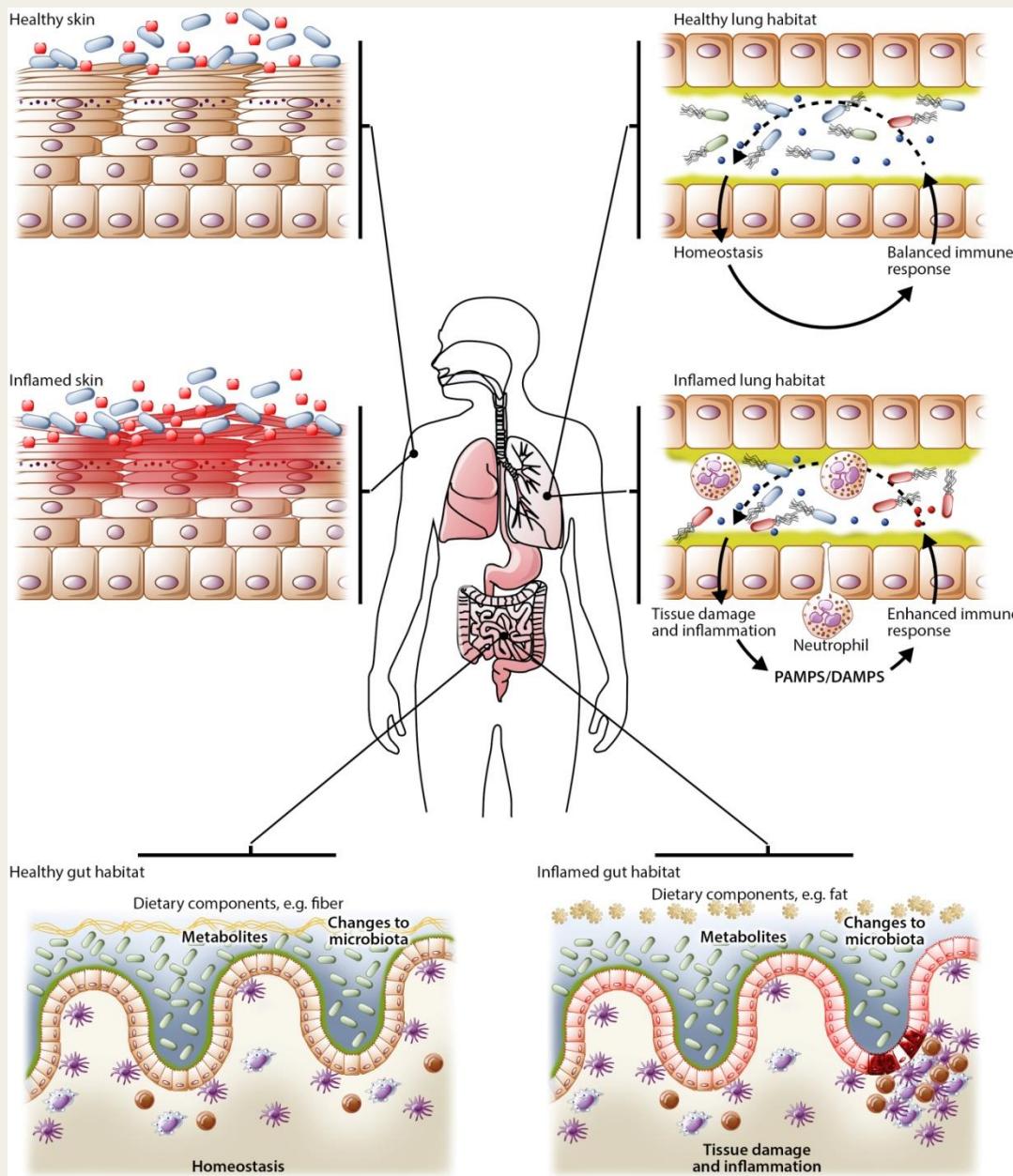
# Bacterial Stimulation of Immune Tolerance



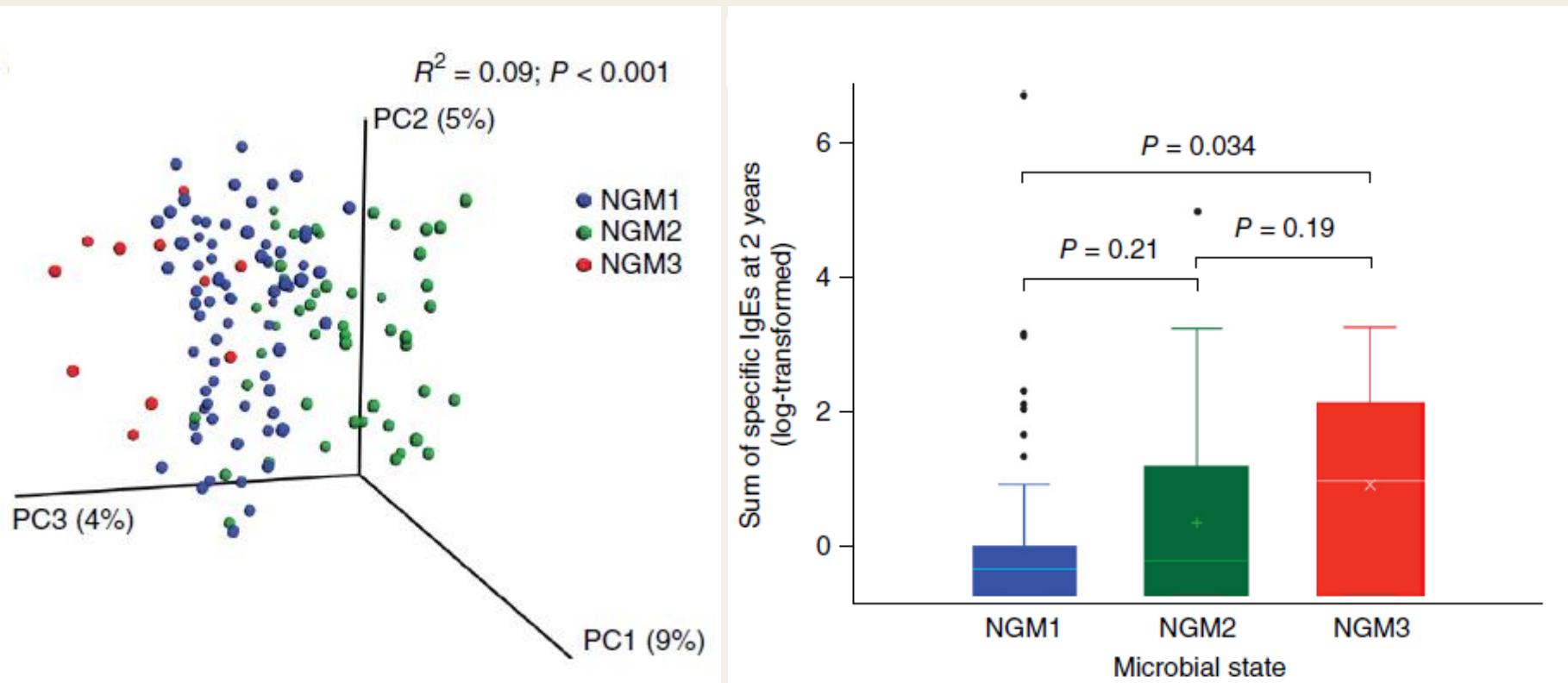
# Multiple Microbiota Interactions with the Mucosal Immune System



# Microbial Dysbiosis

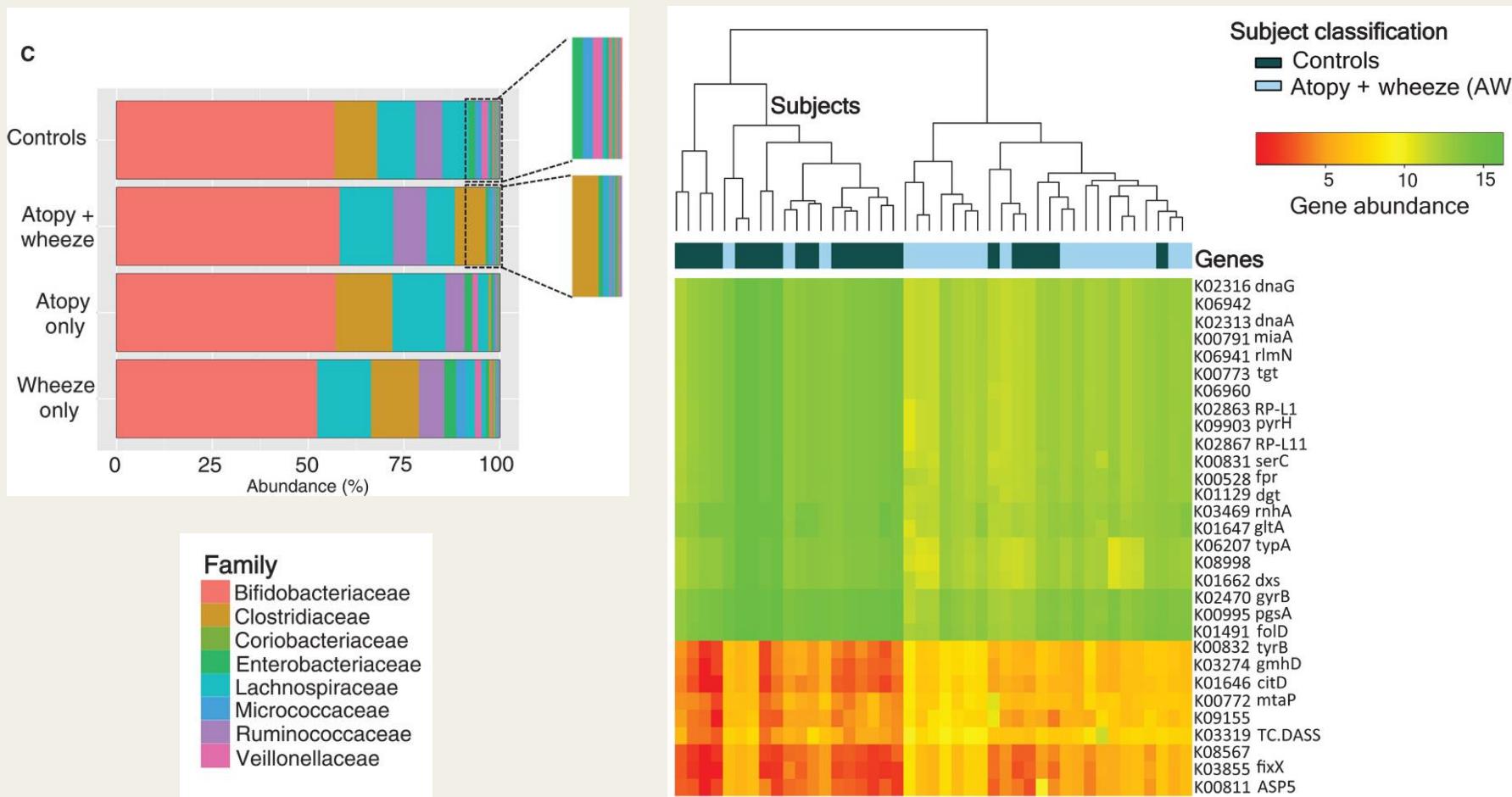


# Early Life Microbial Dysbiosis Associated with Atopy Risk

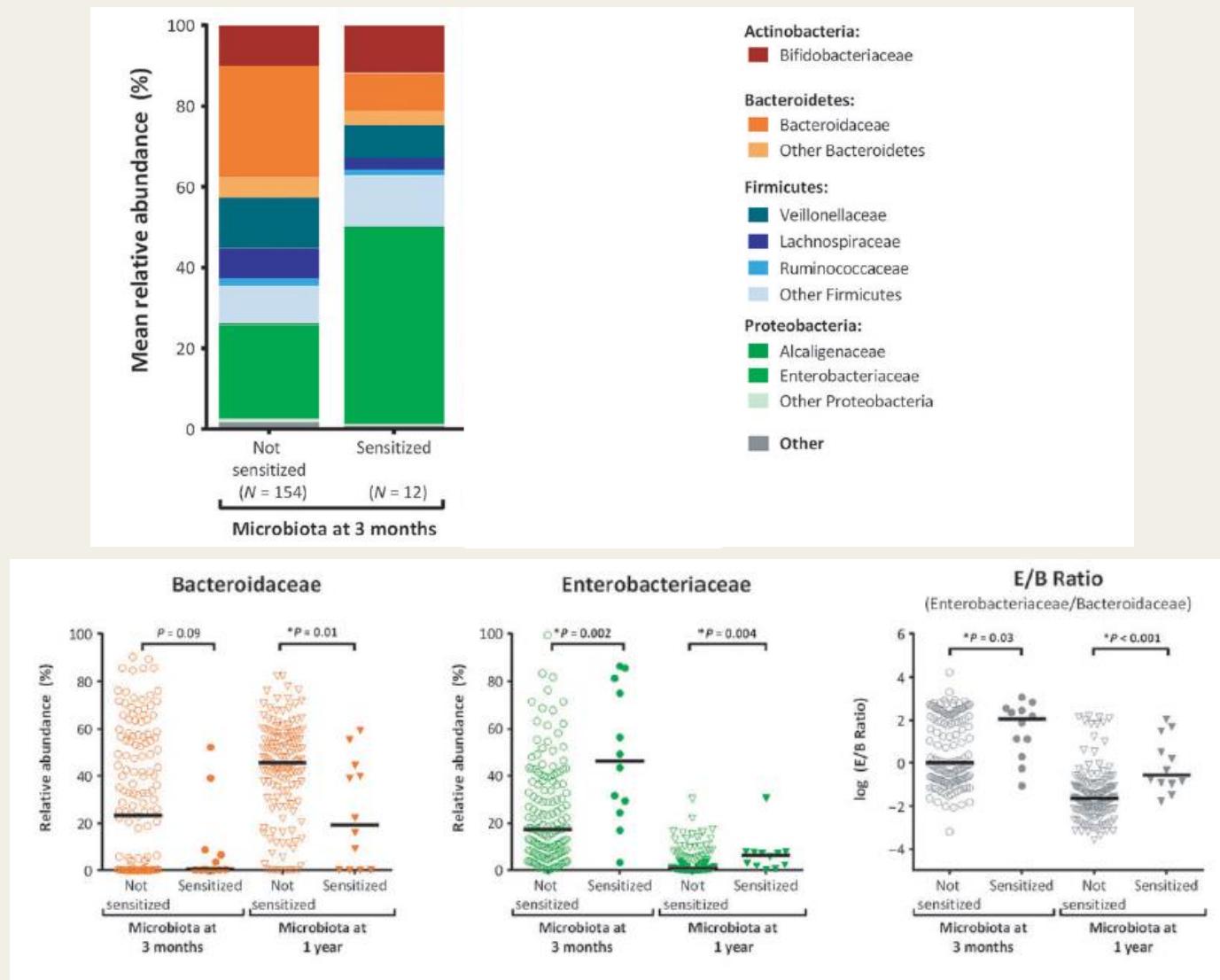


NGM3 has lower relative abundance of Bifidobacteria, Akkermansia and Faecalibacterium

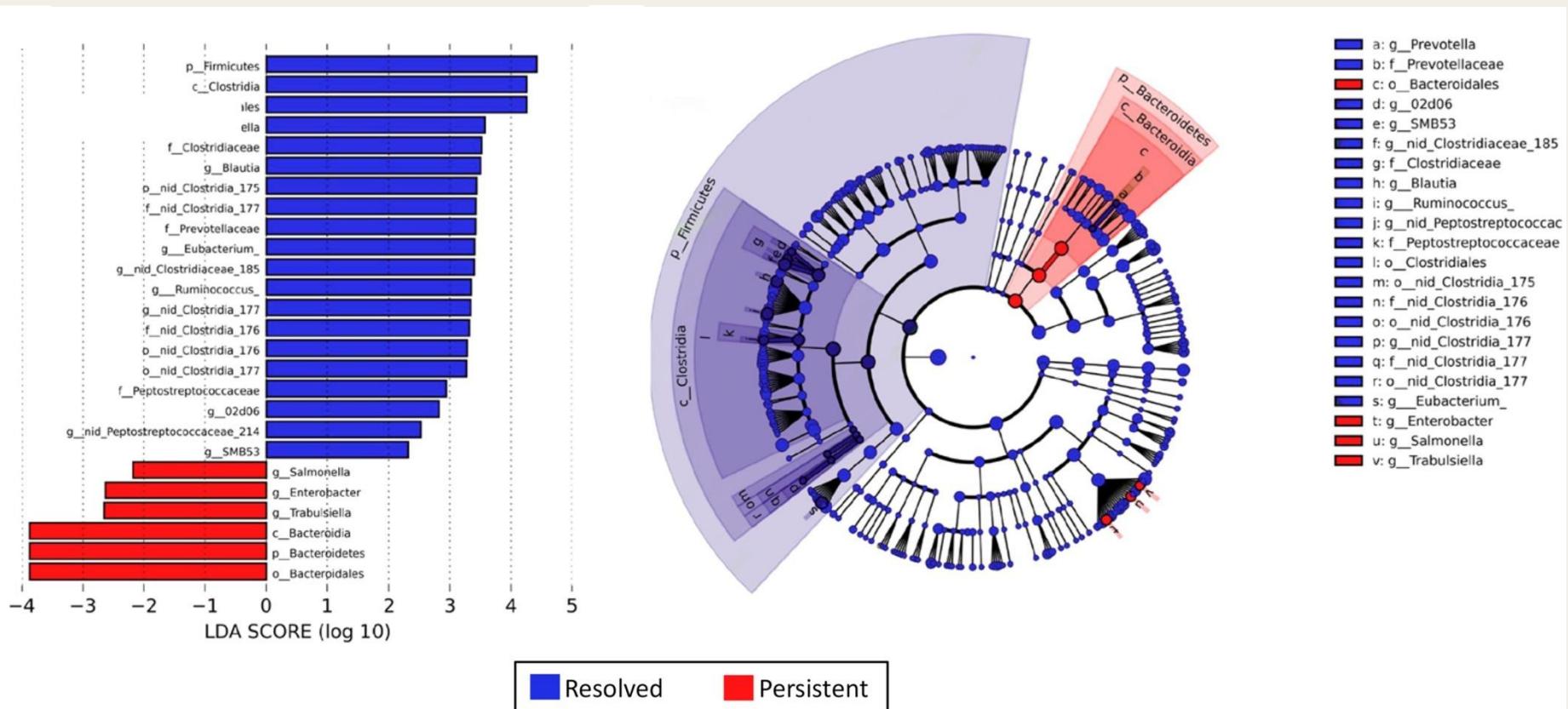
# Early Life Microbial Dysbiosis Associated with Atopy & Wheeze



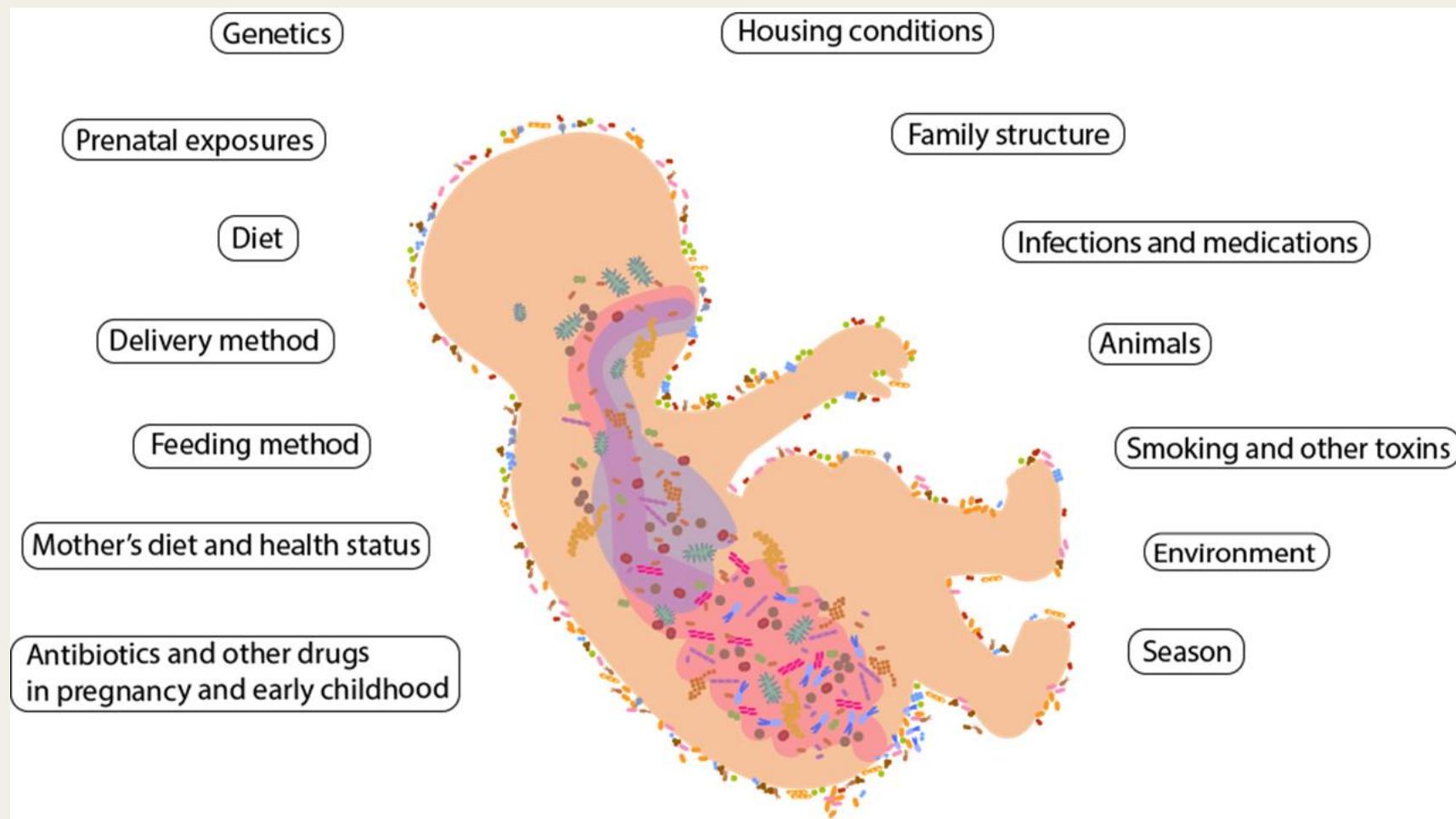
# Microbiota Dysbiosis and Food Allergen Sensitization



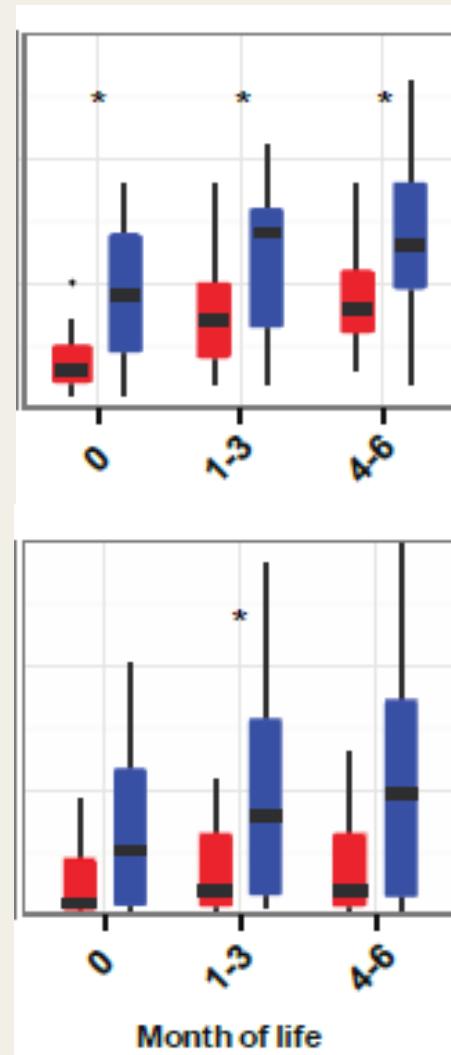
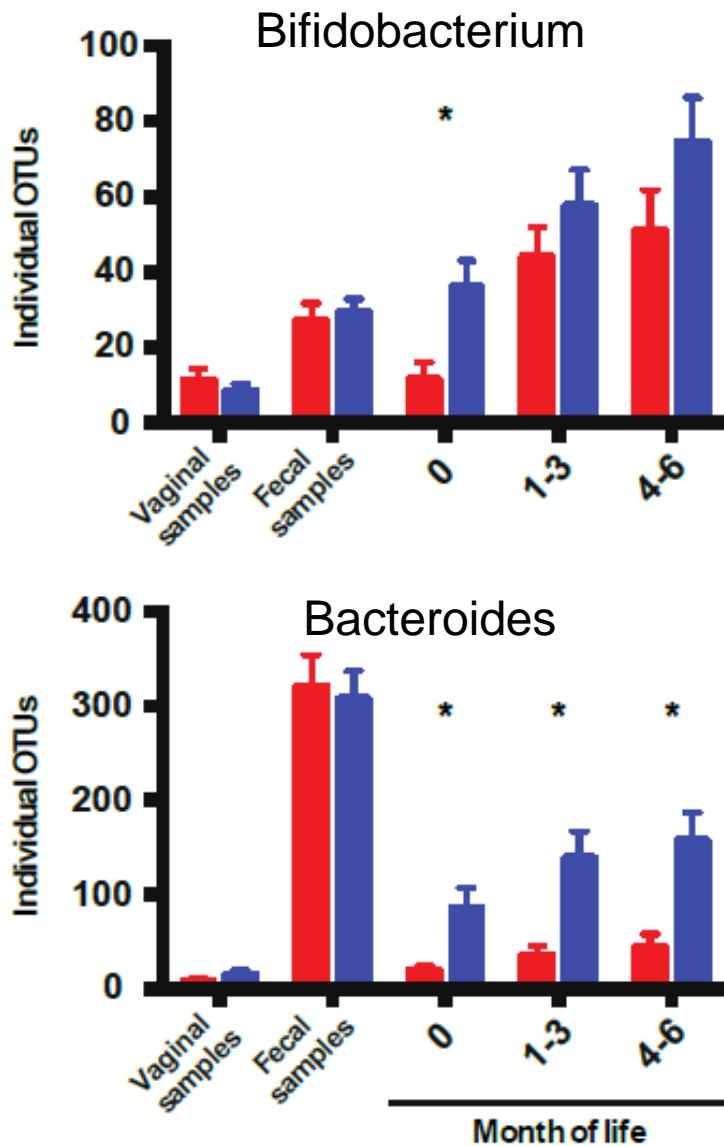
# Microbiome Composition Associates with Milk Allergy Resolution



# What Influences Microbiome Development?

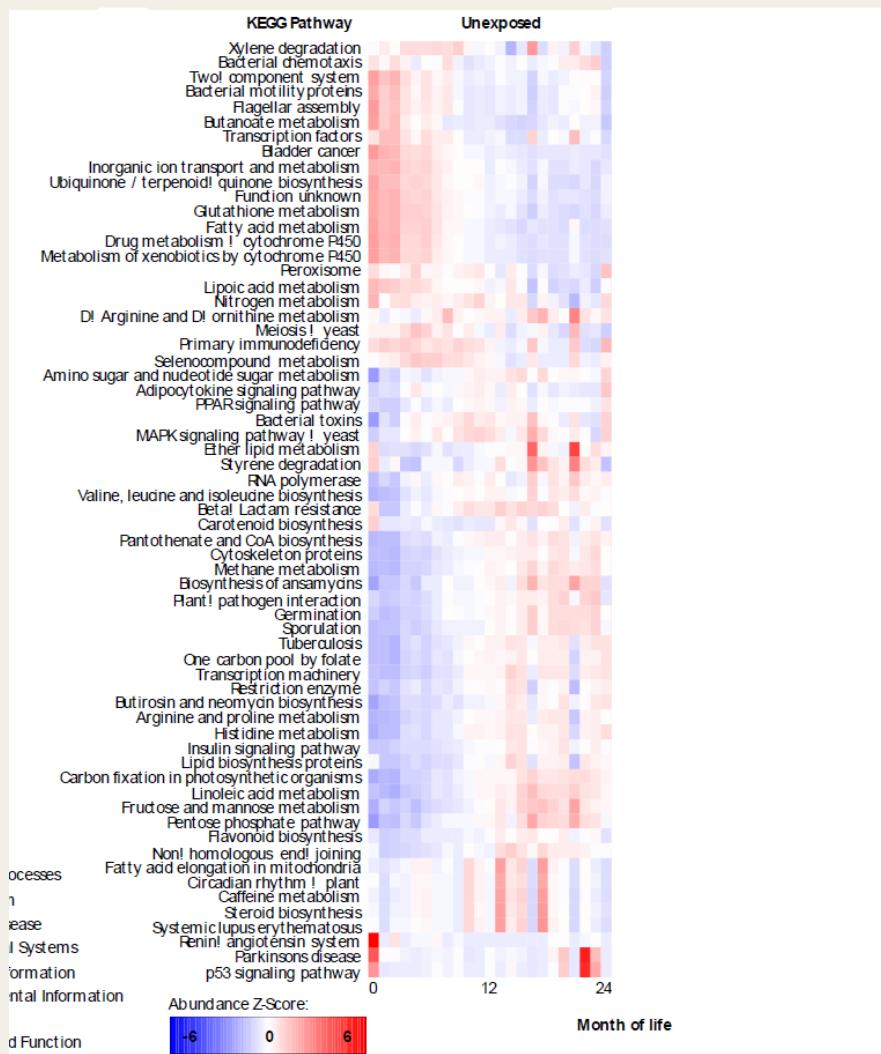


# Delivery Mode Influences the Gut Microbiota



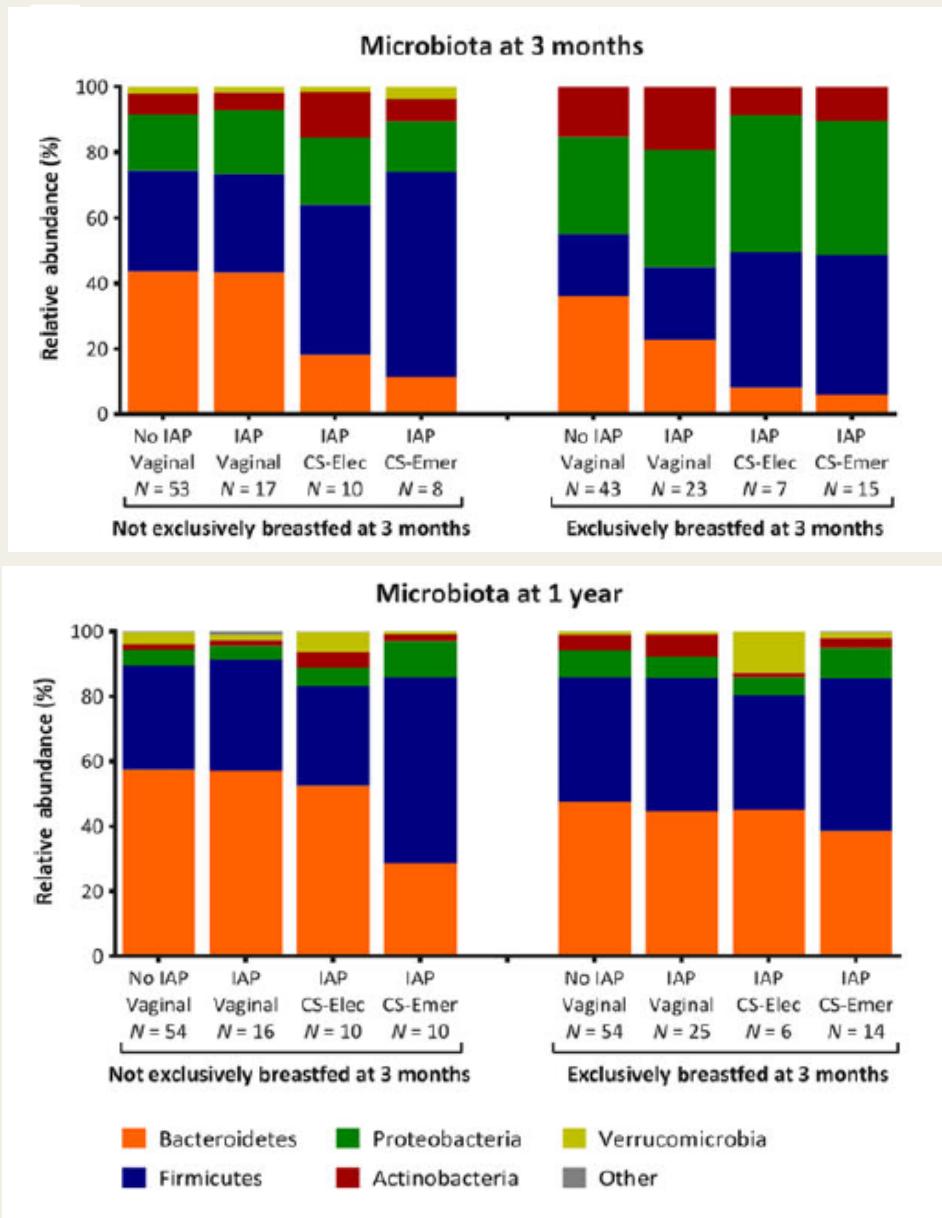
Bokulich et al,  
Science Translational Medicine 2016

# Antibiotic Use Delays Microbiome Maturation

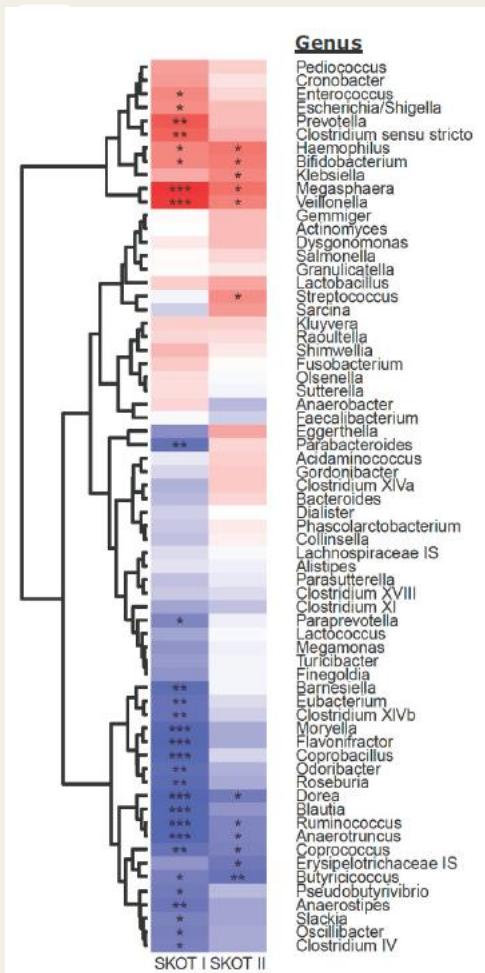


Bokulich et al,  
Science Translational Medicine 2016

# Interaction between Antibiotics and Delivery Mode



# Breast-feeding Influences the Gut Microbiota



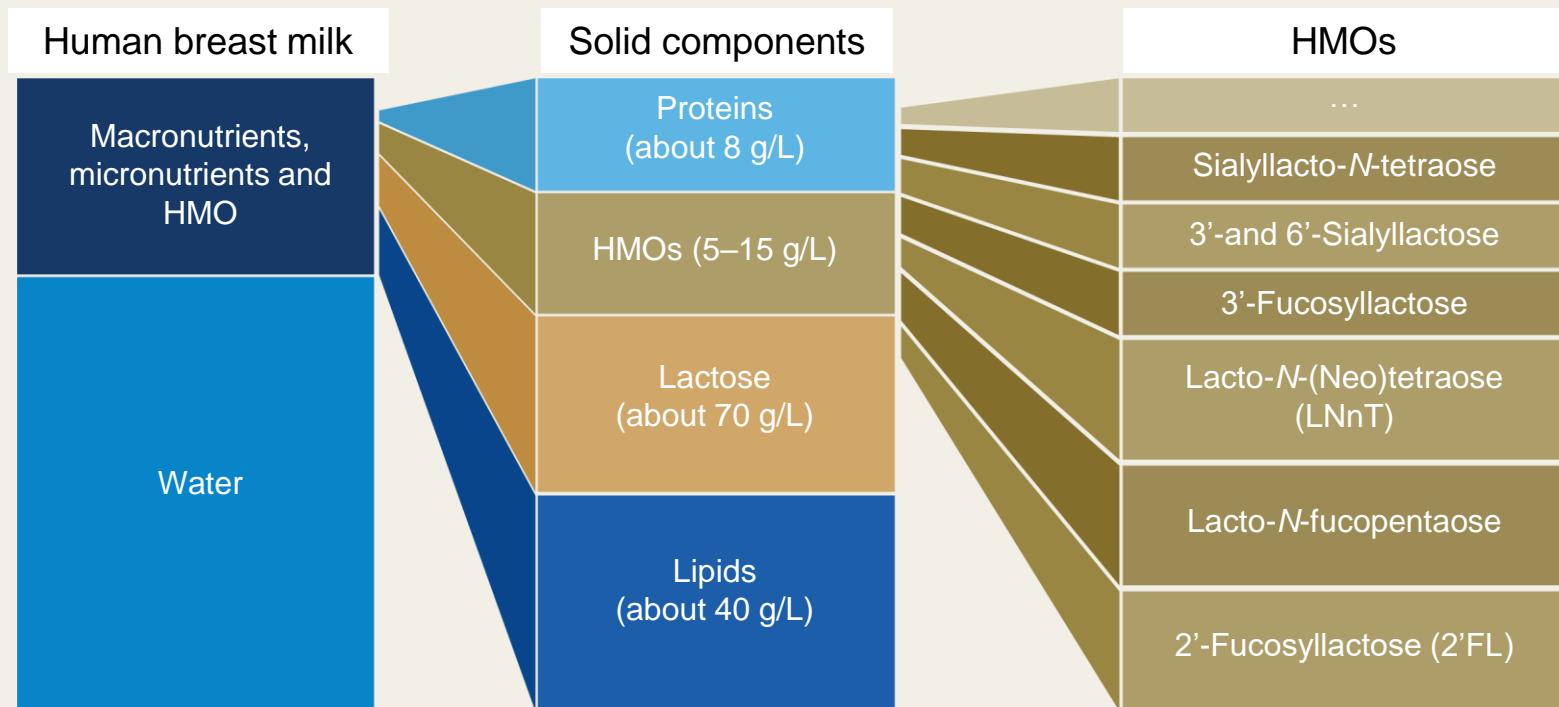
	<b>Firmicutes</b>	<b>9 months</b>	<b>18 months</b>	<b>36 months</b>
Firmicutes (F1b)	0,566	0,182	0,4265	
<i>Lactobacillus</i> spp. (F2)	0,0001***	0,1736	0,4136	
<i>L. acidophilus</i> (F4)	0,6249	0,172	0,9128	
<i>C. butyricum</i> (F5)	0,8274	0,0561	0,6691	
<i>C. leptum</i> group (F6)	0,0267**	0,4015	0,5951	
<i>C. coccoides</i> group (F7)	0,0021**	0,0097**	0,8153	
<i>E. hallii</i> (F8)	0,0193*	0,4321	0,6329	
<i>Roseburia</i> spp. (F9)	0,0316*	0,4482	0,6901	
<i>Enterococcus</i> spp. (F10)	0,0731	0,0379*	0,5529	
	<b>Bacteroidetes</b>			
Bacteroidetes (B1)	0,016*	0,243	0,2087	
<i>Bacteroides/Prevotella</i> groups (B2)	0,0177*	0,0128*	0,1326	
<i>Bacteroides</i> spp. (B3)	0,126	0,3384	0,0709	
<i>B. fragilis</i> group (B4)	0,0004***	0,0984	0,8973	
<i>B. vulgatus</i> (B5)	0,0345*	0,0115*	0,1967	
<i>B. thetaiotaomicron</i> (B6)	0,0016**	0,017*	0,3561	
<i>B. eggerthii</i> (B7)	0,1241	0,9103	0,8546	
<i>B. distasonis</i> (B8)	0,2906	0,1402	0,8114	
<i>Prevotella</i> spp. (B9)	0,3372	0,1112	0,076	
<i>Alistipes</i> spp. (B10)	0,1745	0,2494	0,3157	
	<b>Bifidobacteria</b>			
<i>Bifidobacterium</i> spp. (A1b)	0,0002***	0,51	0,5306	
<i>B. bifidum</i> (A2)	0,6315	0,4082	0,8208	
<i>B. adolescentis</i> (A3)	0,8294	0,9744	0,946	
<i>B. catenulatum</i> (A4)	0,4334	0,4076	0,7047	
<i>B. longum</i> (A5)	0,0477*	0,8546	0,2187	
<i>B. breve</i> (A6)	0,7623	0,467	0,6985	
	<b>Other bacteria</b>			
<i>Enterobacteriaceae</i> (P1)	0,6179	0,6436	0,0523	
<i>E. coli</i> (P2)	0,6053	0,555	0,1425	
<i>Desulfovibrio</i> spp. (P3)	0,0449*	0,1072	0,9721	
<i>A. muciniphila</i> (V1)	0,0451*	0,0863	0,811	
<i>M.smithii</i> (E1)	0,0753	0,3251	0,6047	

Increased in breastfed at 9 months

Decreased in breastfed at 9 months

\*p<0.05; \*\*p<0.01\*\*; \*\*\*p<0.001

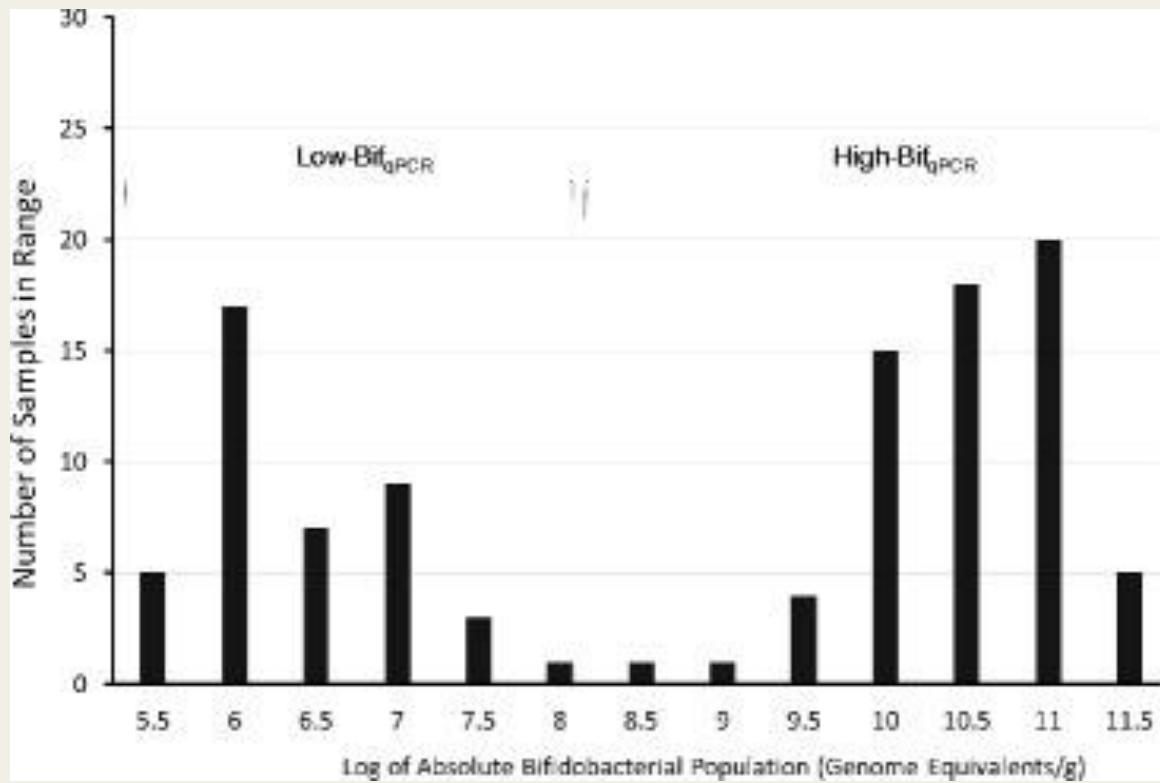
# How Does Breast-feeding Influence the Gut Microbiota?



Human milk oligosaccharides (HMOs)  
Third most abundant component of human breast milk  
Over 150 different HMOs identified

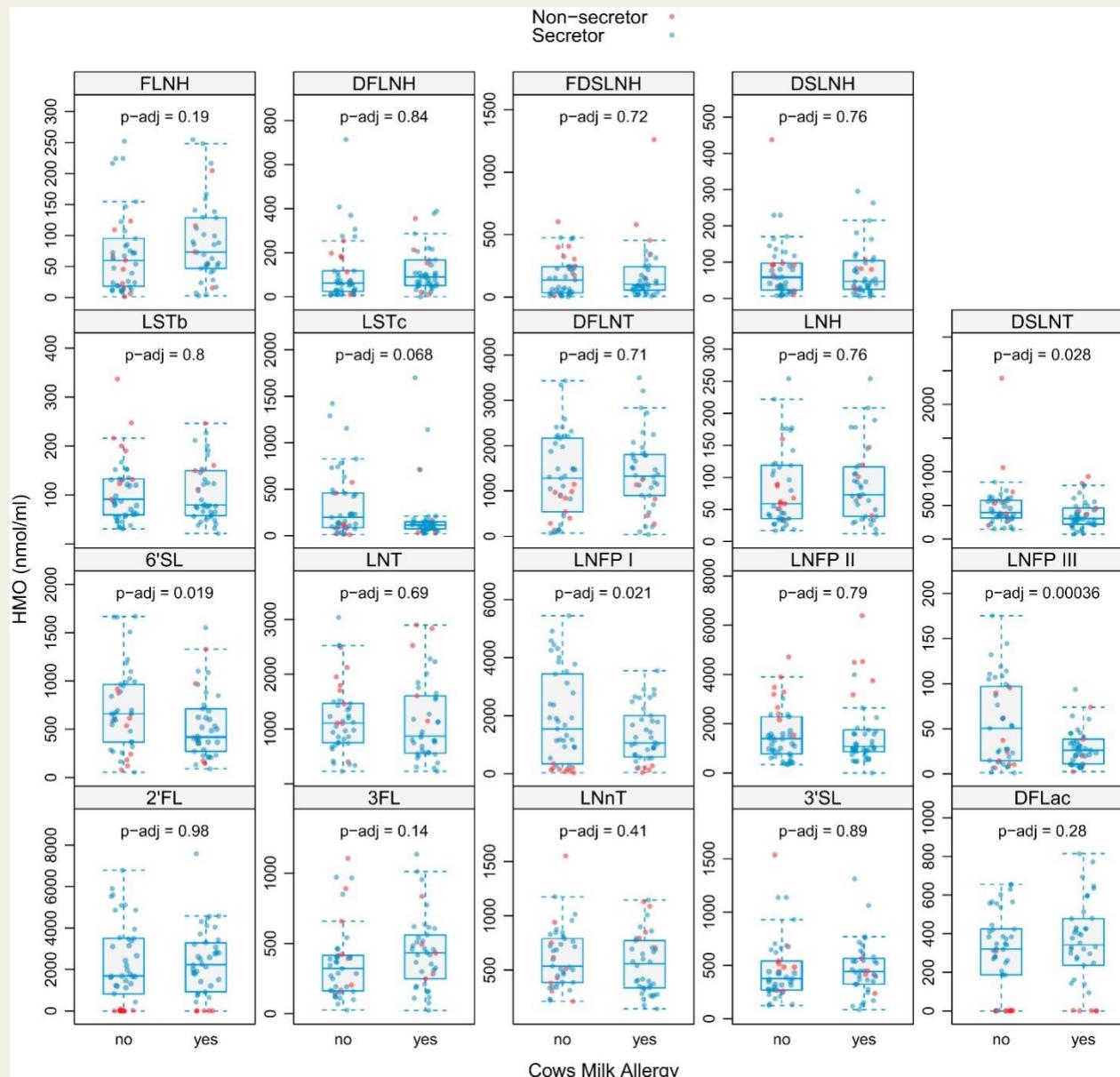
HMO composition is influenced by genetic fucosyltransferase-2 secretor status, lactation stage, gestational age, maternal health, ethnicity, geographic location and breastfeeding exclusivity

# Maternal fucosyltransferase 2 (FUT 2) status affects the gut bifidobacterial communities of breastfed infants

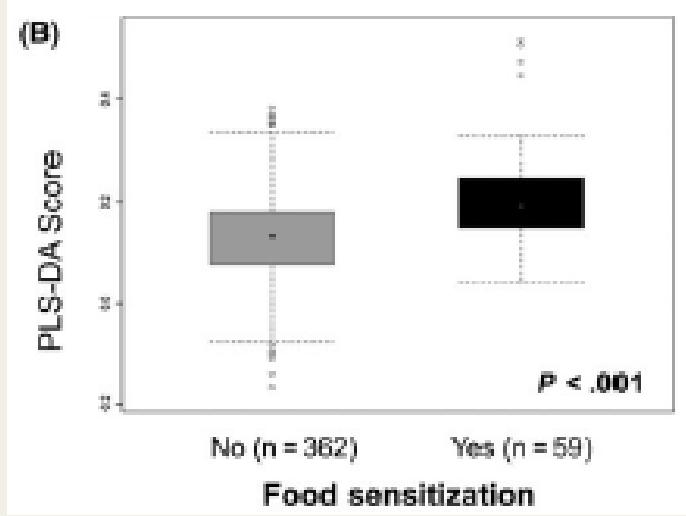


Human milk oligosaccharides containing  $\alpha$ 1,2-fucosyl linkages

# HMOs and Cow's Milk Allergy

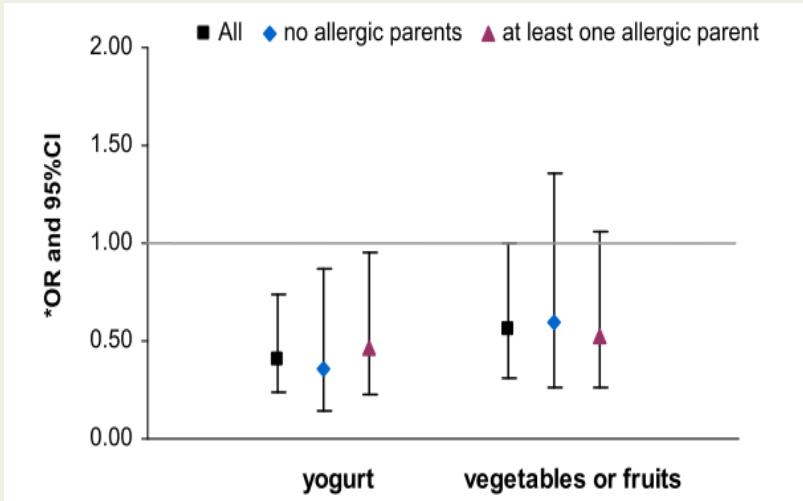


# HMOs and Food Sensitisation

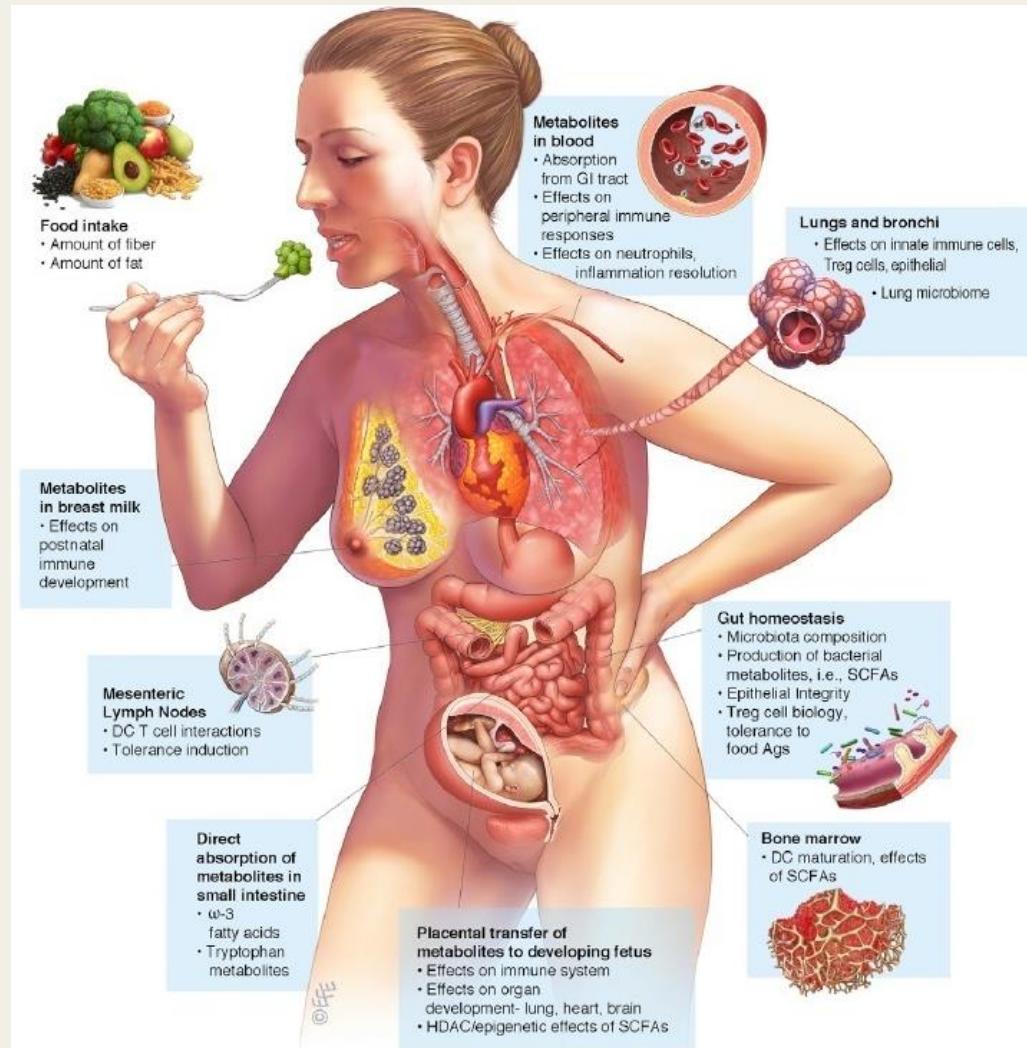


HMO	Higher (+) or Lower (-) in milk consumed by healthy infants	PLS-DA Scaled Importance Score	Rank
FDSLNH	+	100	1
LNH	-	78	2
LNFPII	+	73	3
LNnT	+	73	4
LNT	-	67	5
LNFPI	+	67	6
LSTc	+	63	7
FLNH	+	60	8
2'FL	-	60	9
DSLNH	-	57	10

# Diet-Bacterial Interactions - Metabolites

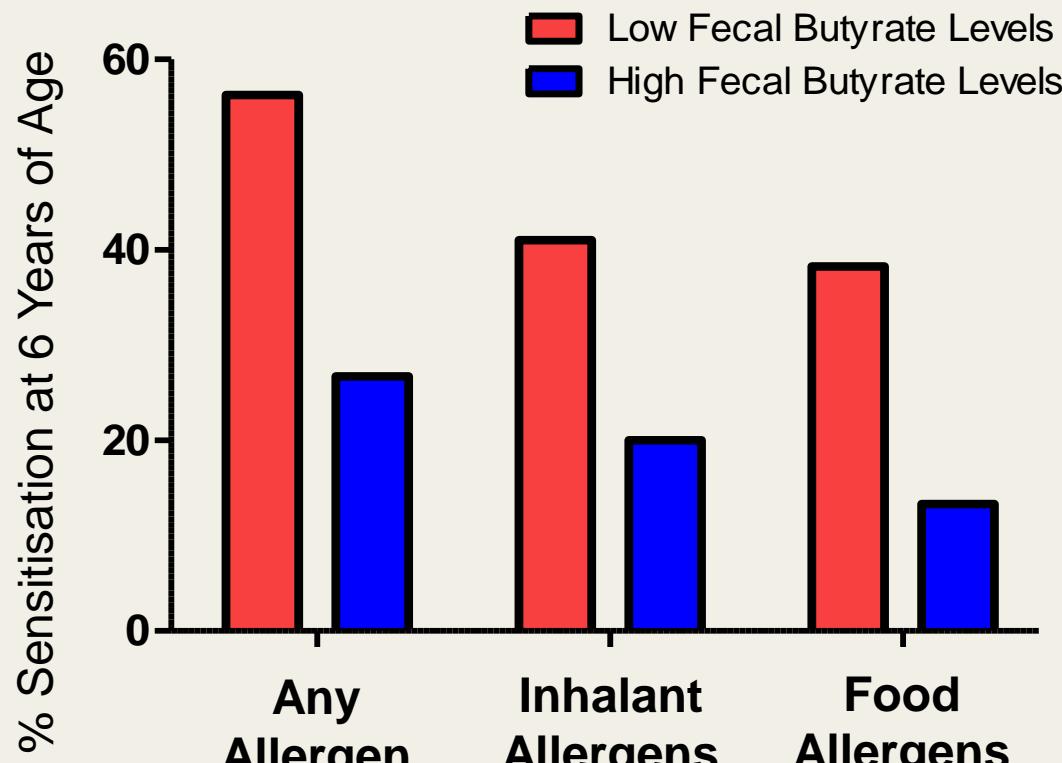


*Roduit et al.,  
J Allergy Clin Immunol 2012*



Thorburn, Macia & Mackay  
Immunity 2014

# SCFA Levels in Fecal Samples of 1 Year Old Children



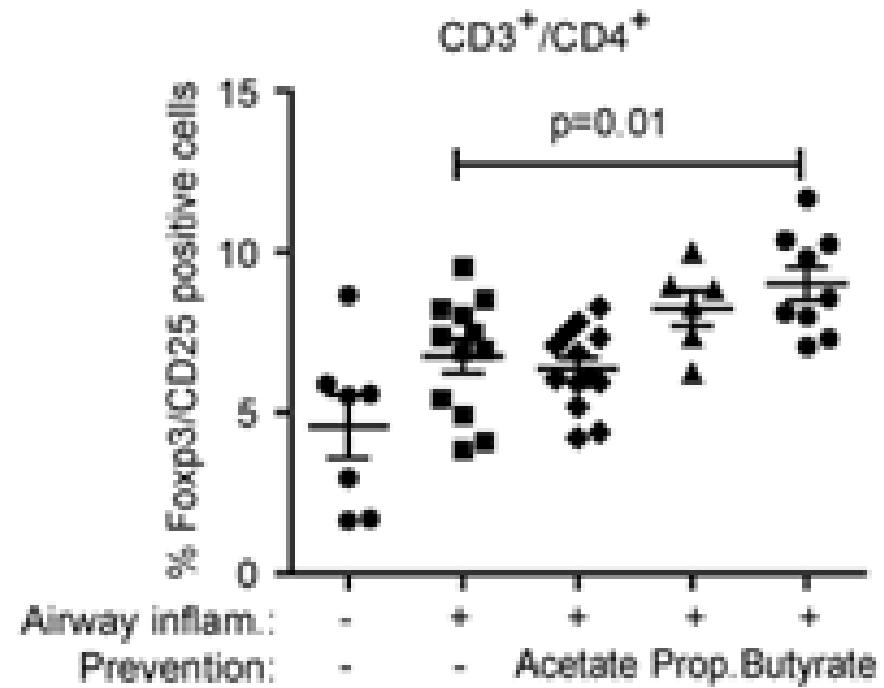
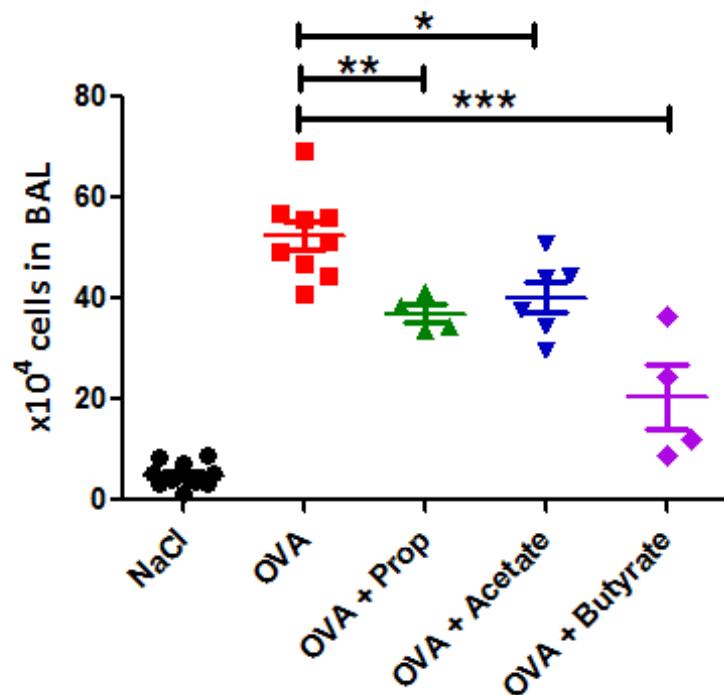
PASTURE/EFRAIM birth cohort (n=301)

# SCFA Levels in Fecal Samples of 1 Year Old Children

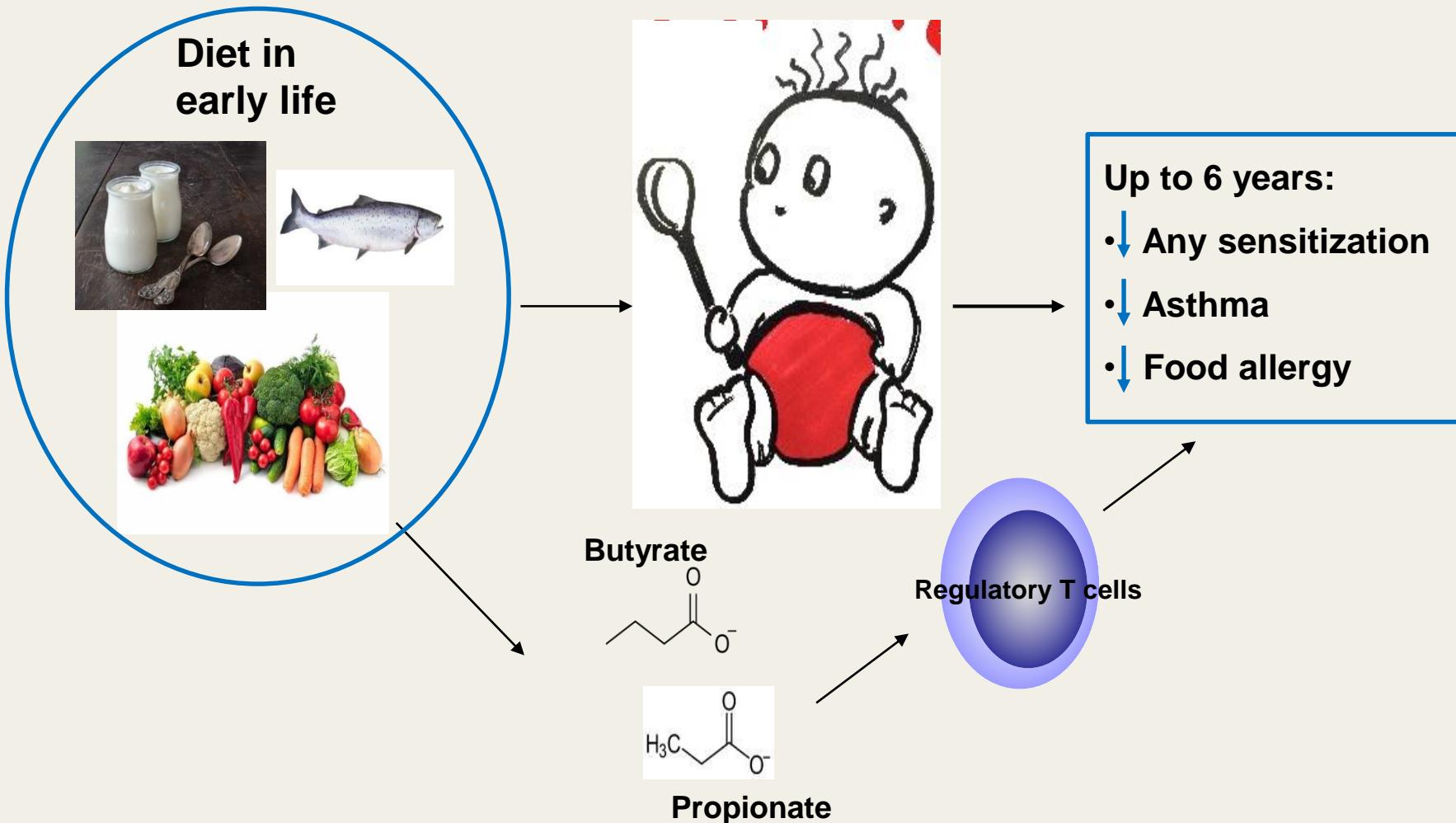
	Butyrate <95P (<26.9 µmol/g)	Butyrate ≥95P (≥26.9 µmol/g)	Propionate <95P (<32.9 µmol/g)	Propionate ≥95P (≥32.9 µmol/g)	Acetate <95P (<114.7µmol/g)	Acetate ≥95P (≥114.7 µmol/g)
	%	%	%	%	%	%
Asthma up to 6 yrs	12.2	6.7	12.2	6.7	11.8	14.3
Allergic rhinitis up to 6 yrs	9.7	0.0	9.0	13.3	9.0	13.3
Food allergy up to 6 yrs	11.6	6.7	10.9	20.0	11.6	6.7
Atopic dermatitis up to 6 yrs	47.5	31.3	46.7	46.7	46.7	46.7
Inhalant sensitization at 6yrs	41.0	20.0	41.4	13.3	39.9	40.0
Food sensitization at 6yrs	38.3	13.3	37.9	20.0	38.7	6.7
<u>Any sensitization at 6yrs</u>	56.3	26.7	56.7	20.0	55.6	40.0

PASTURE/EFRAIM birth cohort (n=301)

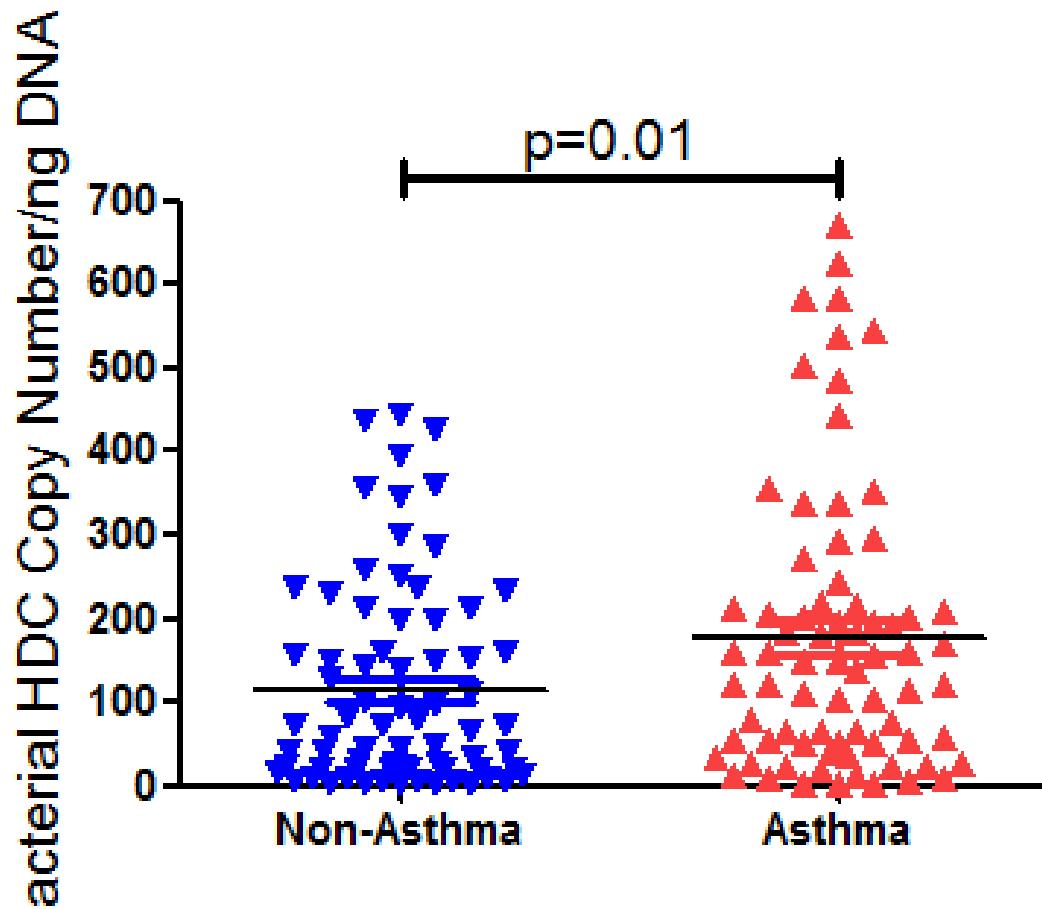
# SCFAs and Respiratory Allergy in Murine Models



# SCFAs Reduce Allergic Sensitization



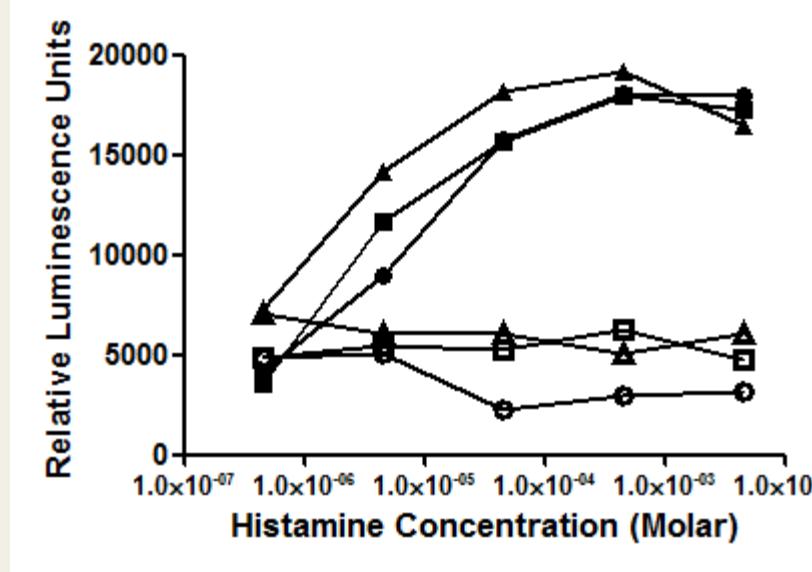
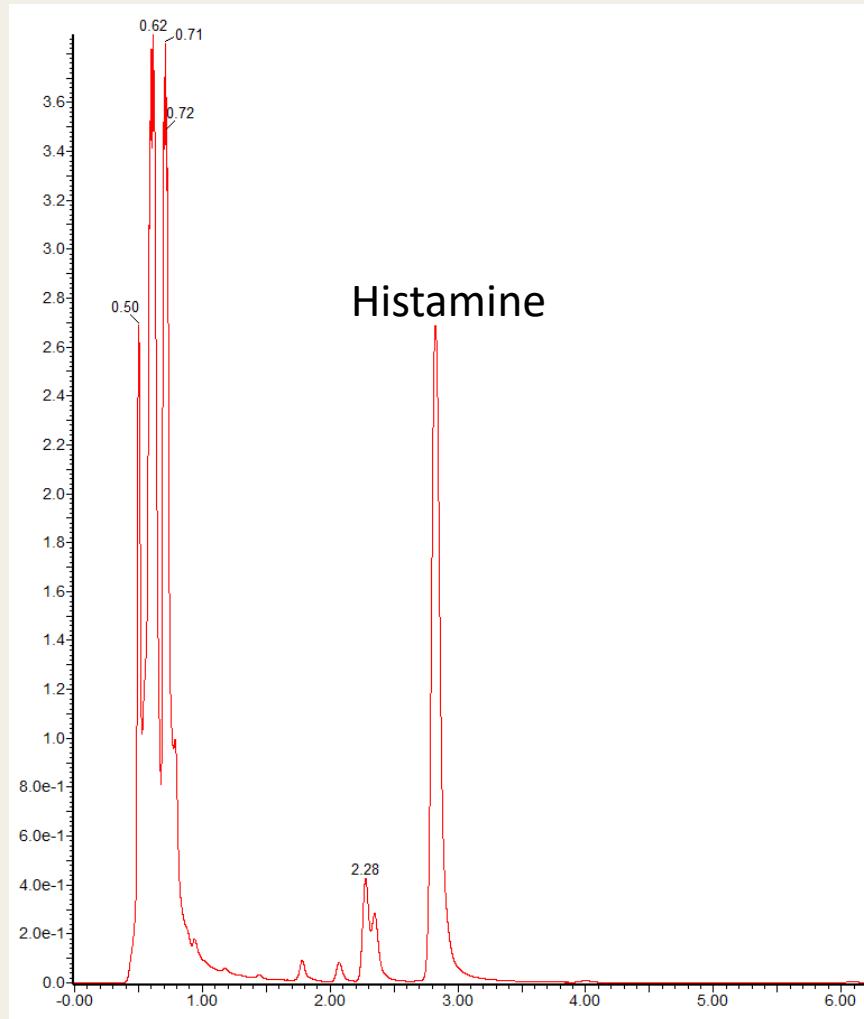
# Histamine Secreting Bacteria



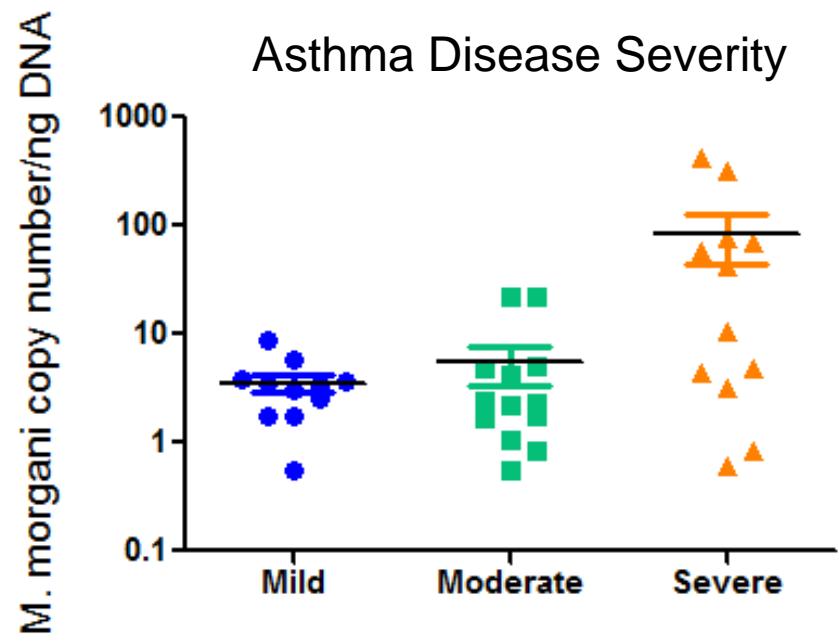
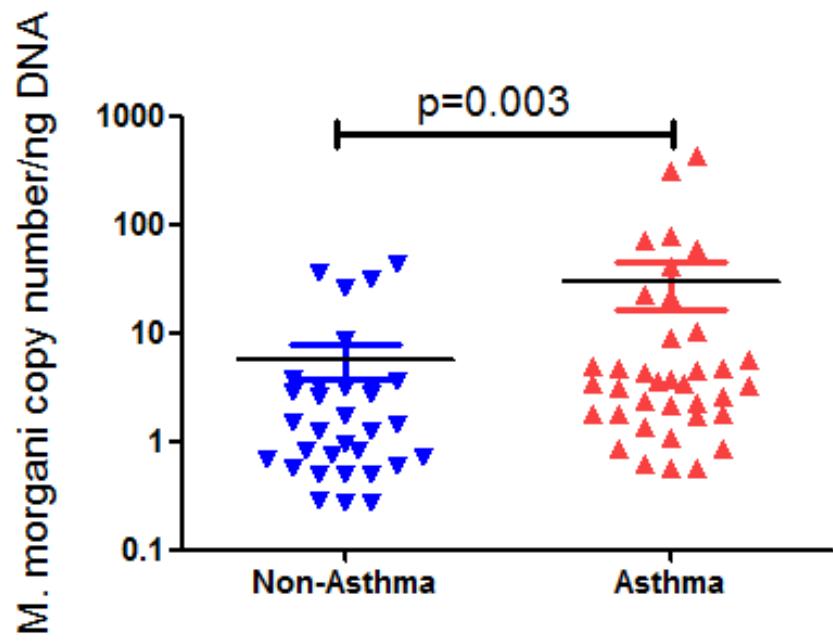
The number of histamine secreting bacteria is increased in asthma patients

# Histamine Secreted from Bacteria is Immunologically Active

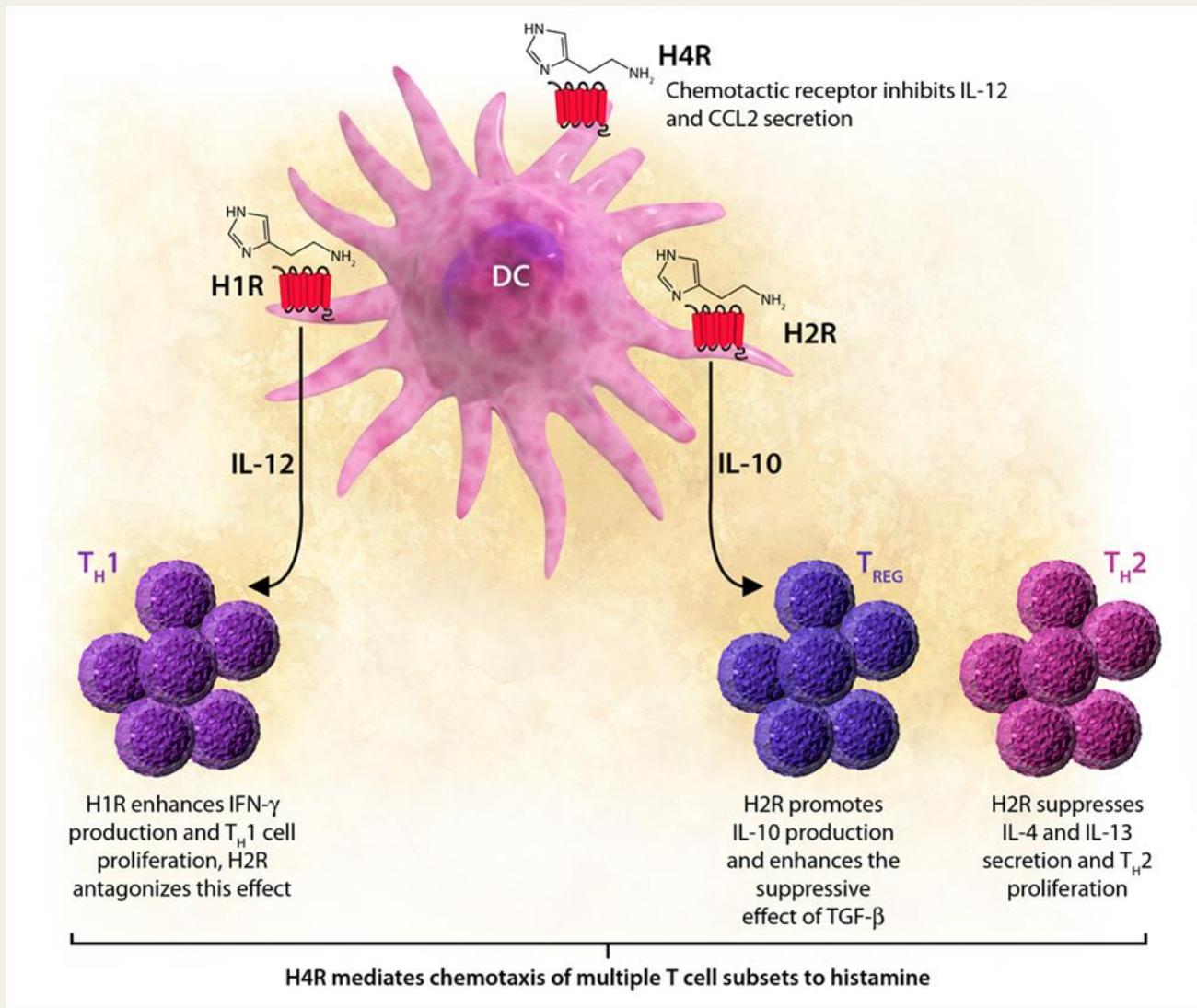
Absorbance Units



# *M. morgani* Increased in Asthma Patients



# Immunoregulatory Activities of Histamine Receptors



O'Mahony et al., JACI 2011; Frei et al., JACI 2013; Ferstl et al., JACI 2014

# How Do We Modify the Microbiome?

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Diet

Probiotics

Prebiotics

Synbiotics

Bacteriophages

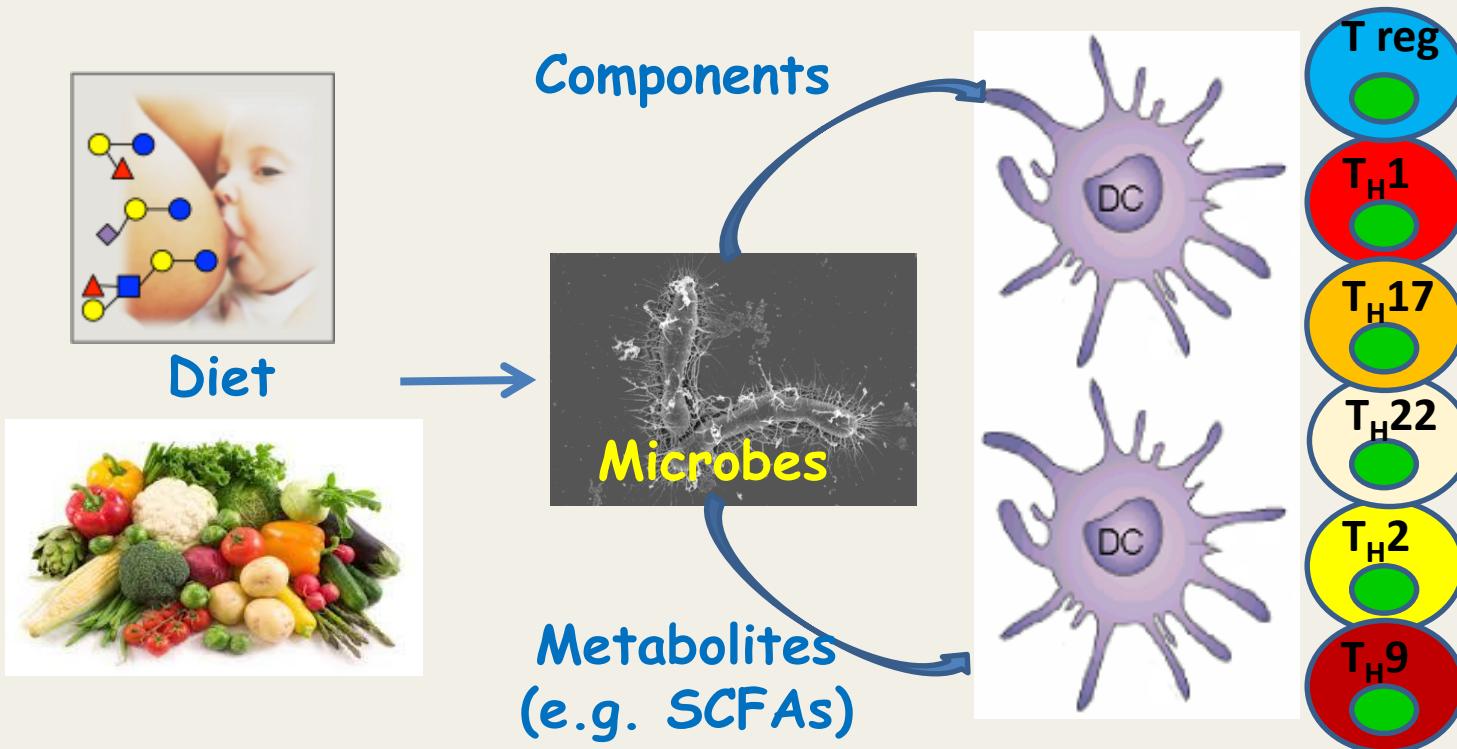
Microbiome transplant (FMT)

Antimicrobials

# Current Opportunities for Practical Clinical Intervention

Clinical intervention	Rationale
Reduce elective cesarean sections	Microbial dysbiosis can be mitigated to reduce the risk of allergic immune responses and inflammation.
Reduce indiscriminate use of antibiotics during infancy/ perinatal period	
Encourage breast-feeding, when possible	
Increase dietary intake of fermentable fiber	Microbial fermentation produces SCFAs, which <i>in vitro</i> and <i>in vivo</i> data suggest can mitigate allergic responses, including in the lung.

# Diet-Microbes-Immune Health



Can we prevent allergy by improving early life nutrition?