

# Better Foods for Better Health INFANT & CHILDHOOD NUTRITION

**Determinants of allergenicity and  
modulation of allergies.**

**Rational for perinatal intervention.**

**Prebiotics example.**

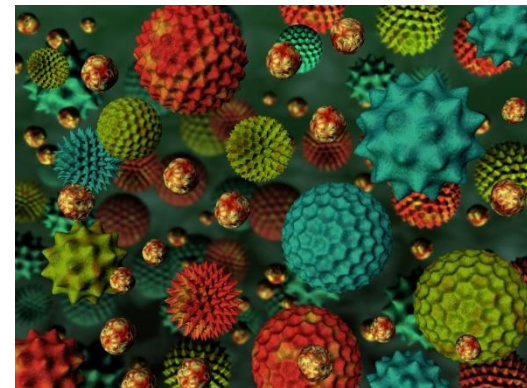
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# Allergies

- **Public health issue:** 4th World disease according to the WHO.
- The **most common and earliest manifestations** of the vulnerability of the immune system (IS) to the modern environment.
- **30-40% of the world's population** (Prescott, 2011).
- **No cure and no effective preventive strategy established so far.**



# The types of Allergies

## ➤ 3 different types of allergies:

### ■ Atopic Dermatitis (AD) :



- chronic disease with worldwide prevalence rates of 1-20%, children: 15-20% and adults: 1 to 3% (Nutten, 2015)
- the most common allergic disease appearing early in life
- pruritic inflammatory skin lesions associated with dry skin.

### ■ Respiratory Allergy (RA) :



- the most common allergy observed in western countries (Bjorksten, 2008).
- affects around 20-30% of the European population.
- asthma, rhinitis or rhinosinusitis (Asher, 2006; Pawankar, 2011).

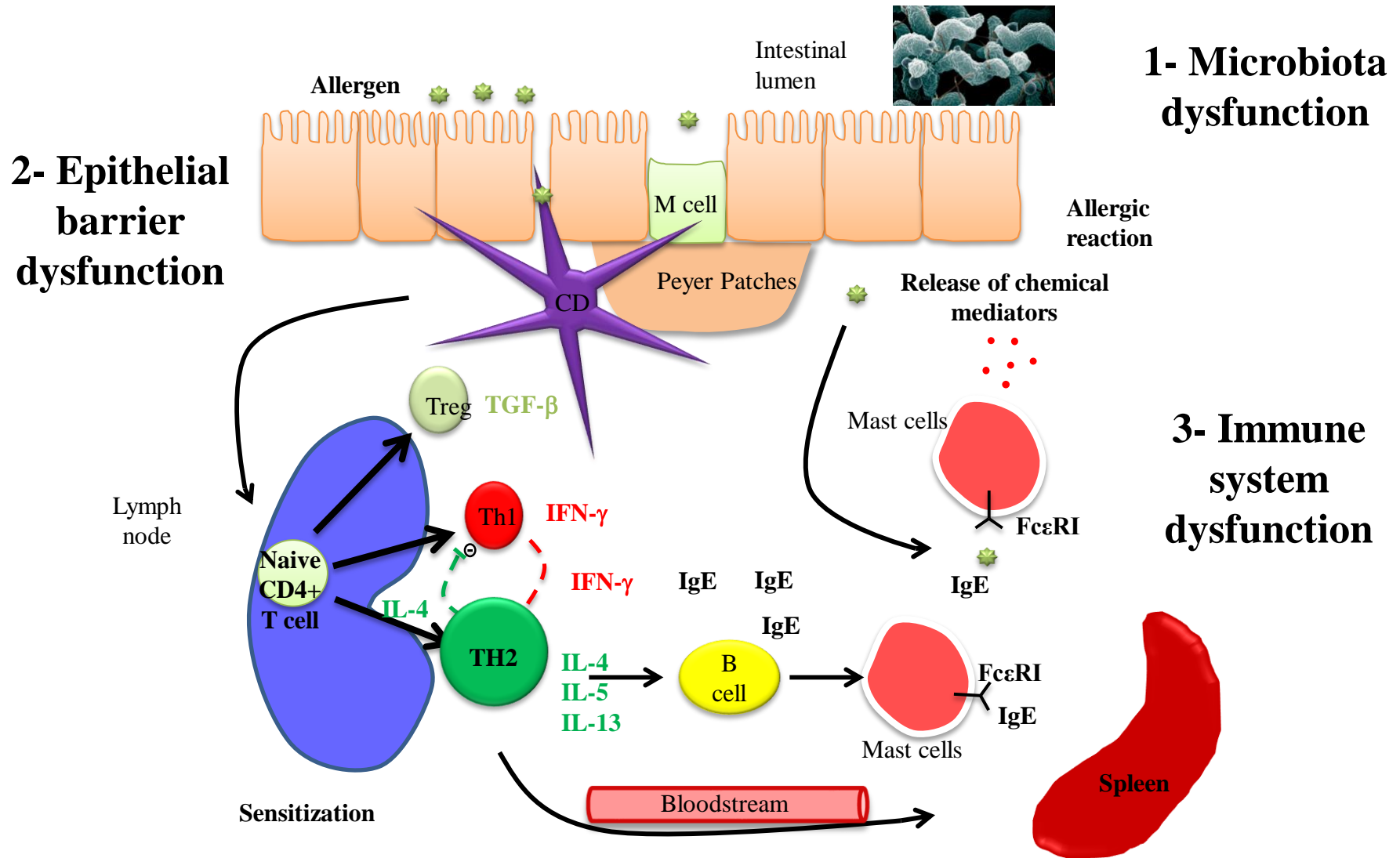
### ■ Food Allergy (FA) :



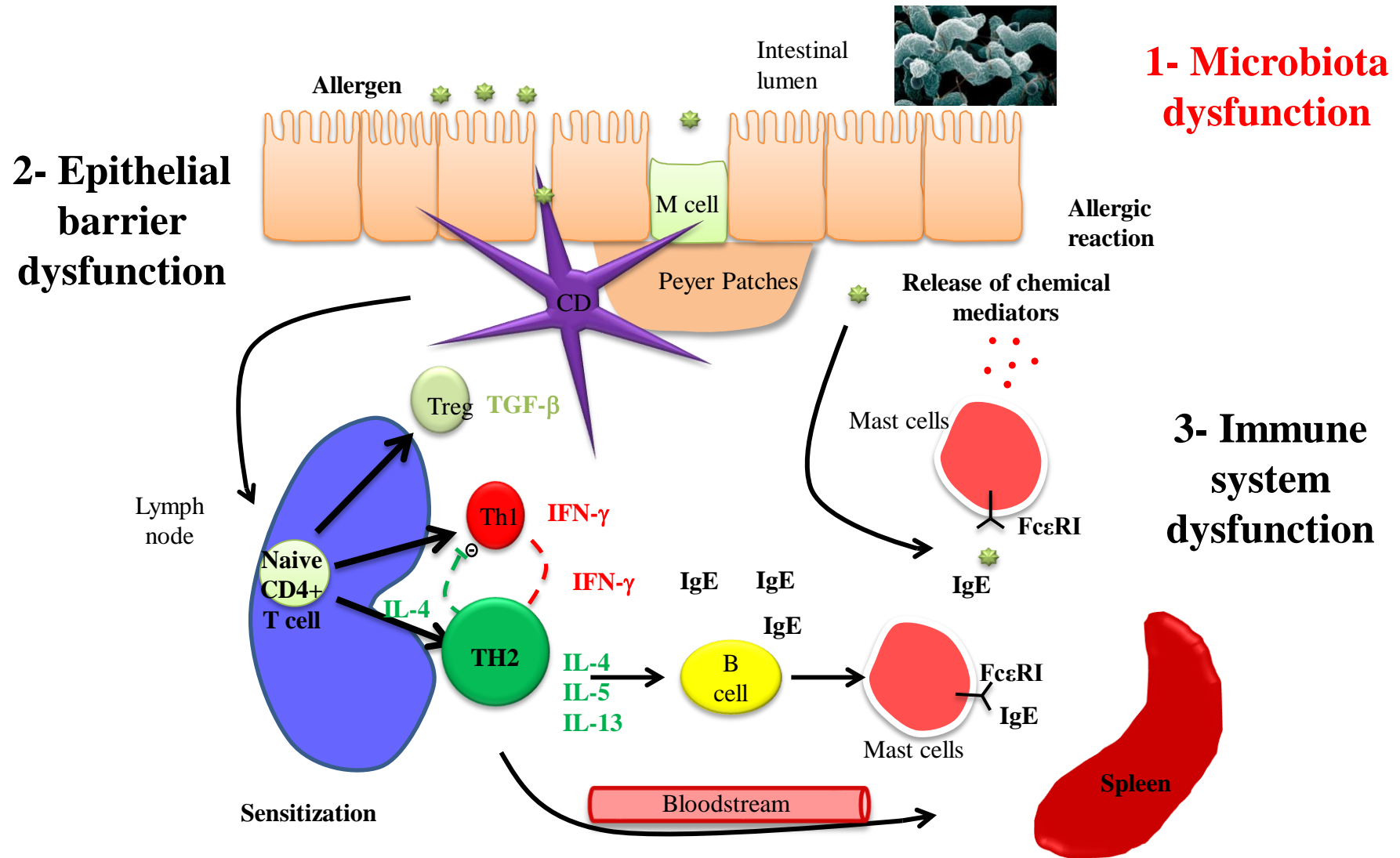
- prevalence in Europe: 5.9%, children : 4.7%; adults: 3.2% (Nwaru, 2013; Moneret-Vautrin, 2008)
- clinical symptoms: anaphylaxis, skin lesions (urticaria, AD), respiratory tract (asthma, rhinitis) and gut disorders.



# Allergy - Mechanisms



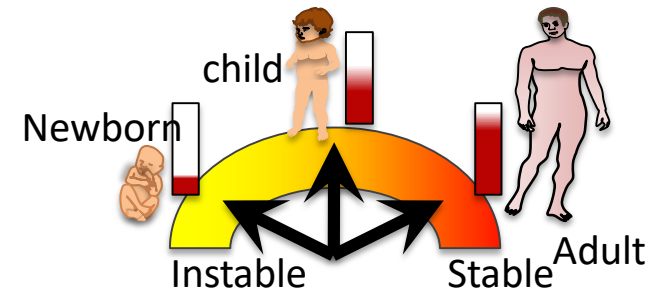
# Allergy - Mechanisms



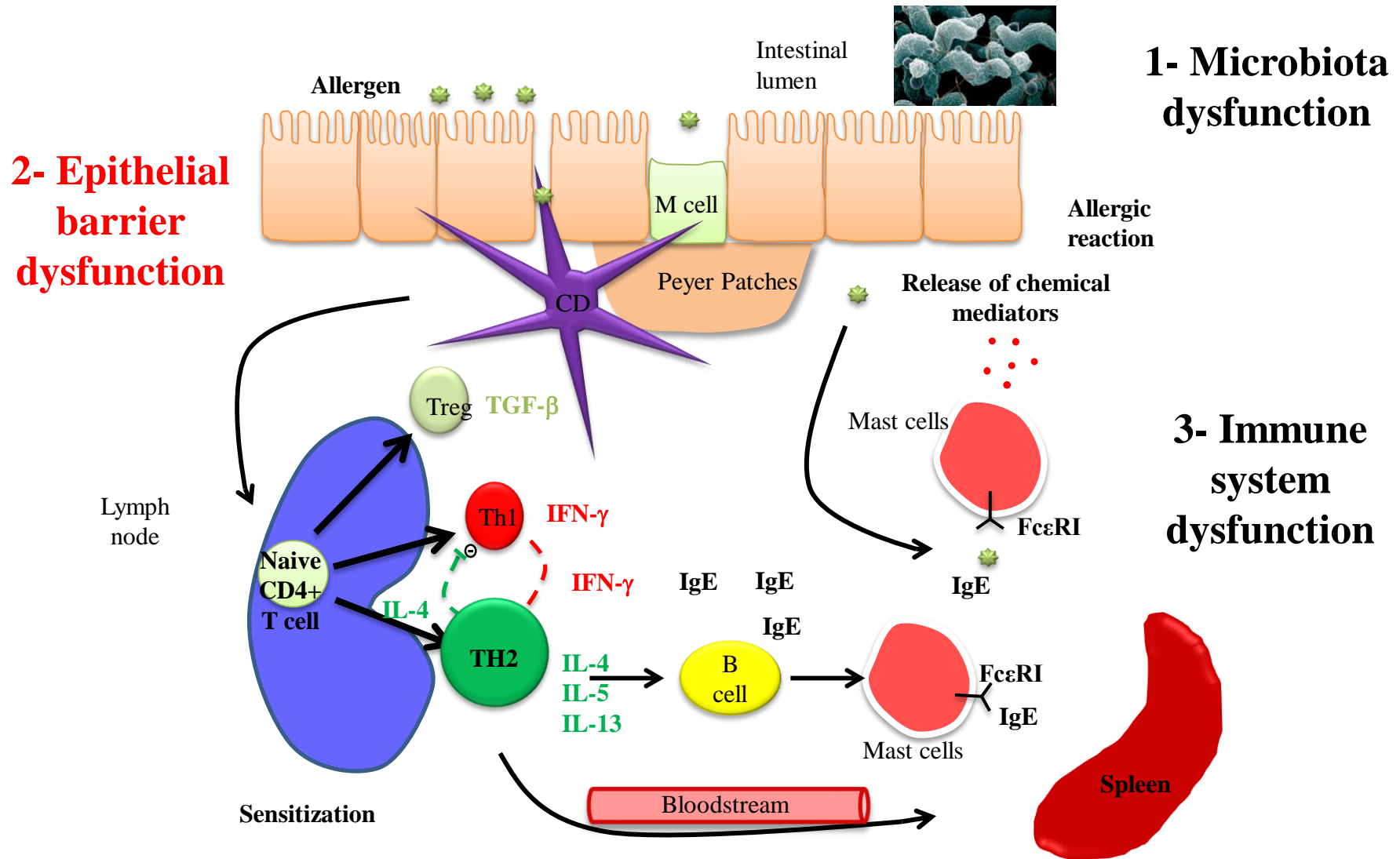


# Mechanisms - Microbiota

- **Complex microbial** ecosystem (majority of bacteria: 400 species -1000)
- **$10^{14}$  cells** is more than the total of human cells
- Colonizes nose, eyes, throat, **GI tract ( $10^{12}$ )**, skin ...
- **Composition evolves all over the life:**
  - implantation at birth through contact with the mother's perineal and vaginal microbiota (Lehmann, 2011).
  - modified by environment : diet, antibiotic, ...
- **Unique** to each individual and **tolerated by IS**
- Major role in immune response modulation : **oral tolerance** and gut barrier maturation (Chehade, 2005; Mazmanian, 2005)
- Balanced microbiota = eubiosis : **positive effect on health**
- Deviant microbiota = dysbiosis : **induction of inflammatory** phenomena related to IS such as **allergies**



# Allergy - Mechanisms

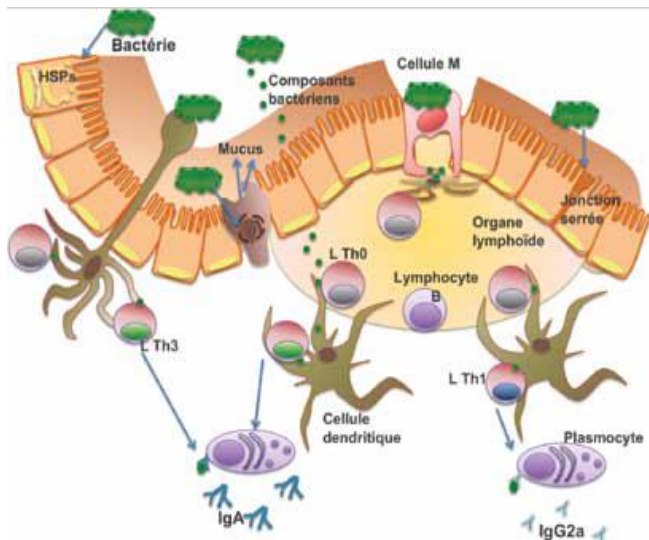




# Mechanisms - Mucosa

**Mucosa (nasal, respiratory, intestinal and cutaneous) : defensive barrier**

- It's composed of polarized cells connected by tight junction to ensure sealing
- It secretes defense molecules: mucins, antimicrobial peptides and enzymes
- It's associated to a diversified immune system (gut) to ensure **defense** and **tolerance**



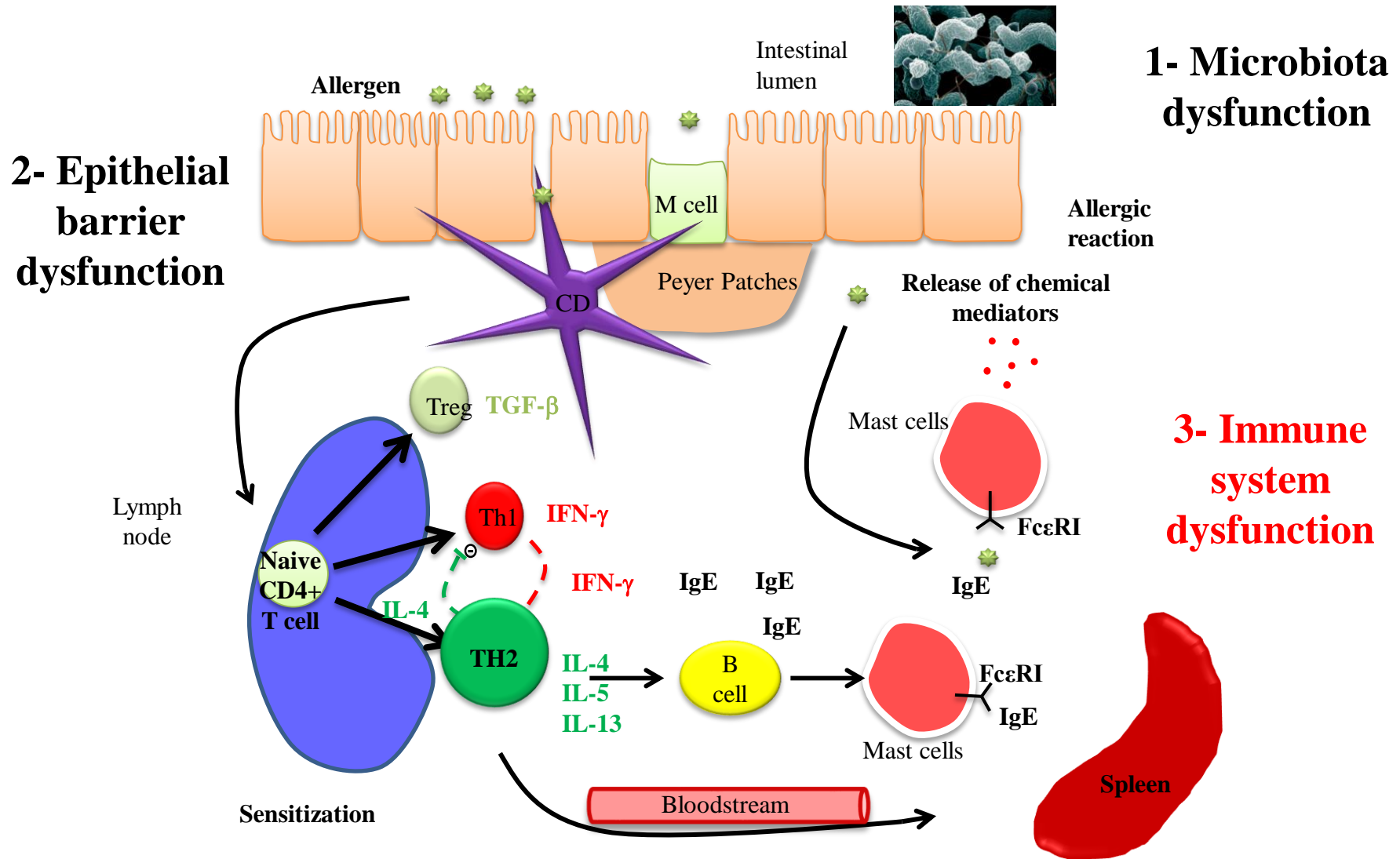
- Mucosa Associated Lymphoid Tissue (MALT) : T cells (CD4 +), B, DC, innate cells (NKT, ILC...)
- IgA secretion: protection against pathogens, immune tolerance (microbiota, food ...)
- IgA-related to optimal microbiota

- Dysfunctions/ alterations of mucosa :
  - They increase permeability
  - They induce defects in immune tolerance

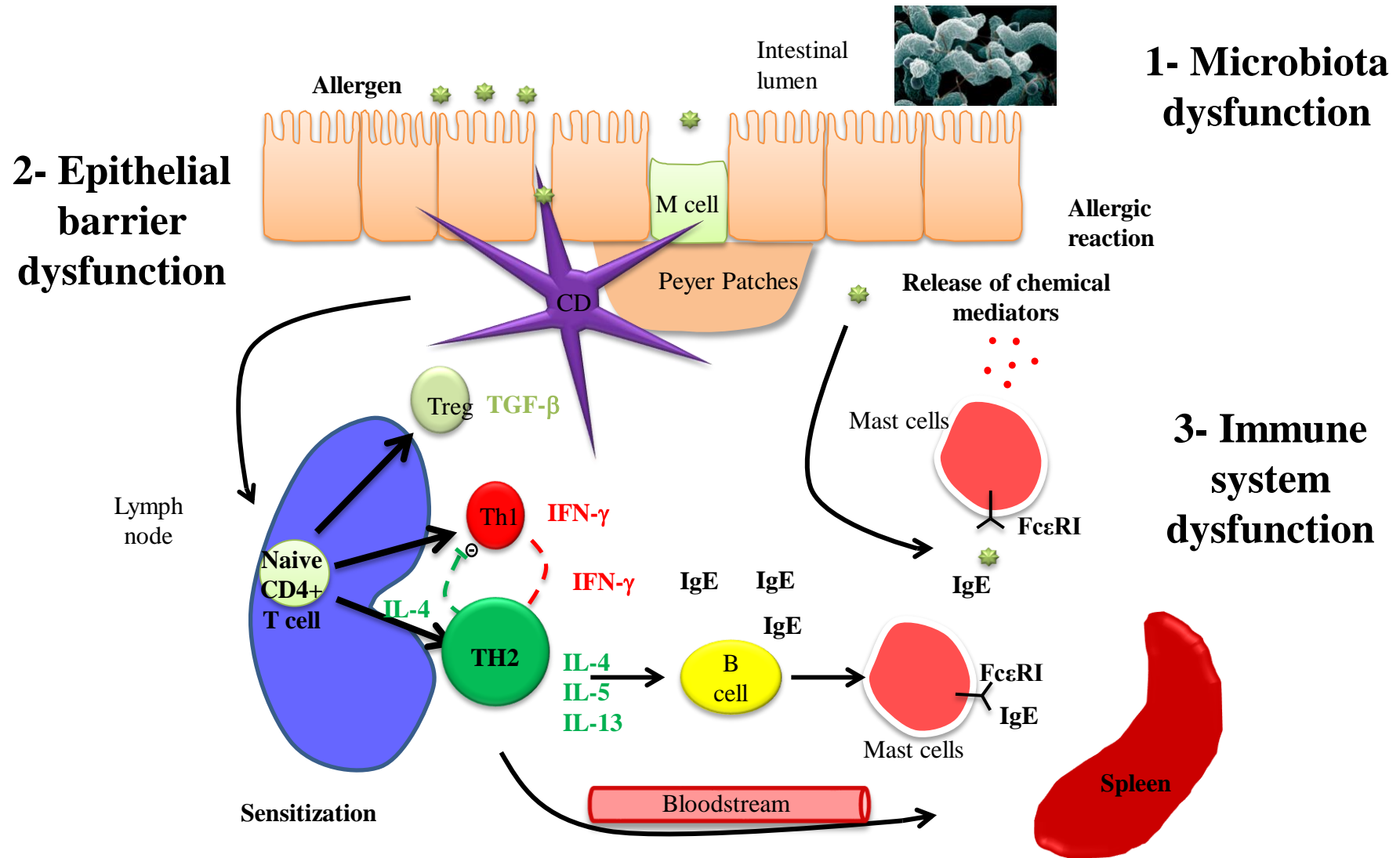
➡ **pathologies such as allergies ....**(Hammad, 2015)



# Mechanisms - Immune system



# Allergy - Mechanisms



- The most frequent and earliest manifestation of the vulnerability of immune, microbial and mucosal systems related to our modern environment.

# Environnemental causes of allergy

## ➤ Modern lifestyle:

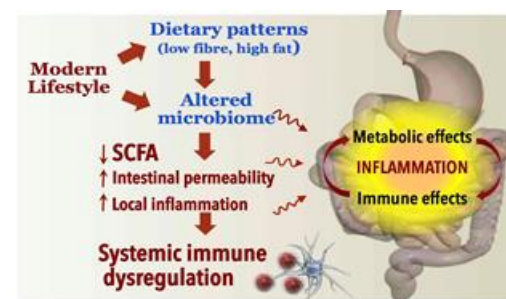
- ✓ **Dietary pattern:** low fibres and high fat (Nauta, 2013)
- ✓ **Hygiene** (Strachan, 1989)
- ✓ **Stress**
- ✓ **Environmental pollutants**
- ✓ **Mode of delivery**
- ✓ **Antibiotics**



- ➡ Declining microbial diversity (Abrahamsson, 2012)
- ➡ Causing disruptions of mucosa and immune system maturation (Macia, 2013; Maslowski, 2011)



**Inflammatory diseases :  
allergies**

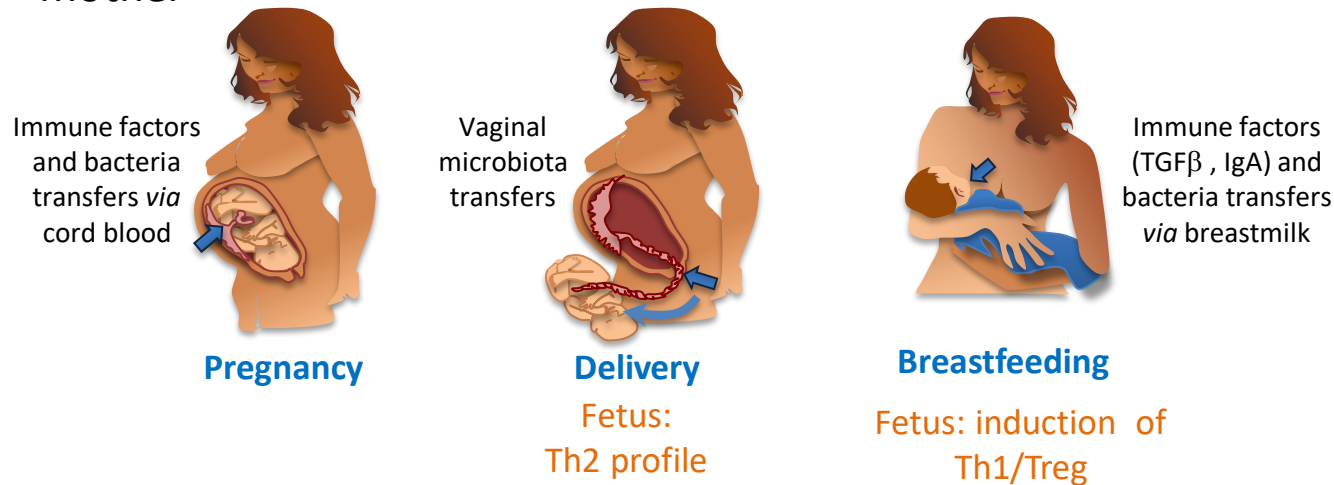


Prescott, 2013

- detectable immune dysregulation at birth
- clinical expression of allergy within the first months of life (Prescott, Paediatr Allergy Immunol 2011)

# Perinatal period: a critical time of risk/opportunity

- Exchanges of immune and bacterial factors between the fetus/infant and the mother



(Jimenez, 2008;  
Pfefferle, 2010;  
Verhasselt, 2010)

- Environment in both pregnancy and early childhood can determine physiologic, immune, metabolic, and bacterial development which will influence future disease susceptibility (Hanson 2011)



Interest to study the **early effects of lifestyle interventions** on immune function and **allergic disease** (Prescott, 2013)  
Especially nutritional interventions

# Nutritional strategies for allergy prevention

**Nutrients : able to modulate microbiota and immune system**



**Allergy : induced by immune and bacterial disorders**



## **Nutrients attractive for allergy prevention**

- **Human Milk Oligosaccharides (HMO)** (Castillo-Courtade et al, 2015)
- **Probiotics** (West et al, 2017)
- **Omega-3** (Miles and Calder, 2017)
- **Vitamin D** (Yepes-Nuñez et al, 2018)
- **Food introduction** (Turcanu et al, 2017)
- **Prebiotics**

# Nutritional strategies for allergy prevention

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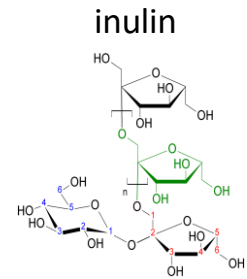


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- **Prebiotics**

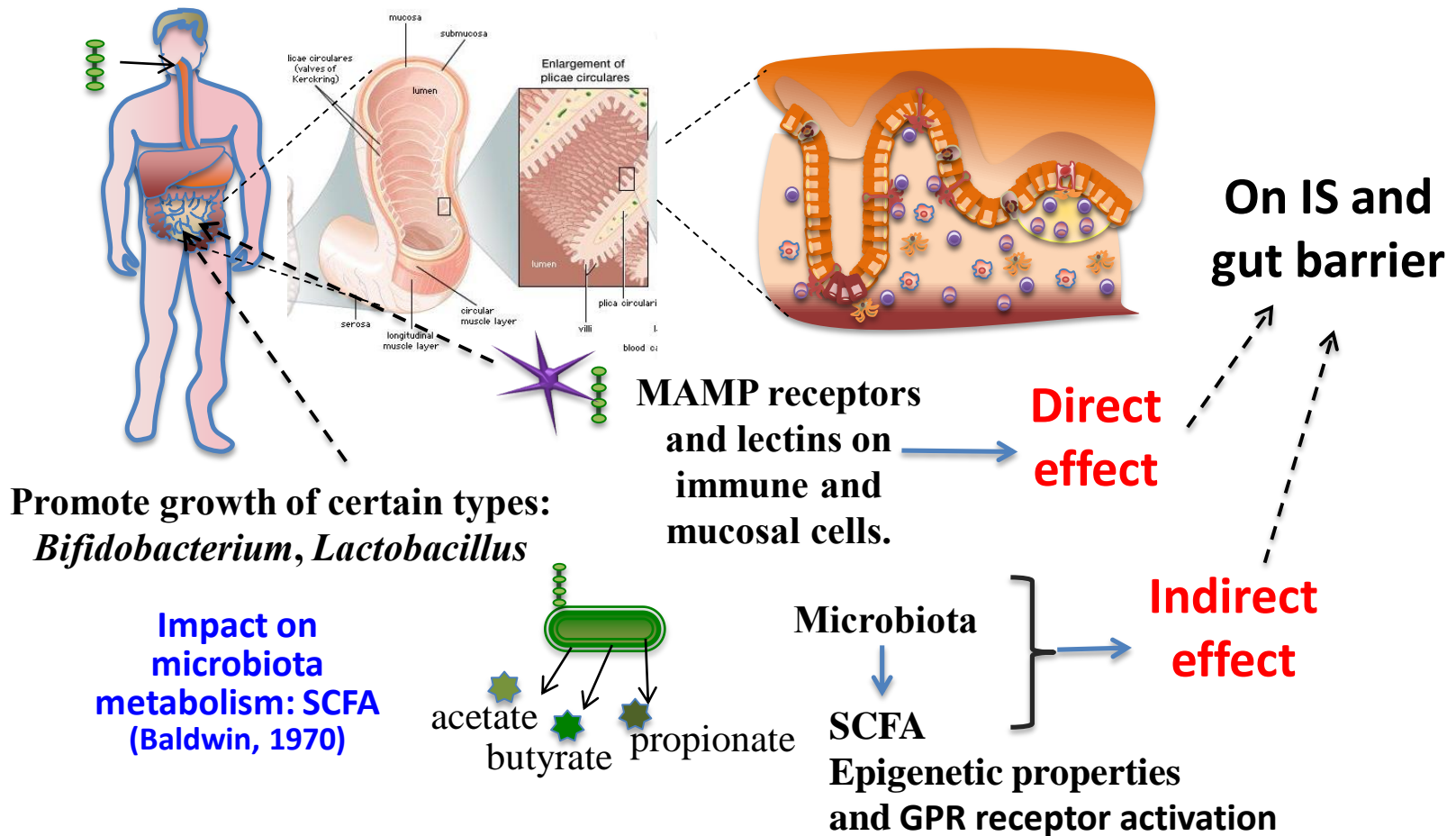
# Prebiotics

- **Definition:** Non-digestible food ingredient which stimulates selectively the growth of bacteria in the microbiota supposed beneficial for the host health (Schrezenmeir, 2001)
- **Main prebiotics :** GOS, FOS, inulin (Roberfroid, 2007): found in chicory, artichokes, grains ... (Barrett and Gibson, 2012)
- **Breast milk:** HMOS (5-8 g/L) ➡ gut maturation and immune system development





# Effects of prebiotics



## ➤ Suggested effect of prebiotics:

- ✓ Strengthen intestinal barrier and immune system (Vinolo, 2009; Peng, 2009)
- ✓ Reduce infection risks (Gibson, 2005; Kaila, 1995)
- ✓ Act on allergies?

# Prebiotics in allergy

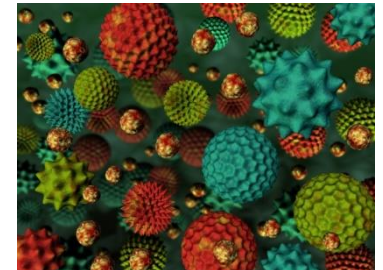
**Prebiotics : able to modulate microbiota and immune system**



**Allergy : induced by immune and bacterial disorders**



**Prebiotics: attractive for allergy prevention**



➤ **POSTNATAL:**

- ✓ 10 animal studies
- ✓ 2 positive human studies and 1 meta-analysis

➤ **PERINATAL (on mother: gestation and/or lactation):**

- ✓ 4 animal studies
- ✓ 2 ongoing human studies

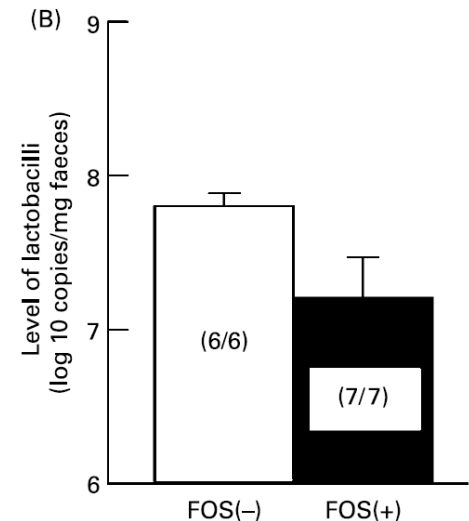
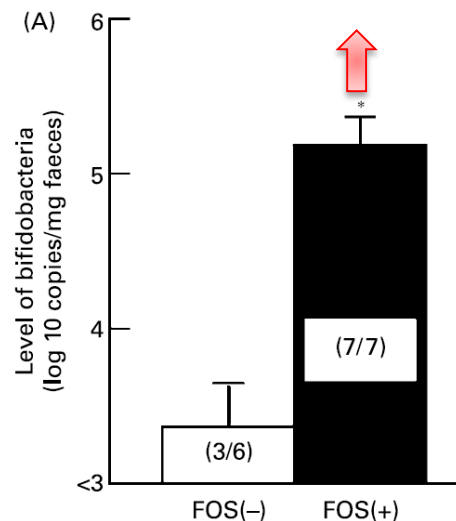
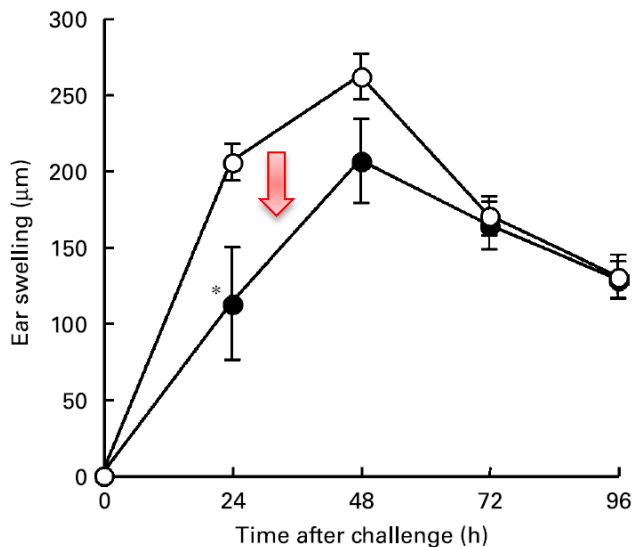
# Animal studies: allergy prevention by prebiotics in POSTNATAL



Studies on pup supplementation (3 to 8 weeks old) with various prebiotics:  
2 to 3 weeks of prebiotics exposure before sensitization to allergen  
Supplementation during all the protocol

## ➤ Skin allergy (CHS 2,4DNB)

*Watanabe et al, 2008*



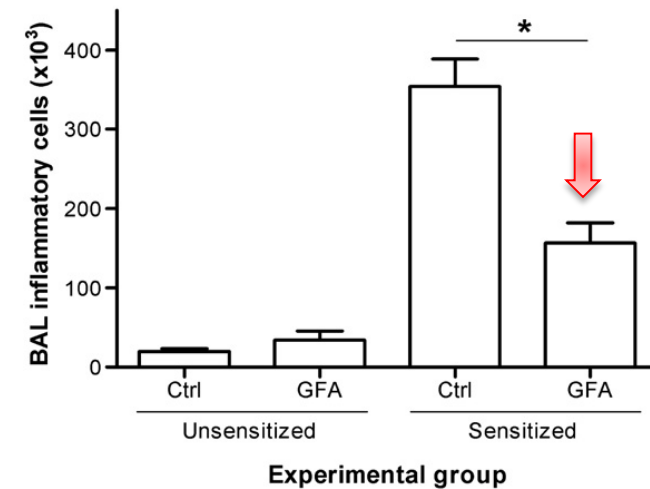
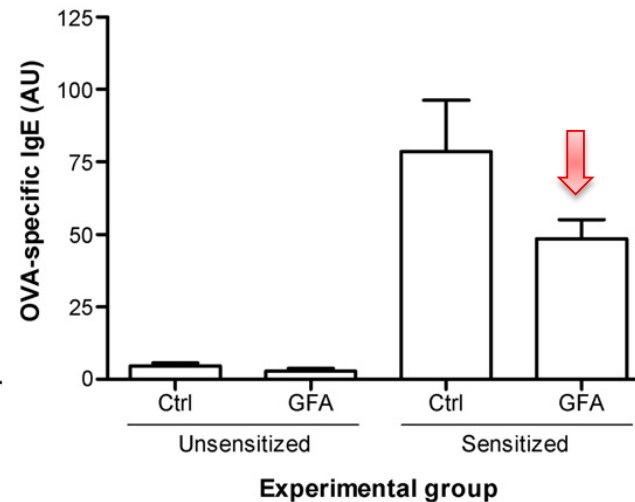
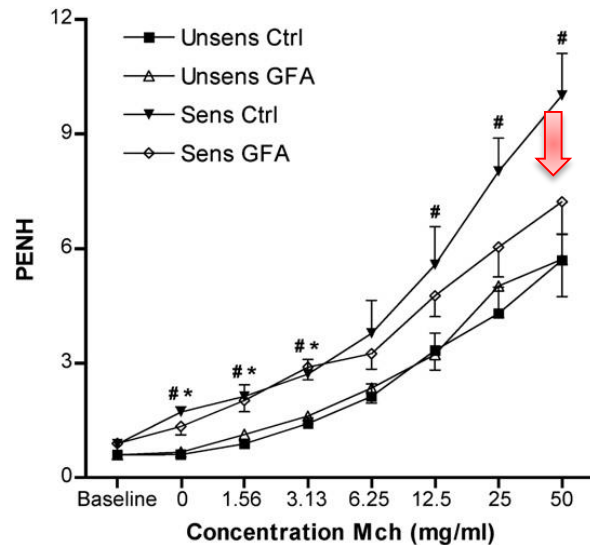
**FOS prebiotic decreases the skin inflammation via microbiota modulation (increase of bifidobacteria)**

# Animal studies: allergy prevention by prebiotics in POSTNATAL



## ➤ Respiratory allergy (OVA)

*Vos et al, 2007*



**Balb/c mice supplemented with GOS / FOS / PAOS (9/1): reduction of airway hyper-responsiveness, specific IgE and pulmonary inflammation.**

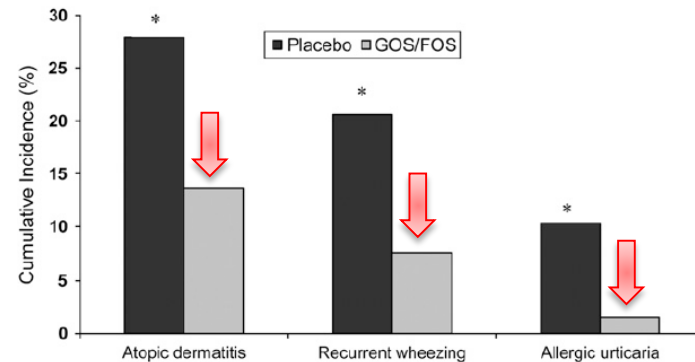
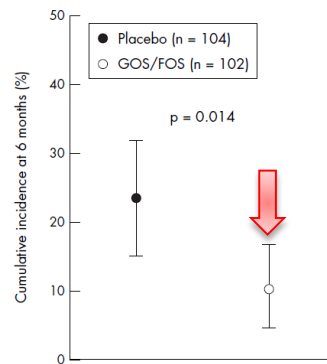
# Human studies: allergy prevention by prebiotics in POSTNATAL



## Only 2 favorable studies:

### ➤ **Moro's studies** (Arslanoglu, 2008; Moro, 2006) using mixture of GOS/inulin ratio 9/1 in a hydrolyzed milk formula

- Italian cohort of infants at high atopic risk (206)
- Formulas given during a 6-month lactation
- Decrease of allergic disease incidence at 6 and 24 months old



### ➤ **Gruber's study** (Gruber, 2010) using mixture of GOS/inulin/pectin

- Multicenter study in 5 European countries
- Children at low atopic risk (414) supplemented during 6-month lactation
- Prevention of atopic dermatitis
- Preventive effect on AD obtained in one year does not last 5 years (Gruber 2015).

# Human studies: allergy prevention by prebiotics in POSTNATAL



## A meta-analysis of four studies (1428 infants at high or no risk of allergy)

(Osborn & Sinn 2013):

- Meta-analysis of 2 studies (226 infants) showed no significant difference in infant asthma.
- Meta-analysis of 4 studies demonstrated a significant reduction in eczema (1218 infants).
- One study reported no significant difference in urticaria.



***Heterogeneity of the studies (type of prebiotics, period, dose...)***

**Further research is needed before routine use of prebiotics can be recommended for prevention of allergy in formula-fed infants**

**Perinatal period interest**

# Animal studies: allergy prevention by prebiotics in PERINATAL



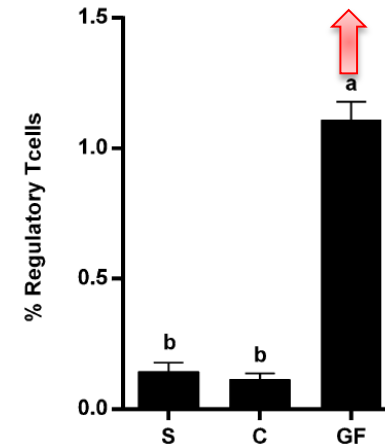
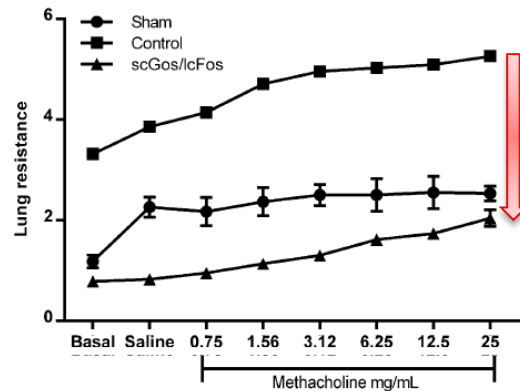
Only 4 studies on mother supplementation:

## ➤ Respiratory allergy

*Hogenkamp et al, 2015*

Diet enriched in FOS/GOS during gestation

OVA model of allergy in pups



**A diet enriched in prebiotics (FOS / GOS) during gestation decreases airway hyper-responsiveness in offsprings through the induction of regulatory T cells at systemic level**



# Animal studies: allergy prevention by prebiotics in PERINATAL



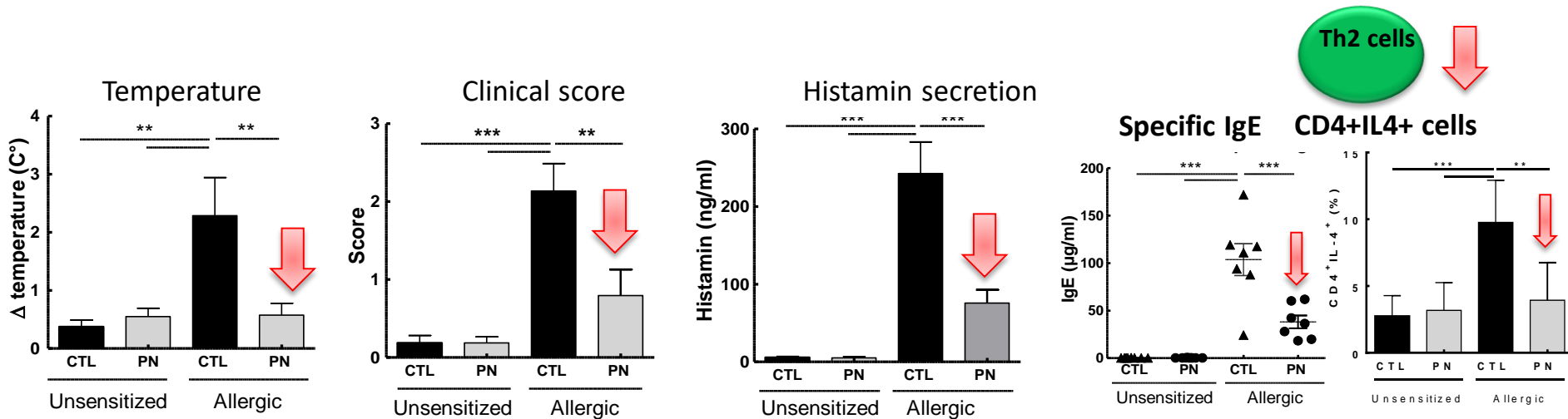
Only 4 studies on mother supplementation:

## ➤ Food allergy

*Bouchaud and Bodinier, 2016*

Diet enriched in GOS/inulin during gestation and lactation

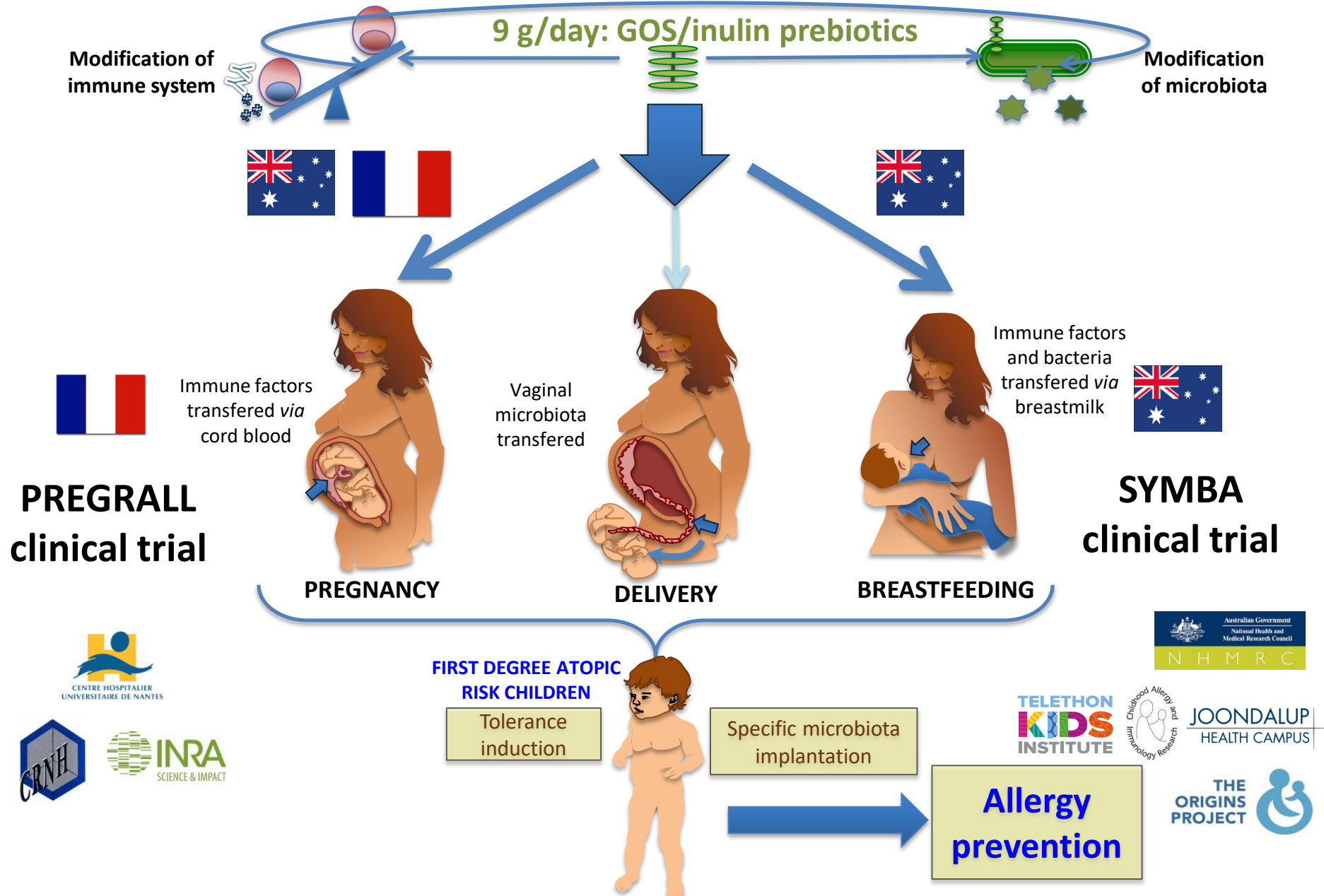
Wheat gliadins model of food allergy in pups



✓ Reduction of food allergy symptoms and allergy markers in pups.

**A diet enriched in GOS/inulin prebiotics during gestation/lactation protects against food allergy in mice.**

# Clinical studies: allergy prevention by prebiotics in PERINATAL

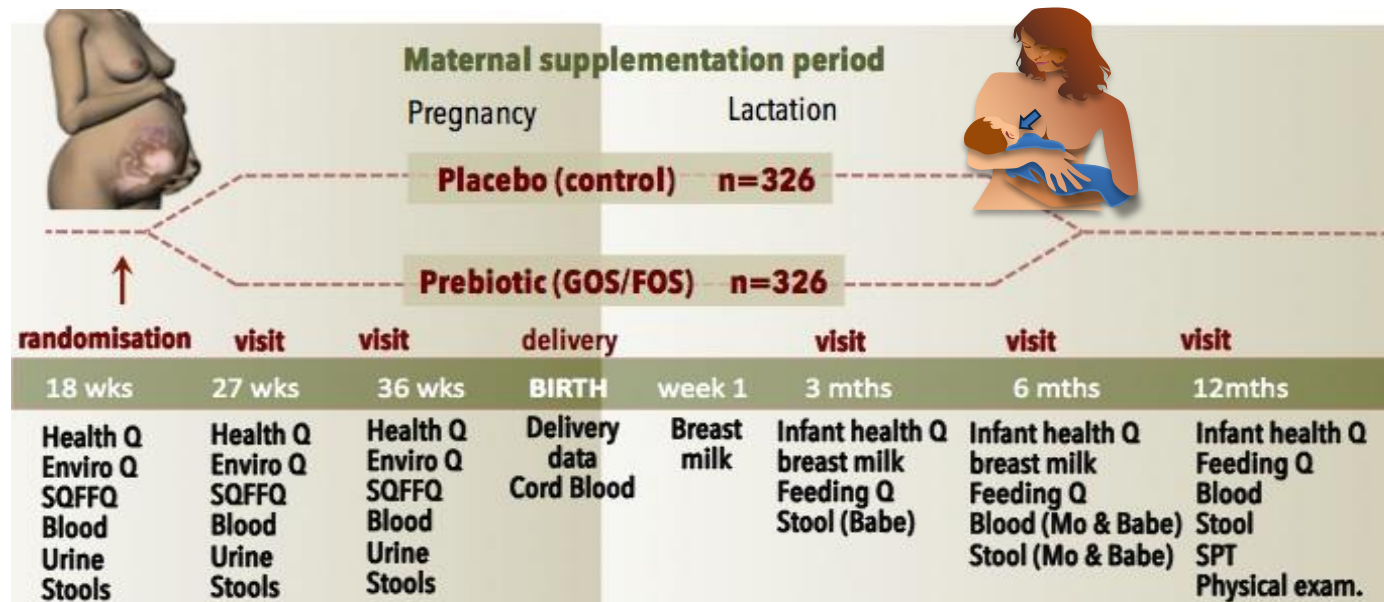


# SYMBA clinical trial



## Double-blinded RCT design : monocentric trial

**Inclusion Criteria:** 652 pregnant women whose infants have a first-degree relative with a history of medically-diagnosed allergic disease



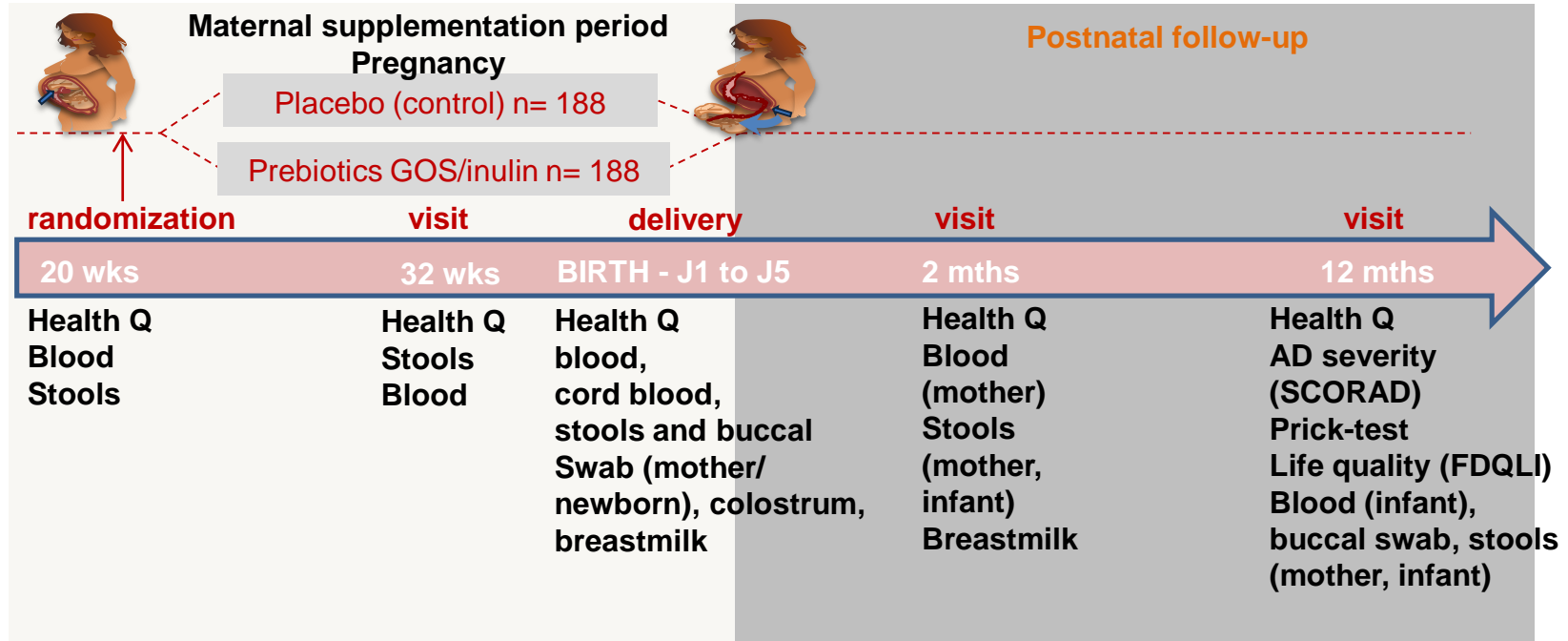
## Study Sites

- Joondalup Health Campus, Joondalup, Western Australia : the main site for recruitment, randomization and follow-up.
- Telethon KIDS Institute: the main academic coordinating centre.
- Principal chief investigators: Susan Prescott, Debra Palmer, Desiree Silva

# PREGRALL clinical trial

## Double-blinded RCT design: multicenter trial

**Inclusion Criteria:** 376 allergic pregnant women



## Study Sites

- Nantes, Angers, Tours hospitals: the main sites for recruitment and follow-up.
- Centre of clinical investigation for women, children and teens: the main coordinating centre.
- Principal chief investigators: H  l  ne Aubert, S  bastien Barbarot
- Scientific coordinator: Marie Bodinier

**AIM 1. The effects of the intervention on allergic disease outcomes in the offspring at 1 year of age:**

- SYMBA: **eczema**.
- PREGRALL: **AD**.

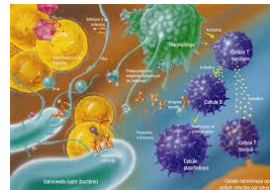
**AIM 2. The effects on colonization patterns and SCFA microbial metabolites:**

- on both maternal and infant gut microbiota.



**AIM 3. Assessment of the immunomodulatory effects during the intervention:**

- Immune functions in blood of mother and offspring, both at birth (antenatal effects) and during infancy, to examine the trajectory of immune development.



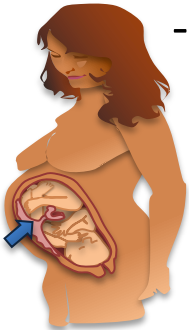
**AIM 4. Analyse of the breast milk composition (PREGRALL).**



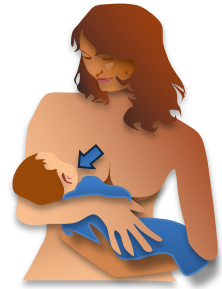
# Translation of future results obtained by SYMBA and PREGRALL RCTs



- Demonstrating the interest of prebiotics to prevent allergies via 2 clinical trials run in different countries.



- Defining the most effective timing and duration of maternal prebiotics supplementation: gestational period alone or combined with lactation ?



- Demonstrating the importance of microbiota and IS balance early in life in correlation with the emergence of allergic disease.

# Conclusion

- **Allergy: linked to microbial, mucosal and immune disorders.**
- **Perinatal period: window of modulation for allergy prevention.**
- **Nutritional strategy in early life: very encouraging.**



# Thanks for your attention

## My Allergy team

BIA unit - INRA of Nantes  
FRANCE



## My French collaborators

S. Barbarot (Nantes Hospital)  
A. Magnan (UMR 1087, INSERM)  
M. Champ (UMR PHAN, INRA)  
M. Neunlist (UMR 913, INSERM)



## My Australian collaborators

Childhood Allergy and Immunology Research-  
School of Paediatrics and Child Health-  
UWA- Perth- AUSTRALIA  
Debbie Palmer and Susan Prescott

