

Common questions clients may ask. All related infographics linked below can be found [here](#).

Do probiotics need to “colonize” to work?

No. It is rare for probiotics to be detected in feces for more than 1–2 weeks after consumption has stopped, depending on the dose and strain. But this transient colonization is sufficient to bring about certain health benefits. Probiotics do not need to permanently colonize to be effective.

Do probiotics improve your gut microbiota?

This is a complicated question because scientists do not yet know what a healthy gut microbiota composition is. Studies on healthy people using traditional probiotics have shown that probiotics do not change the resident microbiota in a global fashion, although some changes in minor components of your microbiota or in metabolic factors may result from probiotic consumption. Also, probiotics administered to infants may have more of an impact on the total microbial community. Changes in microbiota are not necessarily needed for a health benefit to be observed. (See [infographic](#).)

How are probiotics and prebiotics different?

A simple way to think of this is that probiotics are live microorganisms whereas prebiotics are an energy source or food for beneficial microorganisms. To earn the name prebiotic or probiotic, studies showing a health benefit to the target host must be conducted. (See [infographic](#) [here](#), [here](#), and [here](#).)

Are all fermented foods probiotic foods?

No. Fermented foods do not necessarily meet the criteria for a probiotic. Although some fermented foods contain live microorganisms, these microorganisms may not be identified to the strain level and most are not fully characterized. Further, many fermented foods

have not been shown to confer a health benefit. Therefore, many fermented foods are not probiotic foods. (See [infographic](#).)

What are CFUs?

CFU stands for colony forming unit. This is the unit used to reflect the count of viable probiotics. It is determined by diluting and plating a liquid culture of probiotic onto an agar plate containing a suitable culture medium that allows the probiotic to grow and to form a visible colony. Every place a probiotic cell, chain, or clump of cells falls, a colony will grow. Therefore, one colony may originate from more than one viable cell.

Are more CFUs always better, i.e., higher dose or more strains?

No. An evidence-based approach to probiotic use is to use the probiotic(s) that have been shown to confer a health benefit at the tested dose. More strains and a higher dose are not needed. A high dose and many strains may confer a benefit, but without studies showing this, it is not an evidence-based approach.

Are probiotics the same as fiber?

Some prebiotics are a type of fiber known as soluble fiber. But not all fiber meets the criteria for prebiotic. Fibers do not need to be selectively utilized by beneficial microorganisms and some health benefits of fibers are independent of microbial utilization. To meet FDA's definition of dietary fiber, a prebiotic must have evidence that is recognized by the FDA of conferring a health benefit. (See [infographic](#).)

Are probiotics the same as potentially beneficial microorganisms in your gut microbiota?

No. Some probiotics were isolated from the intestinal tract of healthy humans. But the potentially beneficial members of your microbial community are not probiotics because they have not been isolated, characterized, shown to confer a health benefit, nor administered as live microorganisms back to you.