

CHECK YOUR BLINDSPOTS

& BECOME A BETTER SIBO PRACTITIONER

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You Don't Have to Be
a SIBO Expert (Unless
You Want to!)



DR. ALLISON SIEBECKER

Small Intestinal Bacterial Overgrowth (SIBO) is one of the most common functional digestive disorders, and it can also be one of the trickiest conditions to treat. Test interpretation, lifestyle interventions like restrictive SIBO diets, and multiple treatment options make this common condition anything but straightforward.

As a SIBO specialist and professional instructor, I've seen firsthand how confusing SIBO can be, even for the best practitioners. Lack of accurate information - and the wide circulation of inaccurate information - make this a condition many practitioners feel they either have to specialize in or avoid completely.

My goal, in addition to raising awareness about SIBO, is to help practitioners access and learn the most accurate, up-to-date, easy to digest information about SIBO, so they can improve their patient's outcomes.

I want to help you confidently and effectively treat SIBO!

In this guide, I'll cover four "blindspots" or mistakes I see even the very best practitioners make when it comes to SIBO.



BLINDSPOT #1

Not Doing Your Own Interpretation

Many practitioners allow the lab to “interpret” the SIBO breath test results for them based on the lab’s interpretation guidelines, instead of interpreting the test themselves. Relying on what the lab report says can be a major blindspot for practitioners.

I understand why practitioners do this: either they haven’t been trained to interpret the test, or it’s overwhelming and too confusing at first glance.

However, leaving interpretation up to the lab means you’re missing out on valuable information that can be found in the test results, and that information can change your entire treatment plan.

It also means that patients that need our help could fall through the cracks by receiving a false negative diagnosis, particularly with methane and hydrogen sulfide cases.

The other issue is that different labs use different interpretation guidelines. This means that a patient could be positive according to one lab, but negative according to another.

The remedy for this is for the practitioner to use their own criteria, so that the choice of lab used doesn’t factor into the interpretation.

SIBO breath test interpretation is definitely an art and not a black-and-white science. **Thoughtful interpretation can help us get the right diagnosis, choose the treatment, and understand the prognosis, which we can then plan for.** We can get a lot of information from the test!

That's why I instruct practitioners to ignore the lab's interpretation and learn to interpret test results themselves. Once you have my exact interpretation guidelines, interpretation becomes much easier.

Here are my positive criteria:

- ✓ Hydrogen of 20 or greater parts per million within the first two hours, after baseline
- ✓ Methane of 10 or greater parts per million within the entire three hours of the test, including baseline
 - ✓ Methane of 3-9 parts per million within the entire three hours of the test, if there is constipation
- ✓ Hydrogen of 6 or below, and a methane of 3 or below, all three hours of the test, with no rise of gases in the third hour, is a positive for hydrogen sulfide SIBO (when hydrogen sulfide is not being tested)
 - ✓ If using the 3-gas test (Trio Smart) which tests hydrogen sulfide directly, you may rely on the lab's interpretation for hydrogen sulfide (but not hydrogen and methane)

I show exactly how to use these interpretation guidelines with lots of real test examples in the [SIBO Pro Course](#). When you're done with the course, you'll be confidently interpreting even the trickiest test results with ease.

THE BEST TEST FOR SIBO

I recommend either a **Lactulose 3-hour 10-tube (sample) test**, or the **new 3-gas test "Trio Smart" (in Lactulose)**. These particular tests allow for better methane and hydrogen sulfide diagnosis. Glucose is the other SIBO breath test option.

Lactulose is available for fermentation the entire length of the small intestine, and large intestine, because it is not-absorbable. Glucose, in contrast, tends to be absorbed within the first three feet of the small intestines, which means it's not available for fermentation in the middle and lower small intestine, or down in the large intestine. We need to assess the entire small intestine for bacterial overgrowth, not just the top three feet, making glucose a sub-optimal choice. Also, it's important to see what's going on in the large intestine which is represented by the third hour, particularly for hydrogen sulfide, but also for methane.

Besides choosing between lactulose or glucose, the other important features are the length of the test and number of samples. Why truncate the information that we need and could use, by doing a shorter duration test, or one with less samples? If the patient's going to be doing the test anyway, it doesn't cost that much more or take that much more time to do a 3-hour 10-tube test. And we can really use that information.

The 3-gas test (Trio Smart) is a 2-hour 9-tube test. Because it tests hydrogen sulfide directly, 3 hours is not needed for hydrogen sulfide assessment. The advantage of this test is that it can measure hydrogen sulfide along with hydrogen and methane, something not previously possible and not yet available from other labs (as of this writing). The disadvantage is that we don't get the full 3 hours to assess methane, however you can instruct your patient to sample every 20 minutes (vs 15 minutes) to extend the test to 2:40 minutes.



BLINDSPOT #2

Prokinetics Timing

A key part of SIBO treatment is prevention of relapse. Two-thirds of SIBO cases are chronic, which means that the majority of patients will relapse and SIBO will come back after it has been successfully treated. The average relapse time in studies is about 2 or 2 ½ months.

The use of a prokinetic can help extend the time between relapses. Prokinetics stimulate the migrating motor complex, which sweeps bacteria out of the small intestine. The migrating motor complex is the body's primary protection against SIBO. Prokinetics don't clear SIBO, but they help to hold the gains made from treatment, preventing backsliding, at least for some time. People may still relapse, but we can help extend the time before relapse with prokinetics.

Research has shown that relapse can be extended to 4 ½ or up to 8 months with a prokinetic.

-  Switching from no prokinetic to using a prokinetic extended the relapse time by five months.
-  Switching from a less effective prokinetic to a more effective prokinetic extended the relapse time by three months.

However, many practitioners still don't know about or widely use prokinetics, and many more don't use them correctly.

Here's what is key to know: the prokinetic needs to be started either the day after or within a few days after finishing antibacterial treatment (pharmaceutical or herbal antibiotics, or elemental diet) to hold the gains made and prevent backsliding.

That's why I recommend you give the prokinetic at the same time you give the patient the antibacterial treatment plan. Don't leave the prokinetic for a follow up appointment. Prepare the patient to start the prokinetic right after they finish the antibacterial treatment.

Patients can also start a prokinetic before or during the antibacterial treatment (just wait until after they take the SIBO test). But the most important thing is to be on it afterwards.

Most SIBO patients need multiple rounds of treatment to clear their SIBO. A lucky few are cleared with one round of treatment ("one and done"), but most need several rounds ("time and fine"). When we assess between the rounds to see how it's going and decide what to do next, we don't want them to backslide in that assessment time. This is a key time to use a prokinetic. The most common backsliding time between treatment rounds is two weeks. Two weeks is not a lot of time! If by chance the patient needs to reschedule, or you couldn't fit them in for a return visit timed just right, a patient can backslide (relapse) while waiting for their follow up visit. Giving the prokinetic plan beforehand, at the same time as the antibacterial treatment, solves this.



PHARMACEUTICAL OPTIONS

- ⚗ **Low-dose Naltrexone (LDN)** - 2.5 mg for diarrhea types or 5 mg for constipation types, at bedtime (Ploesser et al)
- ⚗ **Low-dose Erythromycin** - 50 mg at bedtime (Pimentel et al)
 - ⚗ Compounding necessary for this low dose, or quarter a 250mg pill to get 62.5 mg, at bedtime.
- ⚗ **Prucalopride (Motegrity/Resolor/Resotran)** - 0.5-1 mg at bedtime.
 - ⚗ Original studies were done on Tegaserod (Zelnorm 2-6mg hs) (Pimentel et al) which showed greater success than erythromycin at prolonging SIBO remission. Prucalopride has not been studied for SIBO but has the same mechanism of action, higher receptor selectivity, better safety profile (Manabe et al) and excellent effectiveness. Because of all this, it is used in place of Tegaserod.

NATURAL OPTIONS

None of the natural prokinetics have been studied for SIBO, but Iberogast (an herbal combination without ginger) and Ginger Root (an ingredient of all the other options listed below) have both been studied as prokinetics in other conditions and shown efficacy.

- 🌿 **Iberogast** 30-60 drops at bedtime
- 🌿 **Ginger Root** 1,000mg at bedtime



Ginger containing Prokinetic Formulas:

- 🌿 **Prokine (Vita Aid)** 1-3 caps at bedtime
- 🌿 **Motil Pro (Pure Encapsulations)** 2-3 caps at bedtime
- 🌿 **Motility Activator (Integrative Therapeutics)** 2 caps at bedtime
- 🌿 **GI Motility Complex (Enzyme Science)** 2-3 cap at bedtime
- 🌿 **SIBO-MMC (Priority One)** 3 caps at bedtime
- 🌿 **Bio.Me.Kinetic (Invivo)** [UK only] 2-3 caps at bedtime



BLINDSPOT #3

Retest Timing

The best time to retest SIBO is within two weeks after finishing antibacterial treatment (pharmaceutical or herbal antibiotics, or elemental diet), if the patient is not feeling 89-90% better. Not at 2 weeks, or after 2 weeks but within 2 weeks. My preference is day 3-5 after finishing, but any time within 2 weeks that fits the patients schedule is fine.

Because retesting is best done soon after treatment, it helps to inform patients about this possibility when you first give them their treatment. **If you need to retest after treatment because they are not better, not sending them home with a retest kit or test order when you prescribe the treatment is another common mistake.**

The reason retesting should be done within two weeks is because two weeks is the most common time for patients to backslide (relapse) after treatment between rounds. We need to see the retest results before they backslide. It's not helpful to wait until they've relapsed. Then their test might look similar to the one that they had in the beginning. We need to see what we just did, so we can assess what's happening, and decide what treatment to give next. Retesting during a relapse won't give us this information or much help at all.

If your patient is better, you don't need to retest. It's nice to get a confirmatory negative, but if their symptoms are close to 90% better, then you've done it right. They're better and you can move on to prevention (which I explain fully in the [SIBO Pro Course](#)). In this case, you don't have to do a retest.

I think the best time for a retest is when things are not going well because it gives us information to let us know what to do next.

You can advise your patient that they only need to do the retest if they're not close to 90% better. And then, if they are 90% better, they still need to come see you for a follow up, so you can get them on preventative treatments.

Test kits do cost money. So, you may not want to give them a kit, in case they don't need to do the test after treatment. You can just put in an order for it and advise them that, if they're not 80-90% better, do the retest. And then, they could pick it up at your office or call to have it mailed, or follow whatever system you use to get a kit to them quickly.

If a patient can't afford to retest, you can proceed to another round of treatment without it, but I advise retesting after two rounds. Don't let too many rounds go on without retesting. You don't want to assume their continued symptoms are from SIBO, because patients can have more than one thing wrong with them. Sometimes the SIBO gets cleared, but symptoms remain from another condition.

Retest information can also inform your next treatment. For example, if the treatment you just gave didn't lower gas well, switch to a different treatment. You can't necessarily tell what has happened to the gas levels by the symptoms. If symptoms are not improving, the SIBO could actually be gone (as just mentioned), or gas levels could be significantly reduced. Sometimes symptoms don't clear until the gas levels are close to negative, despite excellent progress of gas lowering round-to-round. Ultimately, retesting really does help success. It's a methodical approach to SIBO, which really increases success.



A background image of interlocking puzzle pieces in white and orange. A yellow rectangular box is centered in the upper portion of the image, containing the title text.

BLINDSPOT #4

"Chronic" & "Tough" Cases

Another big mistake is mis-identifying a chronic or tough case.

You might think your patient is a chronic or tough case, when they might not be.

Our treatment goal is 80% to 90% better symptomatic relief or a negative test.

Generally, we call someone chronic once they've gotten a negative test or they've gotten 90% better and then relapsed. If you've been trying to get that goal to no avail, then that's a "tough" case. However, you also have to consider what you have tried to get to that goal.

With SIBO treatment, the biggest problem is often giving up too quickly.

Most SIBO cases need between 2-5 treatment rounds to get a negative test or 90% better (particularly with pharmaceutical or herbal antibiotics – elemental diet often requires less rounds if you start with that). This is because iSIBO is not an acute infection but a colonization – we treat until we get effects and there's only so much a round of antibacterial treatment can do.

If you have tried all three treatment types—pharmaceutical antibiotics, herbal antibiotics and the elemental diet—and you still can't get that test down? That's a tough case. But what a lot of people are doing is not trying all three. And sometimes not even trying different options within the one category of treatments they're using.

The key thing to know here, is that **very often patients' SIBO only responds to just one of the three types of treatments and not the other two**. I don't really know why, though I have my theories. Somehow, it's not a match for their bacteria or milieu. And it's actually really common. And the thing is **we don't know ahead what treatment is going to be the perfect match**.

What winds up happening for a lot of people is they try one or two treatments of whatever type, without great results. And then, that's it! They say, "I have chronic SIBO" or "I'm a tough case." And I'm not sure I would call either of those scenarios that. They give up, without trying all the other options available or continuing rounds (and retesting) until it's gone. Instead, after one or two rounds, they feel stumped and don't know what to do or how to move forward.

Another common problem is not having the appropriate treatment for their gas and case. Maybe the diagnosis was not proper, like with methane of 3 to 9 ppm or with hydrogen sulfide. Did they have the appropriate treatment for their case? This is something I see so, so commonly.

Case Study

I was talking to a practitioner recently who had tried two rounds of herbal antibiotics for her own SIBO without much benefit. But she did not know that there are different treatments/different herbs that are used for a methane case. And she had not used them. She had done two treatments that didn't address her methane, and when she didn't get better, and she said, "Well, then I'm chronic. I have a chronic SIBO case." But her specific condition of methanogen overgrowth had never been treated.

And when I looked at her test, I thought her prognosis actually looked good. And here, she was thinking that she was chronic and had given up. And that was totally unnecessary. The problem was a lack of proper training.

So, one of the biggest things here is to work it through. Work the case through until the test is negative or they're 90% better. And this can avoid this sort of mistake.

I think practitioners give up too early. And unfortunately, something that I see happening in the gastroenterology world is they'll give Rifaximin and that's it! There's no follow-up visit scheduled to check effect and progress, because they mistakenly think one round of Rifaximin will clear it. It's just not enough to do that. Maybe that wasn't even the best treatment for the person - maybe they need methane treatment, and like most, 3-4 rounds of treatments to clear it, and didn't realize that.

We have to be more thoughtful, do a proper diagnosis, do proper follow-up, know and use all our treatment options and be methodical. And don't stop too early!

YOU DON'T HAVE TO BE A SIBO EXPERT (UNLESS YOU WANT TO!)

I've dedicated my career to studying, treating and teaching about SIBO specifically, so that you don't have to.

I created the [SIBO Pro Course](#) to be the ultimate resource on SIBO for practitioners. Whether you're already specializing in SIBO, want to become a SIBO specialist, or are simply looking for an accurate resource to turn to when you encounter a patient with SIBO, the SIBO Pro Course is for you.

It is the only SIBO course accredited by the ACCME and certified via the AAFP - participants can earn 20 CME.

The course is open to practitioners of all designations, and organized in a go-at-your-own-pace manner with quick reference guides and short lessons that make finding specific information quick and easy, even without watching it through.

Stop trying to piece together how to treat SIBO from various sources. The SIBO Pro Course is an organized, synthesized, all-in-one-place SIBO program. Elevate your expertise, profile and patients success by learning how to manage this tricky condition and manage it well, with the SIBO Pro Course.

[**>>> Learn More and Join Today**](#)

