Probiotic Supplementation and Gastrointestinal Endotoxemia Before and After the Marathon Des Sables.

Craig A. Suckling<sup>1</sup>, Justin D. Roberts<sup>1</sup>, Georgia Y. Peedle<sup>1</sup>, Dan A. Gordon<sup>1</sup>, Hannah Marshall<sup>2</sup>, Lee Taylor<sup>2</sup> and Michael G. Roberts<sup>3</sup>. Anglia Ruskin University, United Kingdom<sup>1</sup>; University of Bedfordshire, United Kingdom<sup>2</sup>; University of Hertfordshire, United Kingdom<sup>3</sup>.

Whilst evidence of increased gastrointestinal endotoxemia (GE) has been previously demonstrated during single-day ultra-endurance events, less is known on the prevalence of GE following extreme ultra-events such as the Marathon Des Sables (MDS). The potential benefit of probiotic formulas on gut integrity during ultra-endurance events also requires further investigation.

**PURPOSE:** To assess the impact of probiotic supplementation with or without glutamine on GE prevalence in runners competing in a multi-day ultra-run (MDS).

**METHODS:** Thirty four healthy participants from the 2015 MDS UK cohort volunteered for a 12 week pre-race intervention and were randomly assigned to either: probiotic (PRO; 100mg.d<sup>-1</sup> *lactobacillus acidophilus*) (age 40 ±3 yrs., weight 79.4 ±2.0kg, VO<sub>2max</sub> 4.2 ±0.1 L.min<sup>-1</sup>), probiotic with glutamine (PRO<sub>glut</sub>; 40.5mg.d<sup>-1</sup> *lactobacillus acidophilus* and 900mg.d<sup>-1</sup>L-glutamine) (age 39 ±2 yrs., weight 70.6 ±4.8 kg, VO<sub>2max</sub> 4.0 ±0.2 L.min<sup>-1</sup>) and control (CON) (age 42±3 yrs., weight 79.2 ±3.8 kg, VO<sub>2max</sub> 4.0 ±0.3 L.min<sup>-1</sup>). Plasma lipopolysaccharides (LPS) (via *Limulus* Amebocyte Lysate chromogenic endotoxin quantification) were assessed at weeks 0, 12, post-race and 7 days post-race. Performance data was collated from official timing chips. Data presented as mean ±SE.

**RESULTS:** Mild to moderate GE was prevalent in all groups at baseline (PRO 9.71 ±0.85pg.ml<sup>-1</sup>, PRO<sub>glut</sub> 9.89 ±1.43 pg.ml<sup>-1</sup>, CON 9.40 ±0.57 pg.ml<sup>-1</sup>; P>0.05). Whilst LPS, post intervention, was lower in PRO<sub>glut</sub> there was no significance between groups (9.81 ±1.47pg.ml<sup>-1</sup> vs 12.80 ±0.93pg.ml<sup>-1</sup> (PRO) vs 11.72 ±1.08 pg.mol<sup>-1</sup> (CON); P>0.05). LPS were evidently reduced 6hrs post-race, but not different between groups (PRO: 7.29 ±1.41 pg.ml<sup>-1</sup>, PRO<sub>glut</sub>: 6.95 ±0.94 pg.ml<sup>-1</sup>, CON: 9.73

 $\pm 1.39 \text{ pg.ml}^{-1}$ ; P>0.05).Plasma LPS returned to baseline levels 7 days post-race (PRO 7.60  $\pm 0.95 \text{ pg.ml}^{-1}$ , PRO<sub>glut</sub> 10.41  $\pm 1.04 \text{ pg.ml}^{-1}$ , CON 8.57  $\pm 0.75 \text{ pg.ml}^{-1}$ ; P>0.05). Race performance (hrs:mins) was not significant between groups, despite PRO and PRO<sub>glut</sub> being ~9hrs faster than CON (41:28 $\pm 2:31$  vs 41:58 $\pm 4:02$  vs 50:43 $\pm 4:38$ ; P>0.05).

**CONCLUSION:** Moderate GE was prevalent in all groups pre-race and fell significantly during the short-term recovery period. Despite promising results neither probiotic formula had a significant impact on GE or race performance.