

Napule è...

PEDIATRIA PREVENTIVA E SOCIALE



Latte formula
e Microbiota

Vito Leonardo Miniello



Unità Operativa di
Nutrizione



UNIVERSITÀ
DEGLI STUDI DI BARI
ALDO MORO

Maternal nutrition

- Over/undernutrition
- Vitamin D status
- Dietary methyl donors
- LCPUFA intakes
- Food pollutants

Neonatal and infant nutrition

- Human milk
- Formula milk
- Prebiotics/probiotics

Nutrition

first

1000

days

Microbiome

Epigenome

- Maternal microbiota
- Mode of delivery
- Maternal and infant diet
- Antenatal and post-natal antibiotic exposure
- Urban/rural environment









- Human genome
- Environmental factors

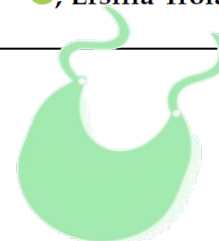




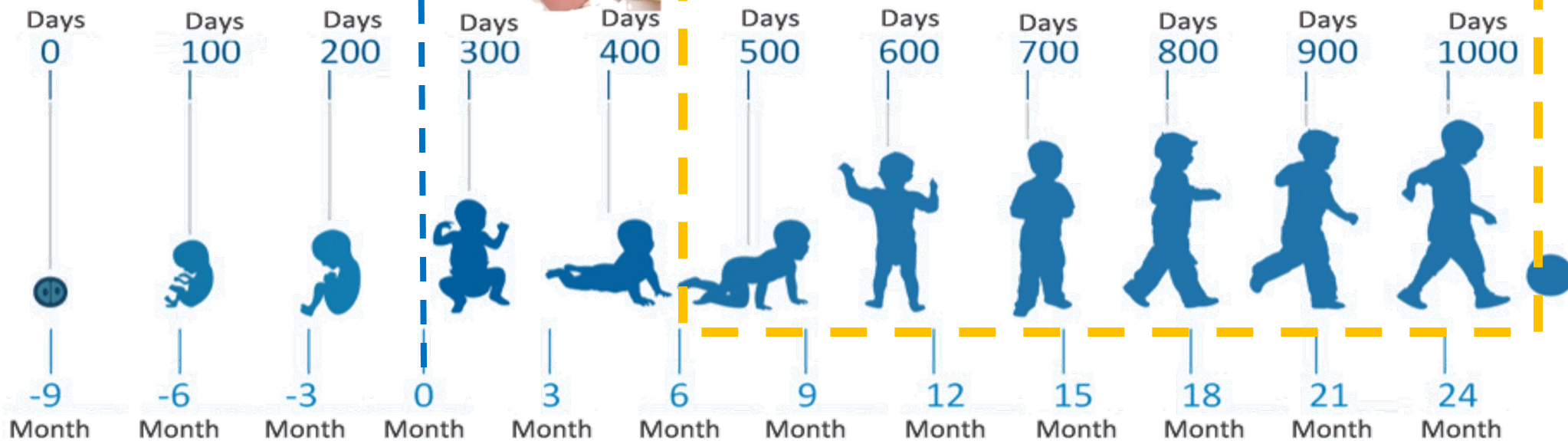
Recommendations on Complementary Feeding as a Tool for Prevention of Non-Communicable Diseases (NCDs)—Paper Co-Drafted by the SIPPS, FIMP, SIDOHaD, and SINUPE Joint Working Group

Nutrients 2022

Margherita Caroli ^{1,†}, Andrea Vania ^{2,*,†} , Maria Carmen Verga ^{3,†}, Giuseppe Di Mauro ^{4,†}, Marcello Bergamini ⁵, Barbara Cuomo ⁶ , Rosaria D'Anna ⁷, Giuseppe D'Antonio ⁸, Iride Dello Iacono ⁹, Angelica Dessì ¹⁰ , Mattia Doria ¹¹, Vassilios Fanos ¹⁰, Michele Fiore ¹², Ruggiero Francavilla ¹³ , Simonetta Genovesi ¹⁴ , Marco Giussani ¹⁴, Antonella Gritti ¹⁵, Dario Iafusco ¹⁶, Lucia Leonardi ¹⁷, Vito Leonardo Miniello ¹⁸, Emanuele Miraglia Del Giudice ¹⁶, Filomena Palma ¹⁹, Francesco Pastore ²⁰, Immacolata Scotese ²¹, Giovanni Simeone ²², Marco Squicciarini ²³, Giovanna Tezza ²⁴ , Ersilia Troiano ²⁵ , and Giuseppina Rosa Umamo ¹⁶ 



Alimentazione complementare



*“Noi non veniamo dalle stelle o dai fiori, ma dal latte materno...
Questa è la nostra principale natura.”*

William Shakespeare





	Oligosaccharides	Bacteria & Metabolites	Fat / LCPUFA	Lactose	Proteins	Hormons	Vitamins	Living Cells	Nucleotides	Minerals
Immunity	●	●	●	●	●		●	●	●	
Growth	●	●	●		●	●	●		●	●
Gut Health	●	●	●	●	●	●	●	●	●	●
Other	Microbiota	Microbiota Digestion	Brain Energy	Energy	Signaling	Mood			Brain	Bone & Teeth Blood

Bacco
Guido Reni
(1575 –1642)





Migranti

Hans Baluschek
(1870-1935)



**LATTE FORMULA:
TRA EVIDENCE-BASED MEDICINE ED
EVIDENCE-BASED MARKET**

Vito Leonardo Miniello, Lucia Diaferio

LATTI DI CRESCITA

Vito Leonardo Miniello, Lucia Diaferio, Elvira Verduci

LATTI FORMULA “SPECIALI”

Vito Leonardo Miniello, Adima Lamborghini, Alberto Martelli, Diego Peroni



Regolamento (UE) 2016/127 che integra il regolamento (UE) n. 609/2013 per quanto riguarda le prescrizioni specifiche di composizione e di informazione per le formule per lattanti e le formule di proseguimento e per quanto riguarda le prescrizioni relative alle informazioni sull'alimentazione del lattante e del bambino nella prima infanzia



(relativo agli alimenti destinati ai lattanti, ai bambini nella prima infanzia e agli alimenti a fini medici speciali) definiscono **formula per lattanti** *un prodotto alimentare destinato all'alimentazione dei lattanti nei primi mesi di vita, in grado di soddisfare da solo le esigenze nutrizionali dei lattanti fino all'introduzione di un'adeguata alimentazione complementare* e **formula di proseguimento** *un prodotto alimentare destinato all'alimentazione dei lattanti nel momento in cui viene introdotta un'adeguata alimentazione complementare e che costituisce il principale elemento liquido nell'ambito di un'alimentazione progressivamente diversificata di tali lattanti.*

Oggetto: **Indicazioni** per gli adeguamenti normativi dei cosiddetti “latti di crescita” e dei prodotti dietetici per sportivi conseguenti all’abrogazione del settore dei prodotti destinati ad una alimentazione con l’applicazione del Regolamento (UE) 609/2013 dal 20 luglio 2016

Ciò premesso, per quanto concerne i cosiddetti **“latti di crescita”**, tenuto conto della loro composizione e della definizione europea (YCF), la denominazione di vendita può contenere termini del tipo “formula”, seguiti dalla specifica indicazione del target (i bambini di età compresa tra 1 e 3 anni).

La composizione di nutrienti ed energia delle formule di crescita non è regolamentata su base nazionale o europea

e rappresentano quindi un gruppo eterogeneo di formulazioni,
alcune più attente alle necessità nutrizionali specifiche per questa età,
altre che appaiono essere solo un espediente commerciale.

Latti speciali

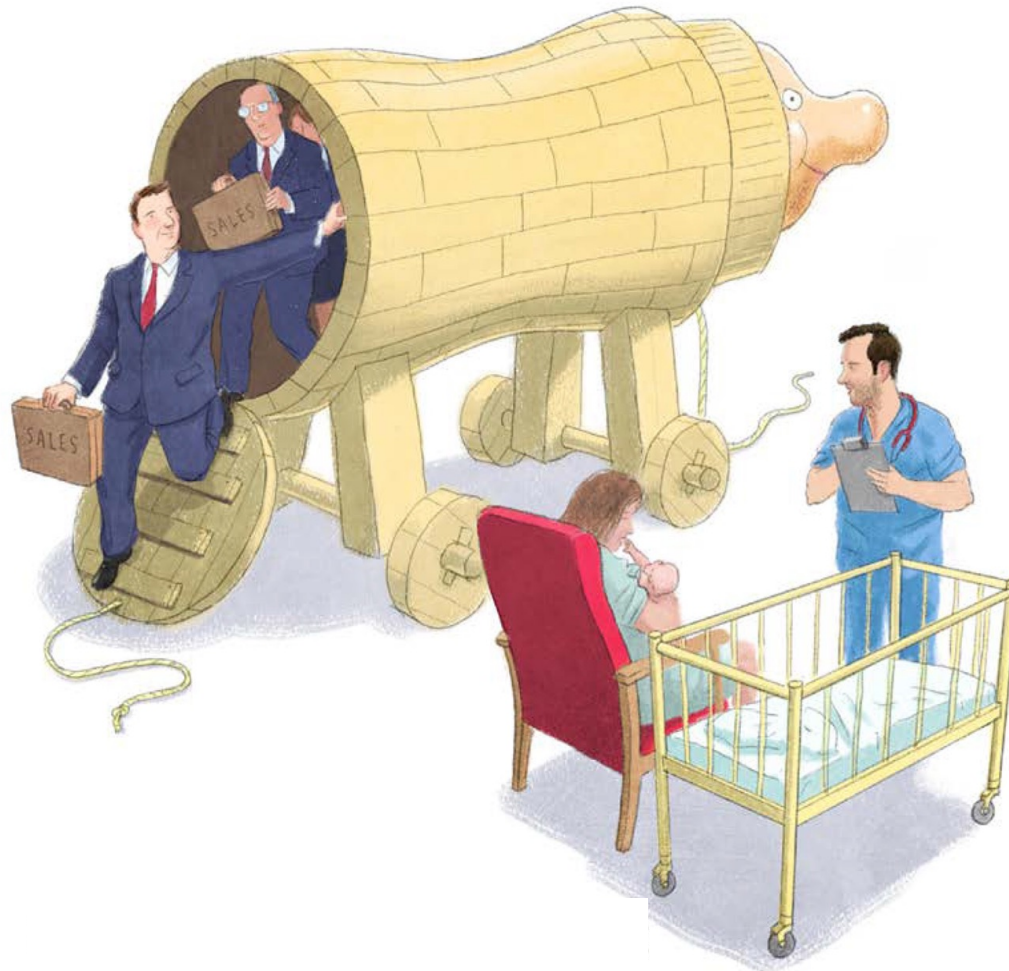
Dalla clinica alla formula



Vito Leonardo Miniello
Lucia Diaferio

Between 2006 and 2016, prescriptions of specialist formula milks for infants with cow's milk protein allergy (CMPA) increased by nearly 500% from 105 029 to over 600 000 a year.

BMJ



**a Trojan horse for
the formula industry**



1865



JUSTUS VON LIEBIG
MILK POWDER



Thomas Morgan ROTCH

Latte “Formula”



Journal of the American Medical Association 1903; 41: 416-421.

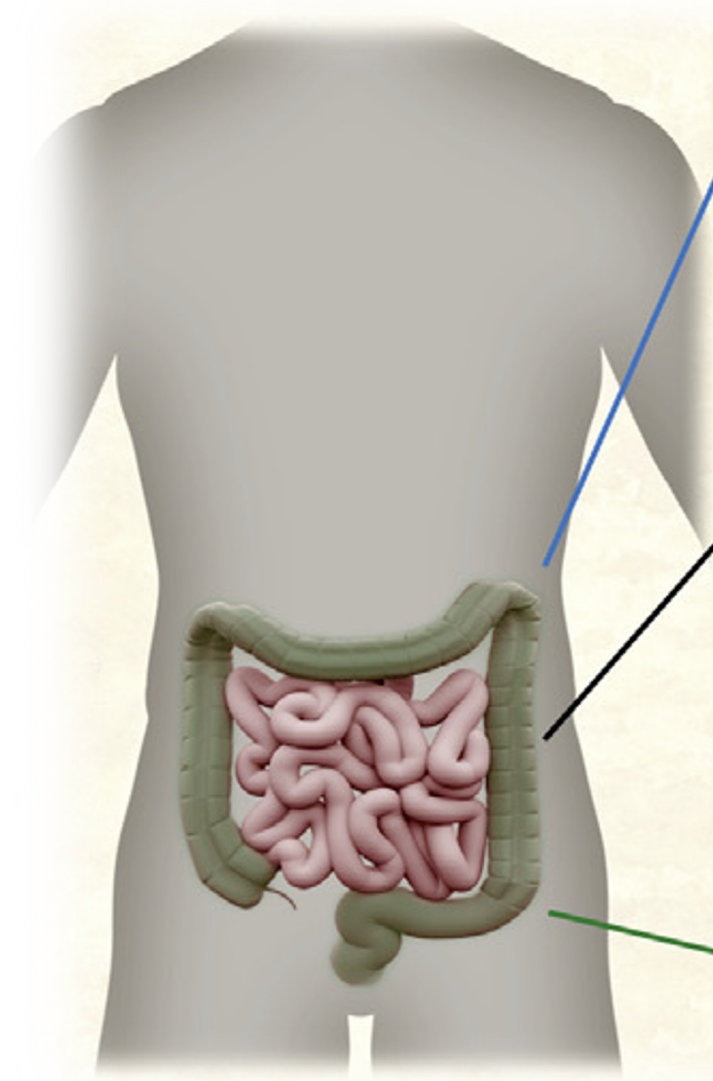
The essential principles of infant feeding and
the modern methods of applying them

“Modified ***milk formula***, carefully prepared at milk laboratories,
are far superior to even breast feeding,
and will result in a decided reduction in their mortality ”



alla ricerca del correlato funzionale

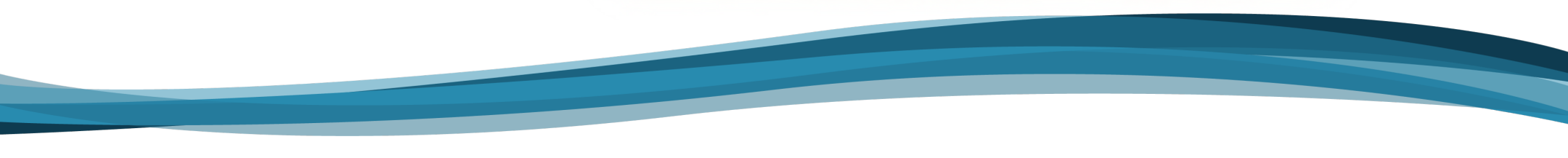
Benchè tutti i latti formula commercializzati e normati sul mercato europeo presentino un comune *core compositivo*, le industrie produttrici differenziano i vari brand con componenti (*bioactive ingredients*) analoghi a quelli presenti nel latte umano quali prebiotici, probiotici, sinbiotici, postbiotici, LCPUFA, lattoferrina, nucleotidi, miscele di trigliceridi inter-esterificati enzimaticamente, in grado di riprodurre gli effetti immunitari e/o metabolici e sul **microbiota intestinale**.



Immunity

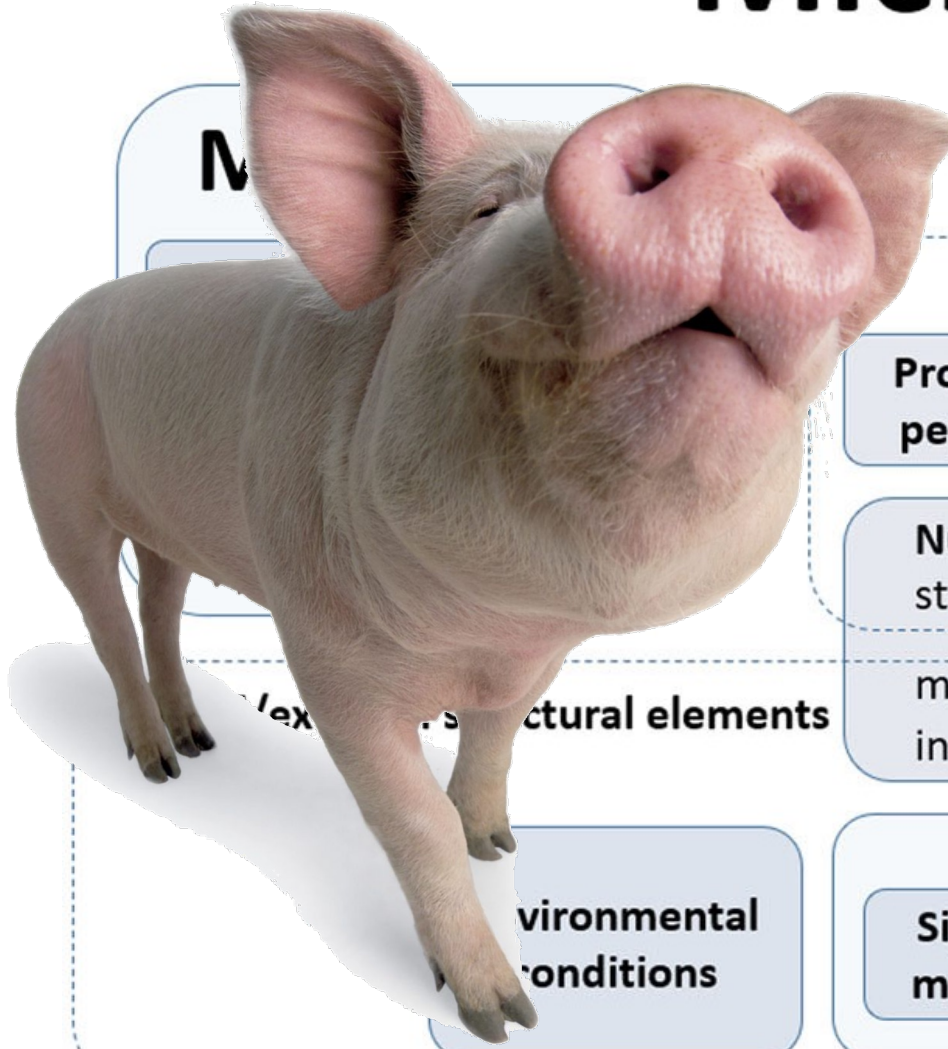
Metabolism

Gut-brain axis



Microbiome

Theatre of activity”



Microbial structural elements

Proteins/
peptides

Lipids

Poly-
sacharides

Nucleic acids
structural DNA/RNA

mobile genetic elements
incl. viruses/phages relic DNA

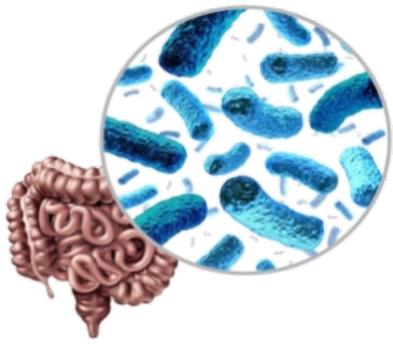
Microbial metabolites

Signalling
molecules

Toxins

(An)organic
molecules

Environmental
conditions



Metabolites

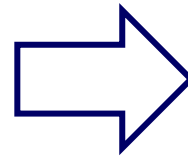
primary metabolites
secondary metabolites
“specialized metabolites”

{ SCFAs
Bile acids
TMA(TMAOs)
GABA

Microbial structural elements

{ LPS
Bacterial DNA
Bacterial amyloids

Cytokines
MAMPs
Neurontransmitters
Brain-gut peptides



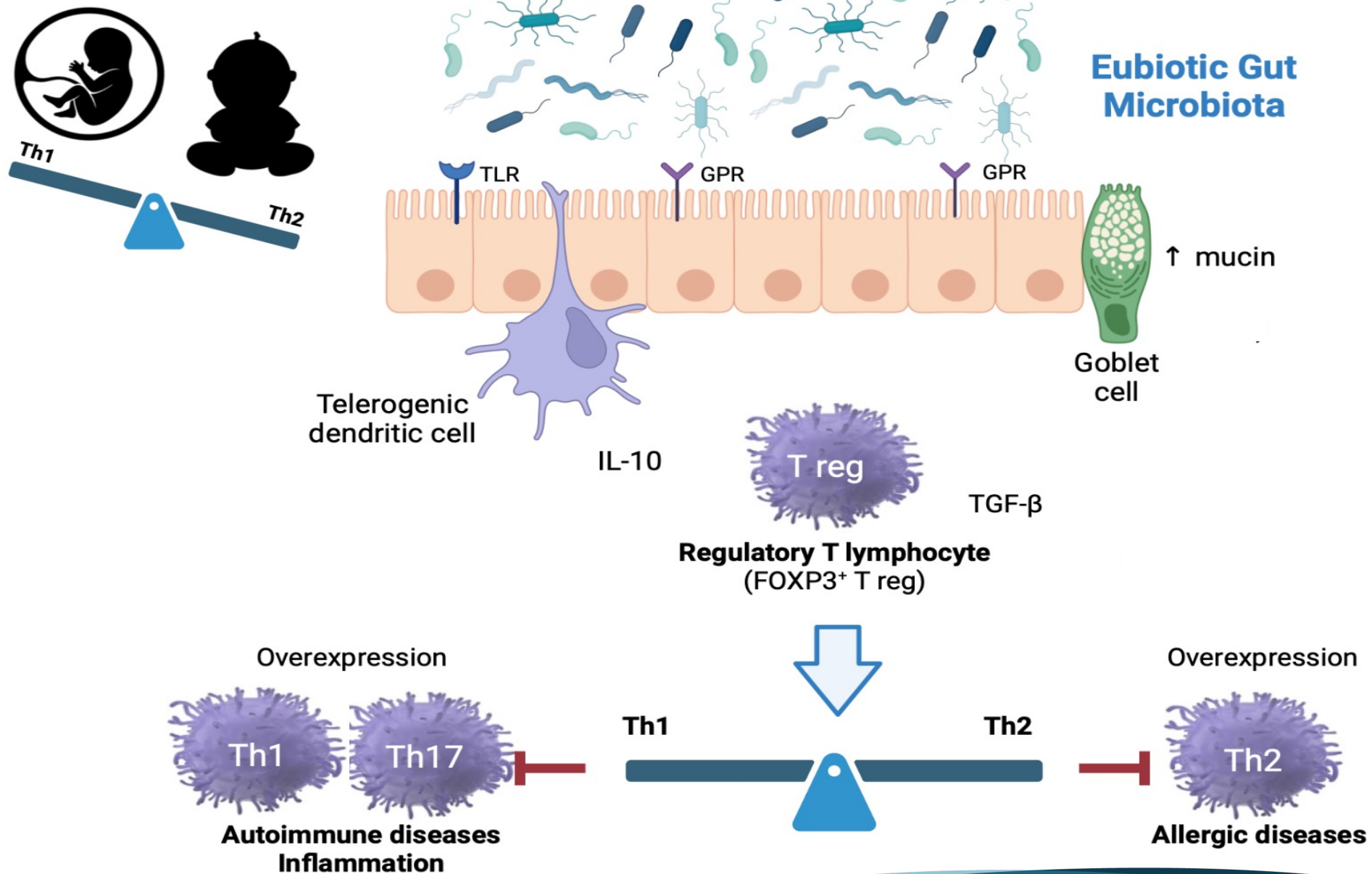
Satiety control

Lipid and glucose metabolism

Energy harvest and fat storage

Immune homeostasis and inflammation

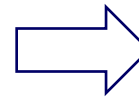
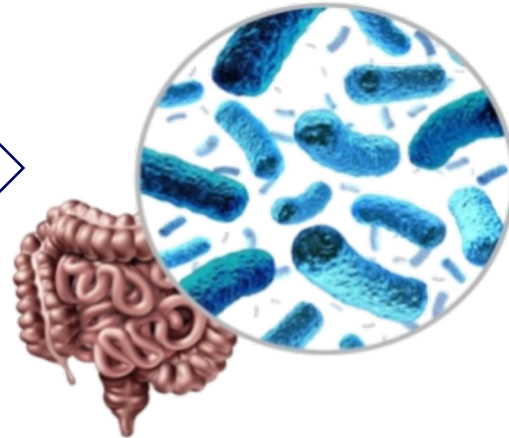
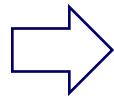
Gut barrier function



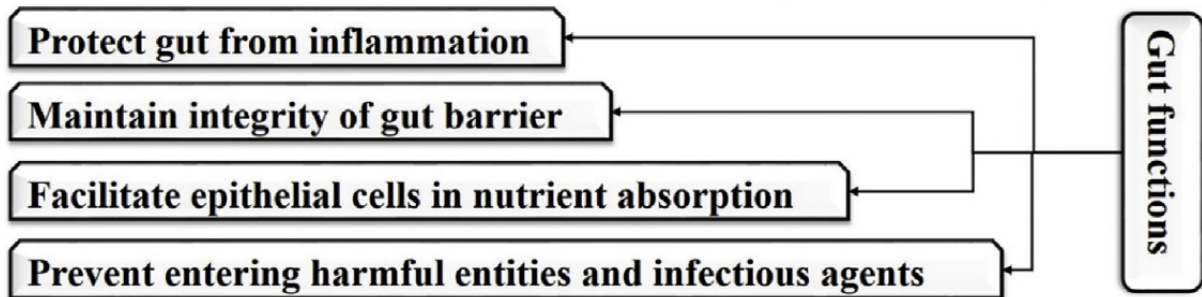
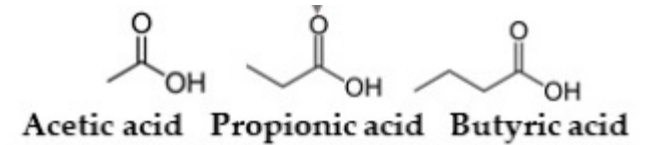
- *Roseburia intestinalis*
- *Faecalibacterium prausnitzii*
- *Enterobacterium rectale*
- *Clostridia*
- *Bifidobacterium spp*
- *Lactobacillus spp*

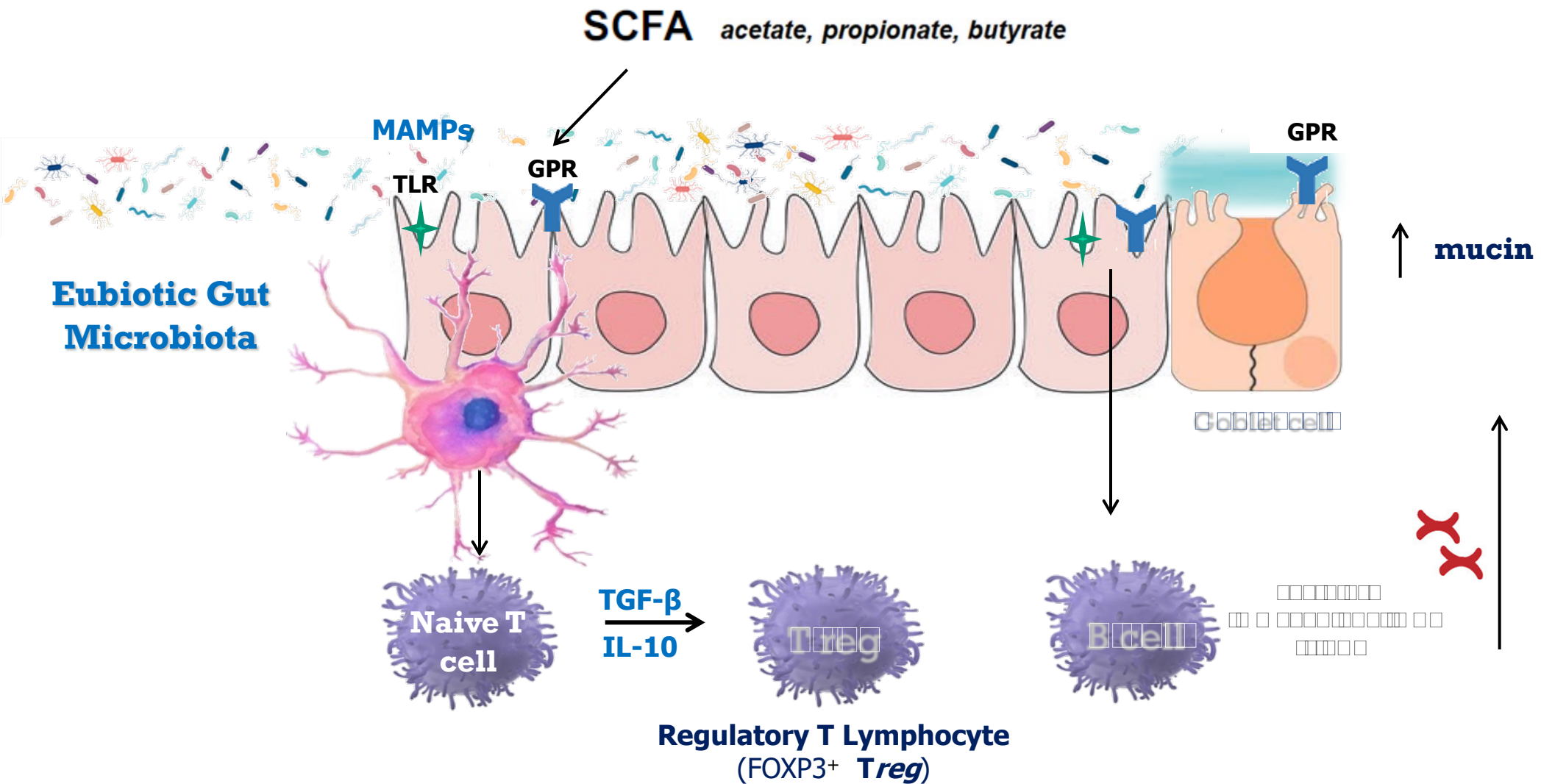
anaerobic fermentation

- *diet fibers*
- *resistant starch*



Short Chain Fatty Acids (SCFA)



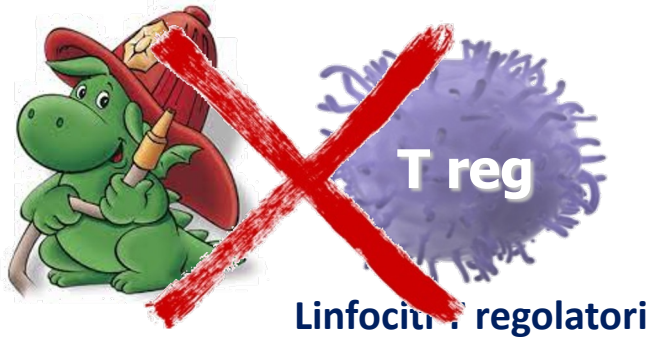
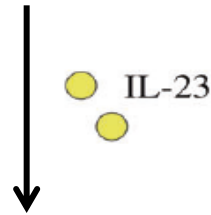


Disbiosi intestinale

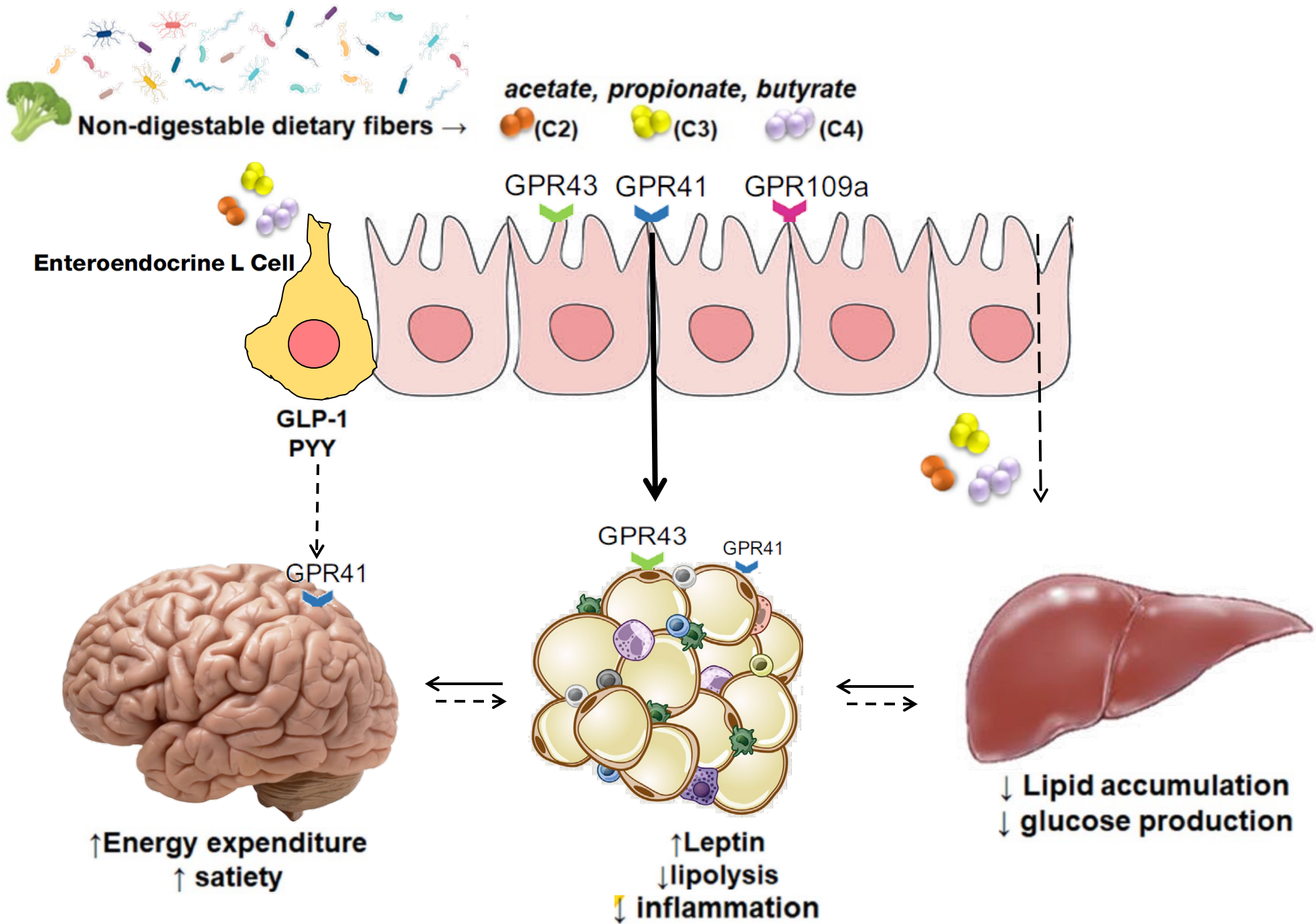


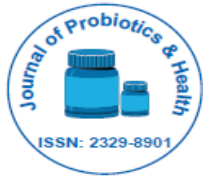
Perdita di integrità

**PAMPS
DAMS**



- **MAMPS: Microbe-Associated Molecular Patterns**
- **PAMPS: Pathogen-Associated Molecular Patterns**
- **Damage-Associated Molecular Patterns**

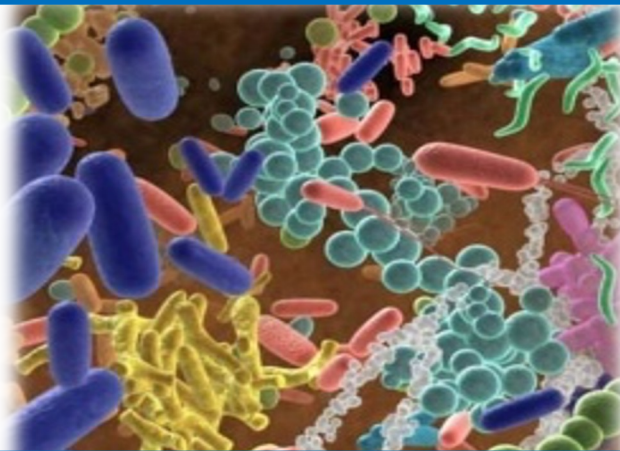




Review Article

The Importance of Being Eubiotic 2017,

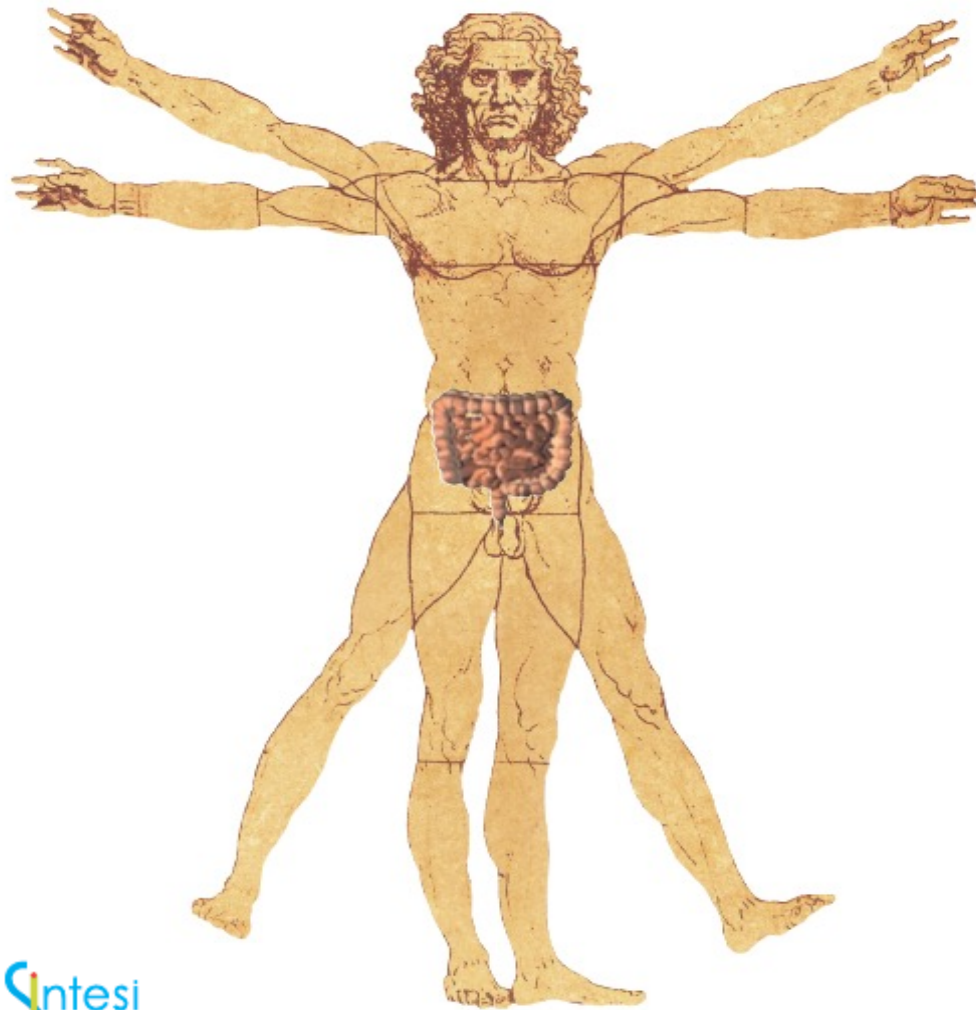
Vito Leonardo Miniello¹, Lucia Diaferio¹, Carlotta Lassandro² and Elvira Verduci^{2*}



Gut microbiota biomodulators, when the stork comes by the scalpel

Vito Leonardo Miniello ^{*}, Angela Colasanto, Fernanda Cristofori, Lucia Diaferio, Laura Ficele, Valentina Santoiemma, Ruggiero Francavilla

L'organo fragile



Sntesi
InfoMedica

Vito Leonardo Miniello

Modalità
del **parto**

Modalità
allattamento

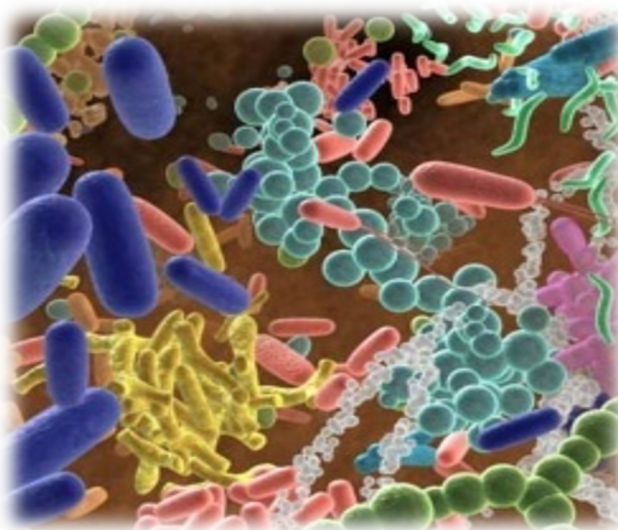
Antibiotici
Ferro PPI

Apgar score
LGA



Eubiosi

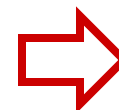
Microbiota bilanciato e
diversificato



Disbiosi

Alterata composizione
(non diversificata, 'povera')

Disregolazione
immunitaria e metabolica

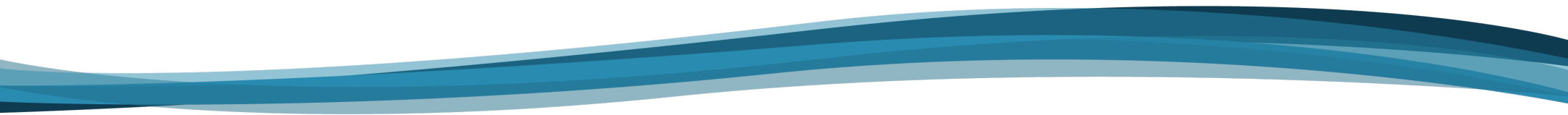


*“Prega per noi adesso
e nell’ora della nostra nascita”
Thomas Stearns Eliot*



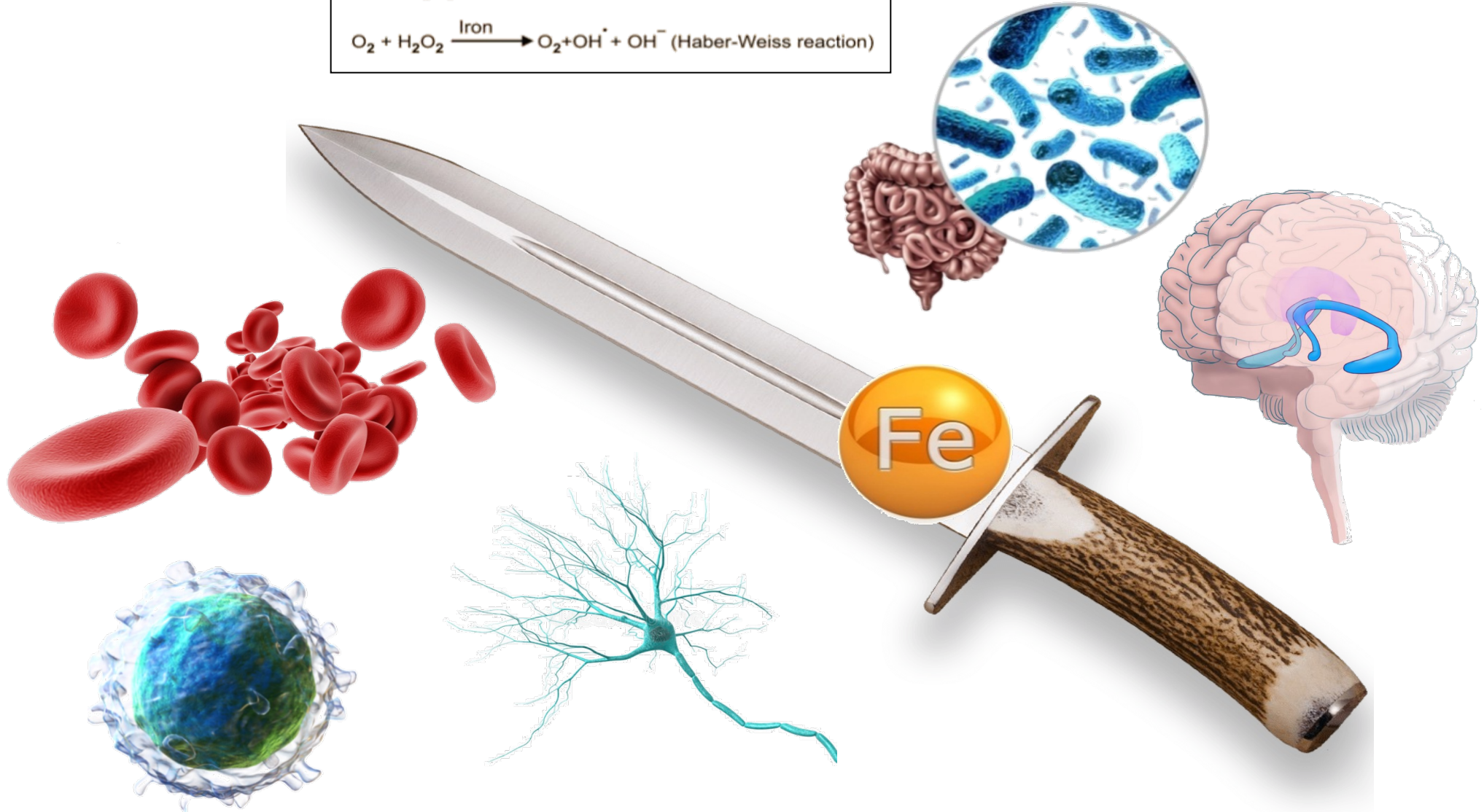
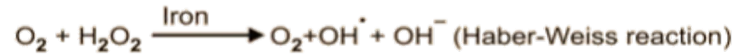


**EVIDENCE
BASED
MEDICINE**



Complementary Feeding and Iron Status: “The Unbearable Lightness of Being” Infants

V.L. Miniello et al. *Nutrients* 2021



Administration of ferrous sulfate drops has significant effects on the gut microbiota of iron-sufficient infants: a randomised controlled study

Kotryna Simonyté Sjödin,¹ Magnus Domellöf,¹ Carina Lagerqvist,¹ Olle Hernell,¹ Bo Lönnerdal,² Ewa A Szymlek-Gay,³ Andreas Sjödin,⁴ Christina E West,¹ Torbjörn Lind¹

Gut 2018



1.2 mg Fe/day

Low-iron formula



6.6 mg Fe/day

High-iron formula



no-added-iron
formula

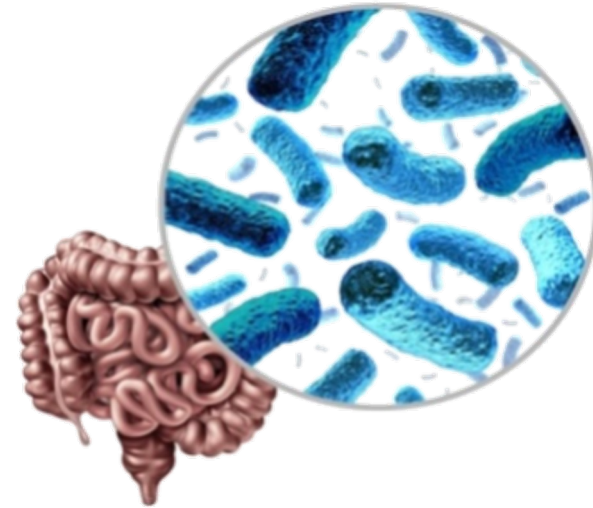


6.6 mg Fe/day

To summarise, in healthy, non-anaemic Swedish infants, consumption of high-iron formula is associated with significantly lower abundance of bifidobacteria compared with low-iron formula, and



$p < 0.001$



administration of iron as drops, even in a dose comparable with the daily iron requirement and for a short time, leads to decreased relative abundance of lactobacilli and potentially increases susceptibility to bacterial infection.



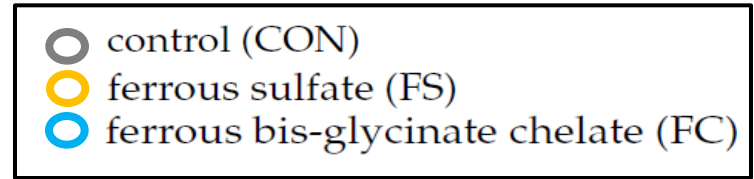
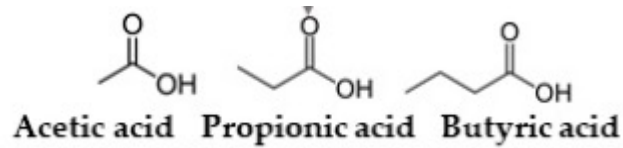
$p < 0.007$

Gut Microbiome Alterations following Postnatal Iron Supplementation Depend on Iron Form and Persist into Adulthood

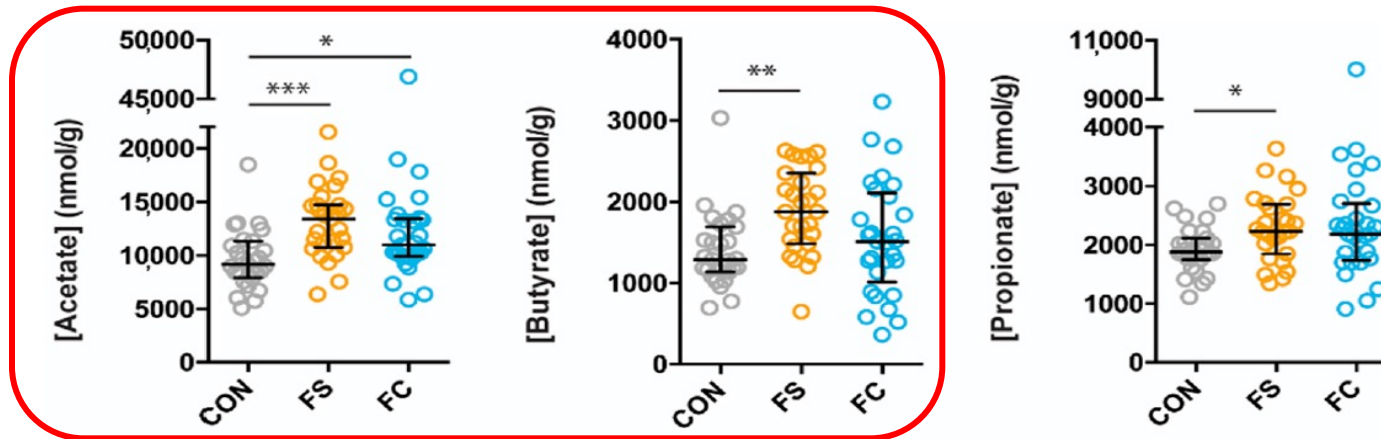


Recent evidence suggests that iron alters development of the gut microbiota in infants [8,19]. The developing microbiota confers an array of health benefits for the infant, such as improved intestinal barrier function and nutrient absorption, as well as infection resistance [21–25]. The development of the microbiota is influenced by the infant’s diet [26,27]. Iron salts, such as ferrous sulfate (FS), are commonly used in supplements and infant formula, despite relatively low bioavailability—only 10% of FS iron is absorbed by infants [28]. Unabsorbed iron in the gut may exert effects on the microbiota [10,19,29–31]. Postnatal iron administration has been shown to suppress typical populations comprising the commensal bacteria and promote pathogen-associated bacteria, which may consequently potentiate adverse development outcomes [10,29–32].

Acidi grassi a catena corta (SCFA)



Cecal metabolite differences due to iron form



differences in metabolite concentrations were largely due to FS treatment



fimp
Federazione Italiana
Medici *Pediatrui*



SIDOHaD
Società Italiana
Developmental Origins of
Health and Disease







2010
2019

2014
2017





2019

2021





Term infants, 0 to 6 months

CPS [20]	AAP [8,21]	ESPGHAN [19,22]	Italian Intersociety Document
			
2019	2019	2017	2021
<p>Exclusive breastfeeding is sufficient to meet iron requirements until 6 months of age</p>	<p>Exclusive breastfeeding is sufficient to meet iron requirements until 4 months of age</p>	<p>Exclusive breastfeeding is sufficient to meet iron requirements until 4 months of age</p>	<p>Iron stores acquired prenatally along with a small amount of iron from breast milk are adequate to meet the needs for full-term infants</p>
<p>Formula-fed infants: Iron-fortified formula</p>	<p>Exclusively or >50% breastfed infants: 1 mg/kg/day iron supplement from 4 to 6 months</p> <p>Formula-fed infants: formula containing 4 mg/L to 12 mg/L of iron</p>	<p>Formula-fed infants: formula containing 4 mg/L to 8 mg/L iron</p>	<p>Exclusive breastfeeding is sufficient to meet iron requirements until 6 months of age</p> <p>Exclusively or >50% breastfed infants are not at risk for inadequate intakes</p> <p>Formula-fed infants: formula containing 4 mg/L to 8 mg/L iron</p>





Term infants, 0 to 6 months

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Term infants, 0 to 6 months

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Term infants, 7 to 12 months

CPS [20]	AAP [8,21]	ESPGHAN [19,22]	Italian Intersociety Document
			
<p>2019</p>	<p>2019</p>	<p>2017</p>	<p>2021</p>
<p>Continued breastfeeding with the introduction of iron-rich complementary foods at about 6 months</p> <p>Delay cow's milk until 9 to 12 months of age (then limit to 750 mL/day)</p>	<p>The recommended dietary allowance (RDA) for iron, according to the Institute of Medicine (IOM), is 11 mg/day</p>	<p>0.9 to 1.3 mg/kg/day</p> <p>Delay cow's milk until 12 months of age (then limit to 500 mL/day)</p>	<p>Continued breastfeeding with the introduction of iron-rich complementary foods at 6 months</p> <p>Although bioavailability of iron from breast milk is high, the overall intake is low.</p> <p>Delay cow's milk until 12 months of age and possibly until 24 months (then limit to 200-300 mL/day).</p> <p>Routine iron supplementation is not recommended as a preventative measure against iron deficiency for healthy term infants.</p>





Reducing Iron Content in Infant Formula from 8 to 2 mg/L Does Not Increase the Risk of Iron Deficiency at 4 or 6 Months of Age: A Randomized Controlled Trial

Nutrients 2021

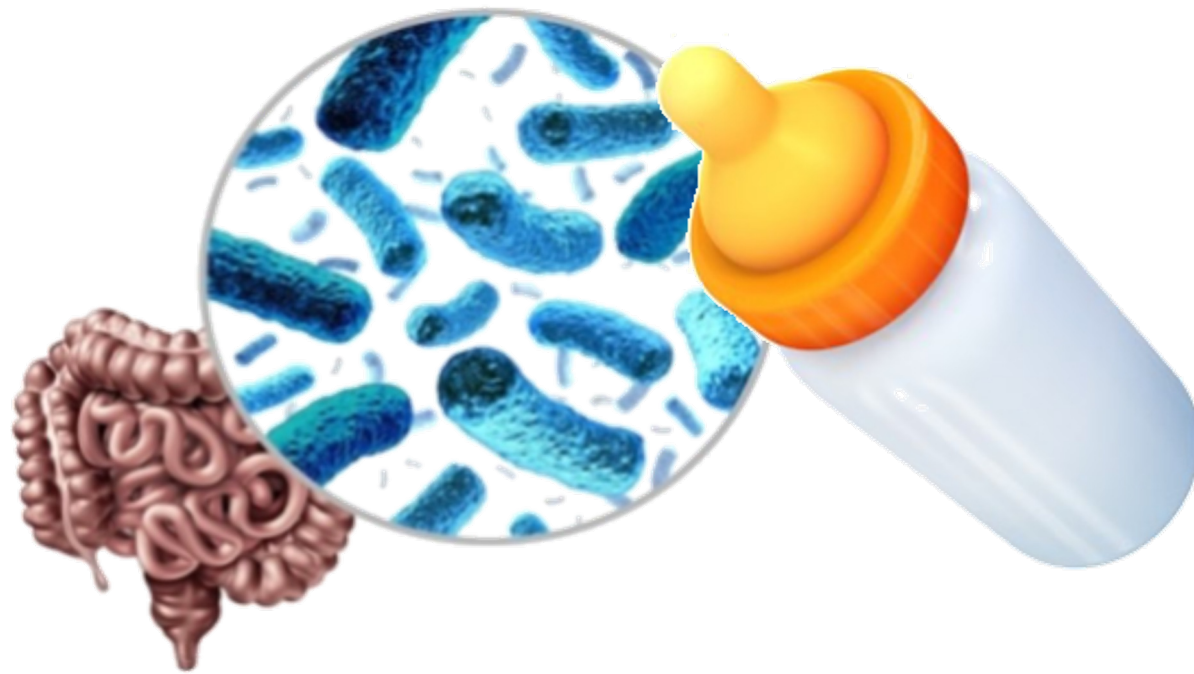


Reducing infant formula iron concentration from 8 to 2 mg/L marginally reduced iron stores but did not increase the risk of ID or IDA at 4 or 6 months of age. Additionally, adding lactoferrin had no effect on iron status and no benefits or adverse effects were observed on growth or gastrointestinal symptoms. Consequently, the study supports the conclusion that 2 mg/L is an adequate and safe level of iron fortification in a well-nourished population with low risk of ID, and that it results in an iron status more similar to breastfed infants. Future evaluations of morbidity and neurodevelopment will be performed to further compare benefits and harm of the different levels of iron fortification and lactoferrin supplementation.

Term infants, 7 to 12 months

CPS [20]	AAP [8,21]	ESPGHAN [19,22]	Italian Intersociety Document
			
2019	2019	2017	2021
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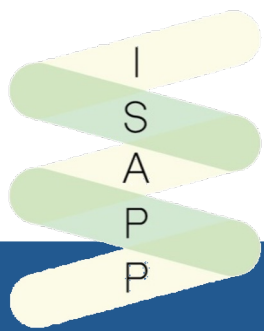
Term Infant Formulas Influencing Gut Microbiota



BIOMODULATORI DEL MICROBIOTA INTESTINALE: tra realtà e futuro



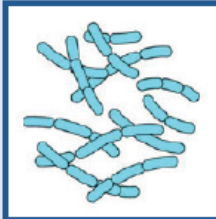
Vito Leonardo Miniello



Biomodulatori del microbiota intestinale

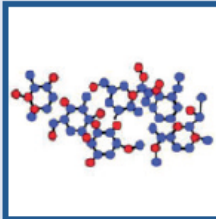
PROBIOTICI

Microrganismi vivi che, assunti in quantità adeguata, conferiscono all'organismo ospite effetti benefici sulla salute



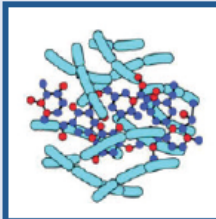
PREBIOTICI

Substrati selettivamente utilizzati dai microrganismi indigeni in grado di indurre effetti benefici sulla salute



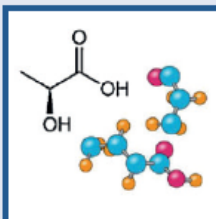
SIMBIOTICI

Associazione di prebiotici e probiotici



POSTBIOTICI

Preparazione di microrganismi non vivi e/o di loro componenti che conferisce un beneficio per la salute dell'organismo ospite

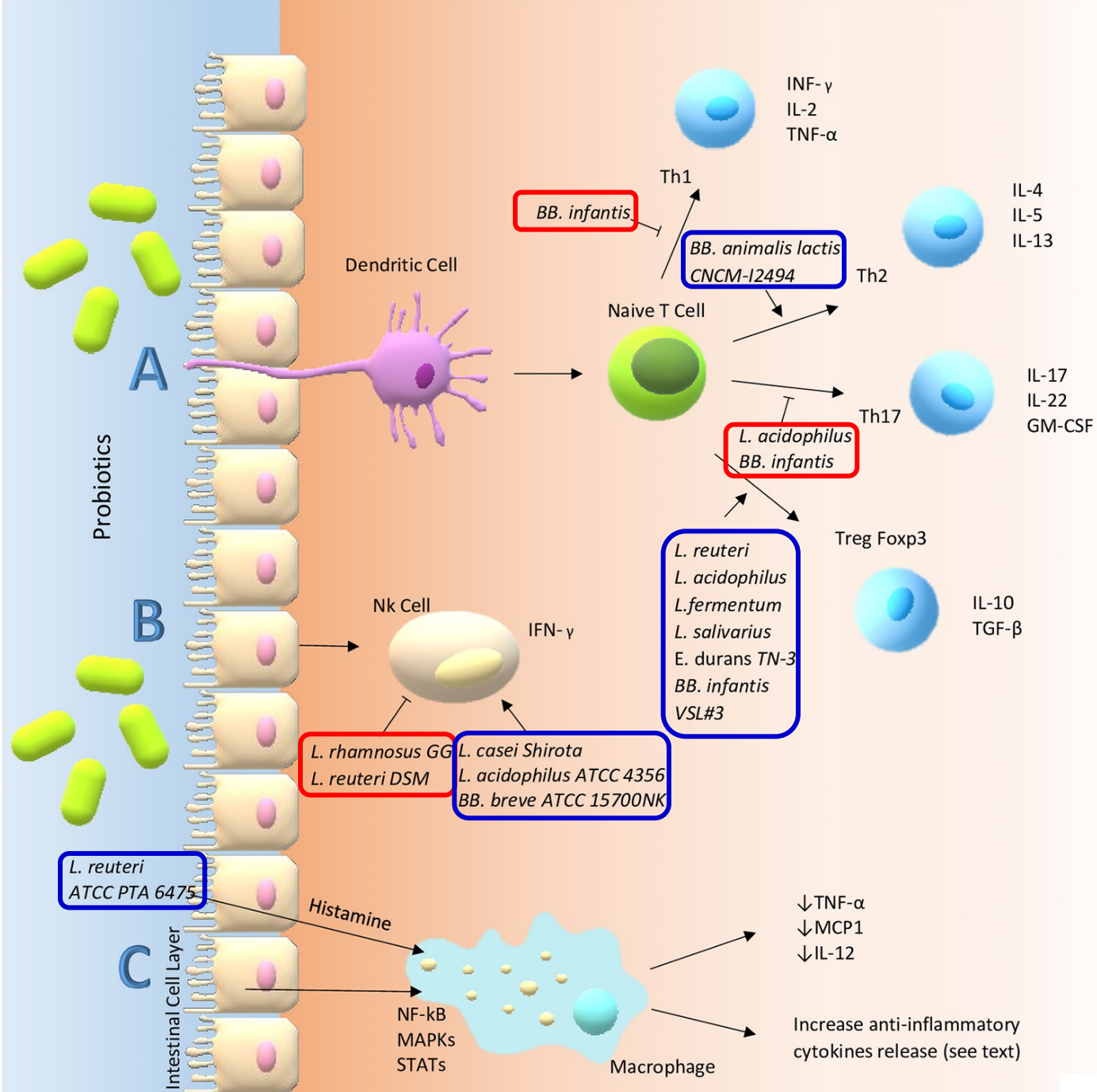


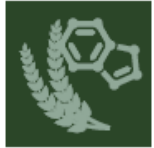
Anti-Inflammatory and Immunomodulatory Effects of Probiotics in Gut Inflammation: A Door to the Body

Fernanda Cristofori¹, Vanessa Nadia Dargenio¹, Costantino Dargenio¹, Vito Leonardo Miniello¹, Michele Barone² and Ruggiero Francavilla^{1}*

 **frontiers**
in Immunology 2021











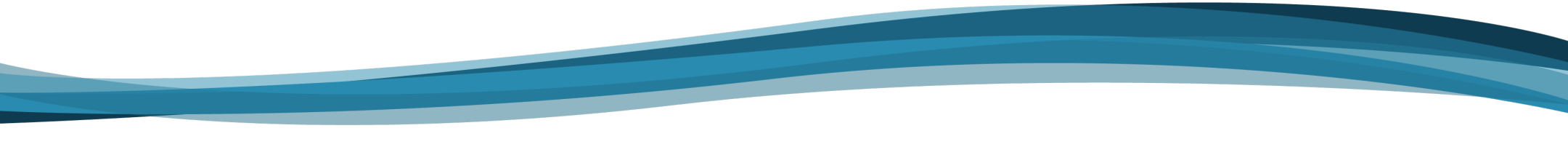
nutrients

Review

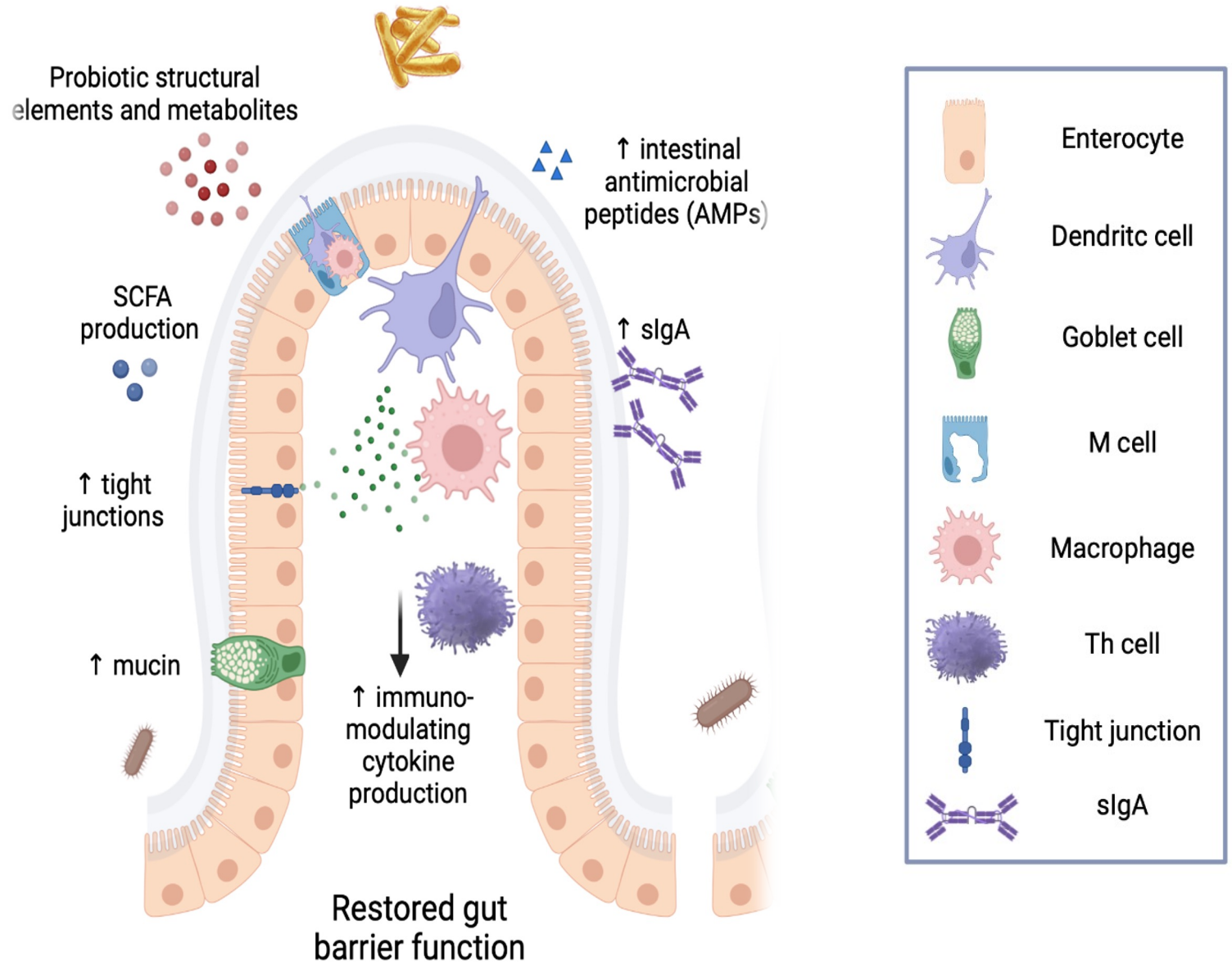
Gut Immunobiosis and Biomodulators

Vito Leonardo Miniello ¹, Andrea Miniello ², Laura Ficele ¹, Aleksandra Skublewska-D'Elia ¹,
Vanessa Nadia Dargenio ³, Fernanda Cristofori ^{3,*} and Ruggiero Francavilla ³

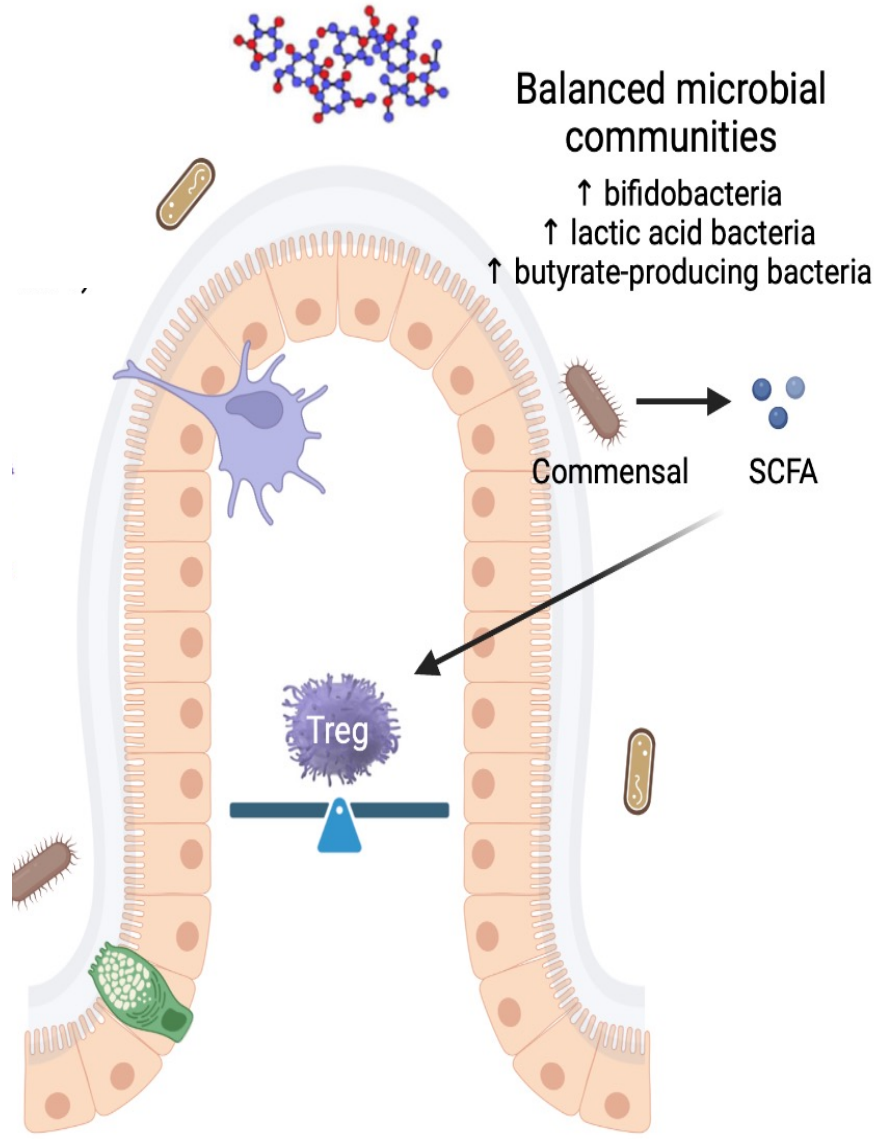
Nutrients **2023**,

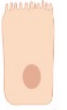









Probiotics

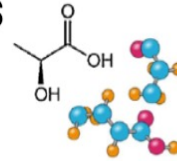


Prebiotics



	Enterocyte
	Dendritic cell
	Goblet cell
	M cell
	Macrophage
	Th cell
	Tight junction
	sIgA

Postbiotics



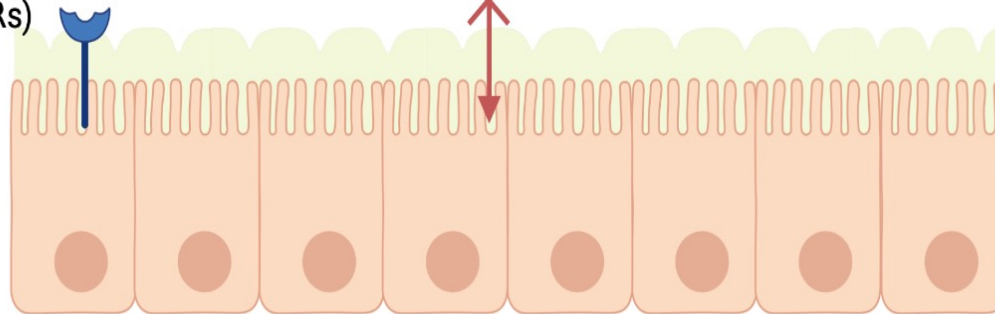
Inhibition of pathogen penetration into epithelial cells

Production of antimicrobial compounds

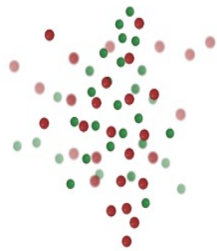


Beneficial Effect on Intestinal Barrier Function

↑ expression in Toll like receptors (TLRs)



Immune modulation



↑ **anti-inflammatory** cytokine production

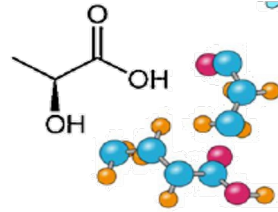
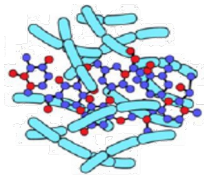
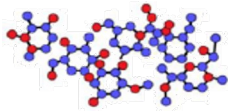
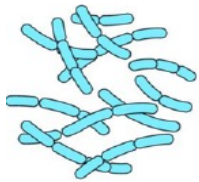
↓ **pro-inflammatory** cytokine production

Regulation of Th1- and Th2-mediated immune response



correlato funzionale ?

Gut microbiota biomodulators



**EVIDENCE
BASED
MEDICINE**

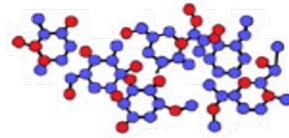
Term Infant Formulas Influencing Gut Microbiota



MIFs Enriched with Probiotics—Key Points

- The intestinal microbiota (IM) contributes to the early and healthy development of gut functions
 - Commensal microbes are essential for maturation of the immune system
 - IFs supplementation with probiotics has the purpose to modulate the activity of the intestinal microbiota of infants by modifying its balance
 - Probiotics enriched IFs have modest benefit in preventing acute gastrointestinal tract infections in healthy infants
 - Probiotics reduce the incidence of antibiotic-associated diarrhea
 - The effectiveness of probiotic supplemented IFs to reduce colic frequency, crying and irritability is debated
 - Major issues related to the use of probiotics: timing, duration of treatment
-

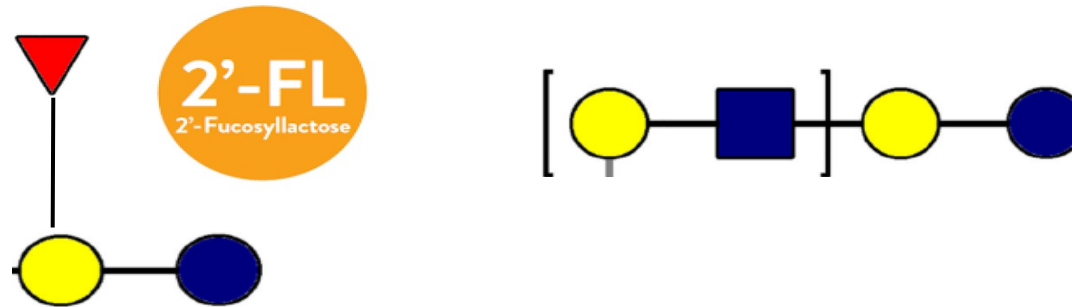
Term Infant Formulas Influencing Gut Microbiota



MIFs Enriched with Prebiotics—Key Points

- Prebiotics stimulate the establishment and maintenance of a healthy gut environment
- Commensal microbes are essential for maturation of the immune system
- Prebiotics act through selective fermentation in the GI tract, which stimulates the growth of bifidobacteria and *Lactobacilli*
- Different types of prebiotics substrates act differently on the growth of intestinal bacteria
- Prebiotics enriched IFs are associated with lower intestinal pH, with a SCFAs pattern more similar to breastfed infants
- Prebiotics enriched IFs are not associated with increased frequency of stool
- Prebiotic supplemented formulas may be considered in infants with hard stool

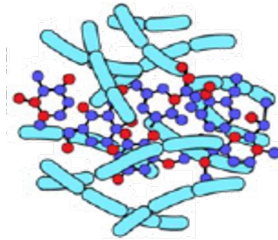
Term Infant Formulas Influencing Gut Microbiota



MIFs Enriched with HMOs—Key Points

- HMOs are non-digestible carbohydrates present in high concentrations in human milk
- HMOs play a key role in promoting intestinal microbiome composition and diversity
- HMOs prevent pathogen adhesion and could act as antiviral components
- HMOs-enriched IFs result from the addition of industrially produced HMOs of two types 2o FL and LNnT
- HMOs-enriched IFs are associated with normal infants' growth
- Incidence of GI symptoms, including flatulence, spitting up, and vomiting did not differ between HMOs-supplemented and unsupplemented IFs
- IF enriched with 2 HMOs, 2o FL and LNnT, are considered as safe and approved for use as food
- There is limited evidence regarding the potential preventive effects of supplemented IFs with one or both the above-mentioned HMOs

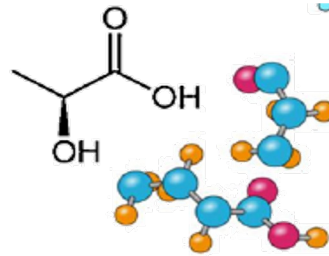
Term Infant Formulas Influencing Gut Microbiota



MIFs Enriched with Synbiotics—Key Points

- The substrates do not need to be prebiotics but should be metabolized only by the co-administered microorganism with a synergistic beneficial effect on the host
- Each component must fulfill the requirements for prebiotic or probiotic
- Synbiotics might offer an added effect on the intestinal microbiota homeostasis
- Infants' growth parameters did not differ between synbiotics-supplemented and unsupplemented IFs
- Synbiotics enriched IFs seem to be associated with reduced incidence of GI infections
- Frequency of flatulence, fussing, vomiting, crying and spitting up is not reduced in infants fed with synbiotics-enriched IFs
- No specific therapeutic indications may be provided for synbiotics-enriched IFs

Term Infant Formulas Influencing Gut Microbiota

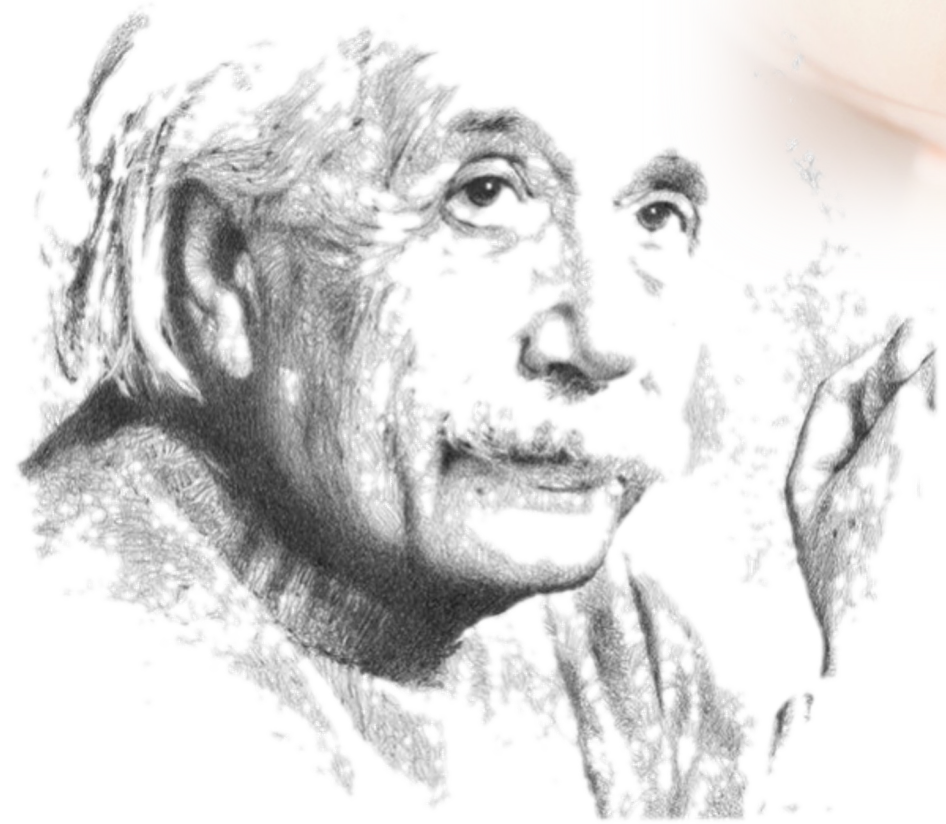


MIFs Enriched with Postbiotics—Key Points

- Postbiotics are metabolites and fragments of microorganisms resulting from fermentation with live bacteria
- Postbiotics may exert a beneficial effect in the host by pleiotropic properties
- Postbiotics influence gut epithelium and microbiota, immune system, systemic metabolism, and the nervous system. Synbiotics might offer added beneficial effects on intestinal microbiota homeostasis
- Infants' growth parameters did not differ between postbiotics-supplemented and unsupplemented IFs
- Postbiotics-enriched IFs are associated with softer stool
- Contrasting results on the efficacy of postbiotics in reducing diarrhea episodes: there is limited evidence to recommend using postbiotics for prevention or treatment of acute gastroenteritis

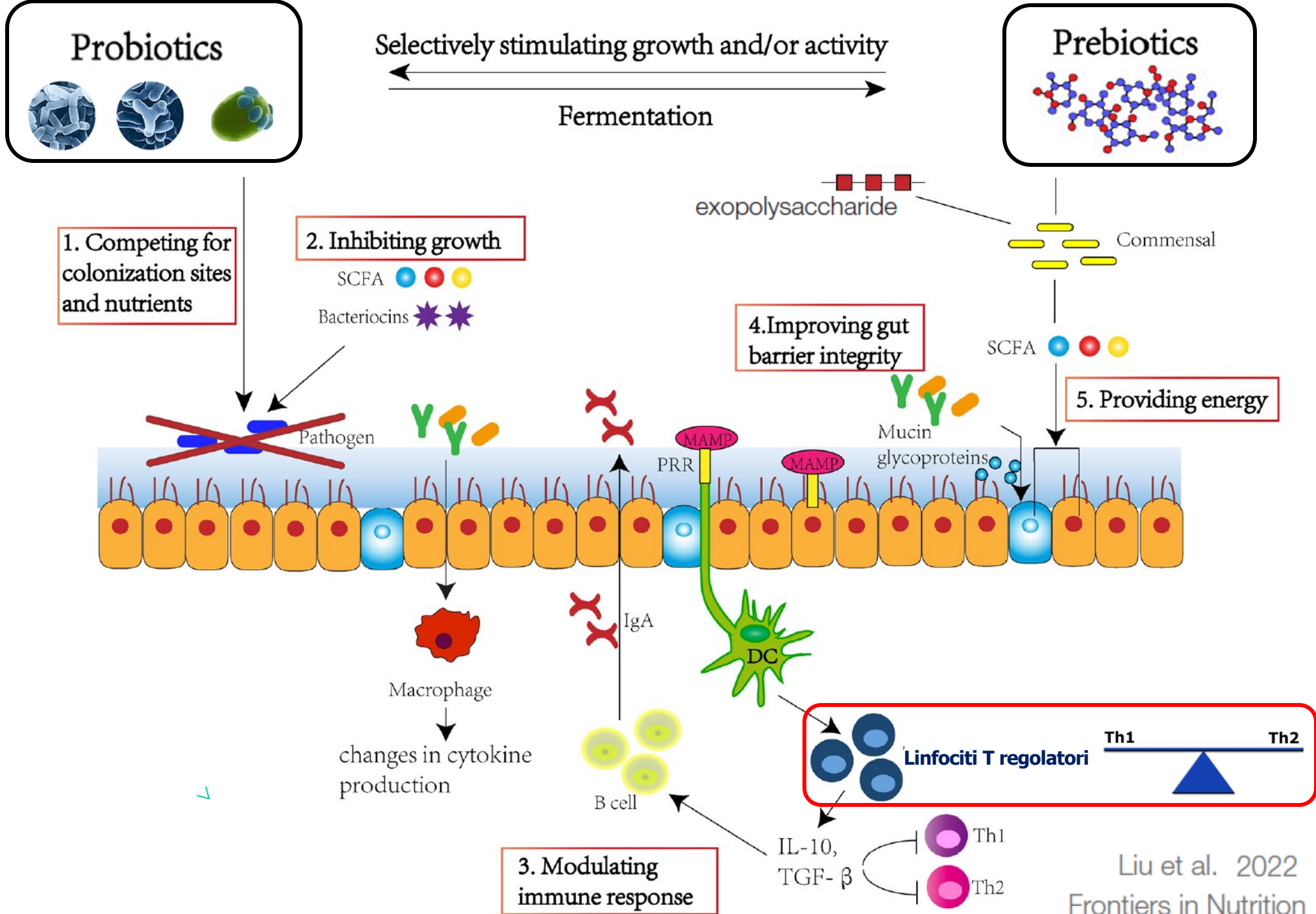


To date, there is no perfect formula that combines all the “ingredients” to exactly mimic and reproduce all the benefits of breastmilk, which itself varies interindividually (from one mother to another) and over time according to the ages of newborns and infants. The choice of infant formula is a decision made by parents from a very wide range on the market, possibly after informed advice from their doctor, pediatrician, or pharmacist, based on rather strong evidence of efficacy in line with the scientific literature.



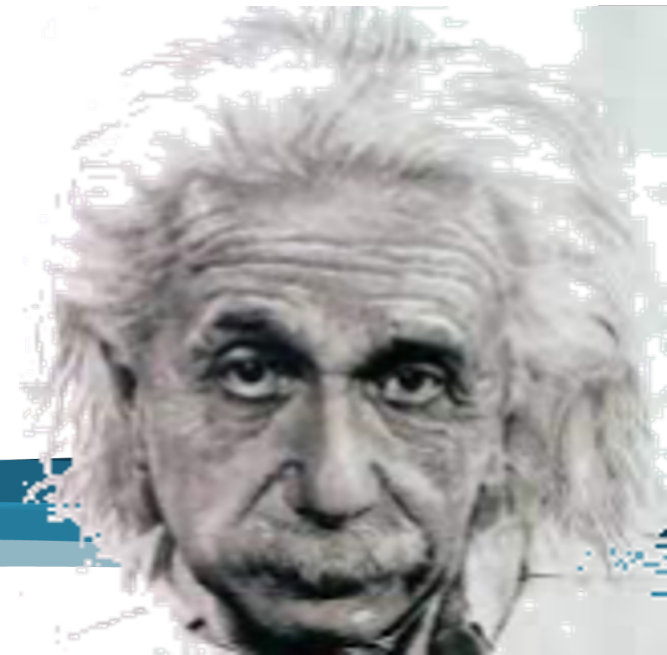
***“Ogni cosa che puoi immaginare,
la natura l’ha già creata.”***

Albert Einstein

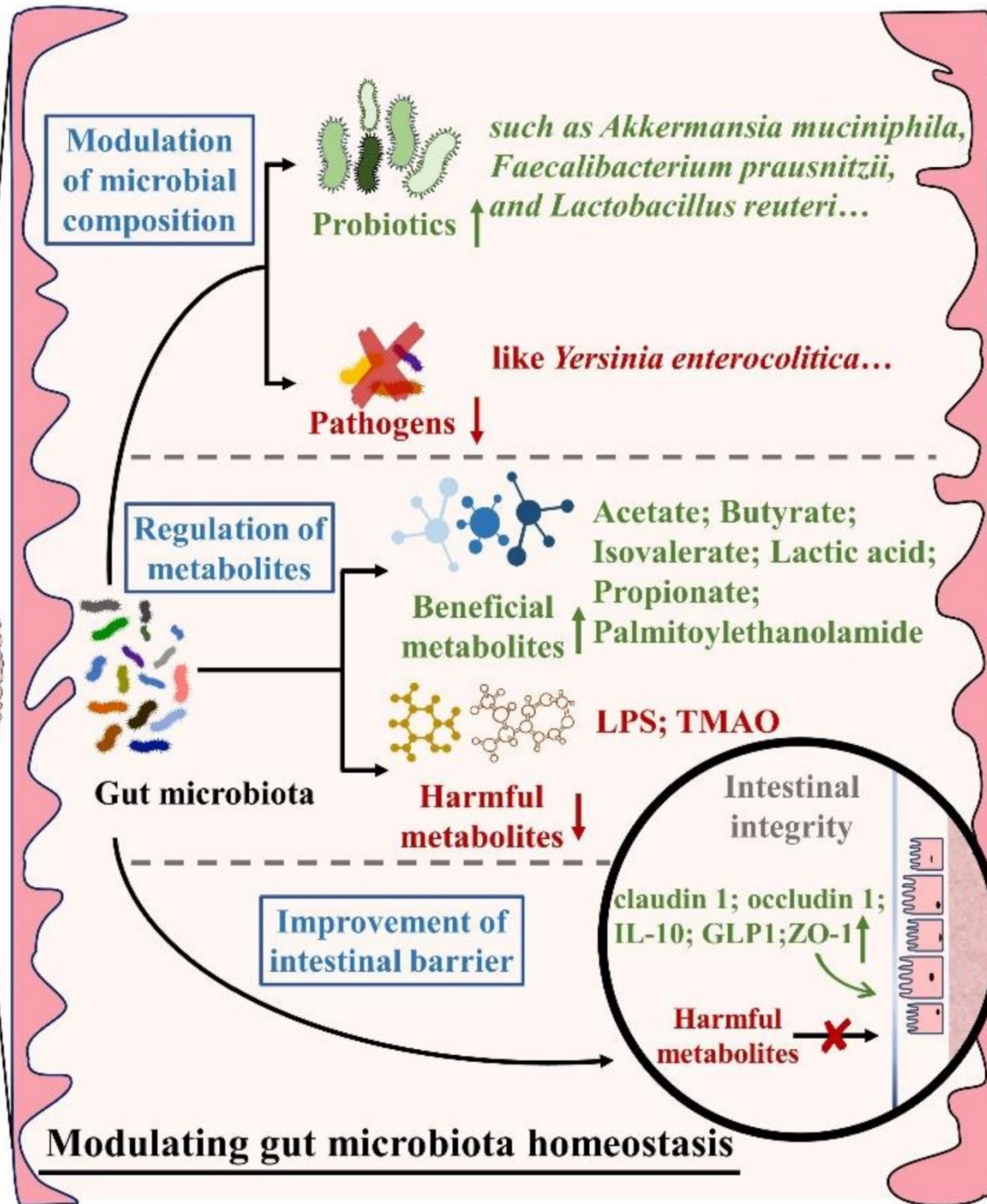
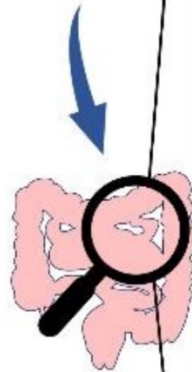


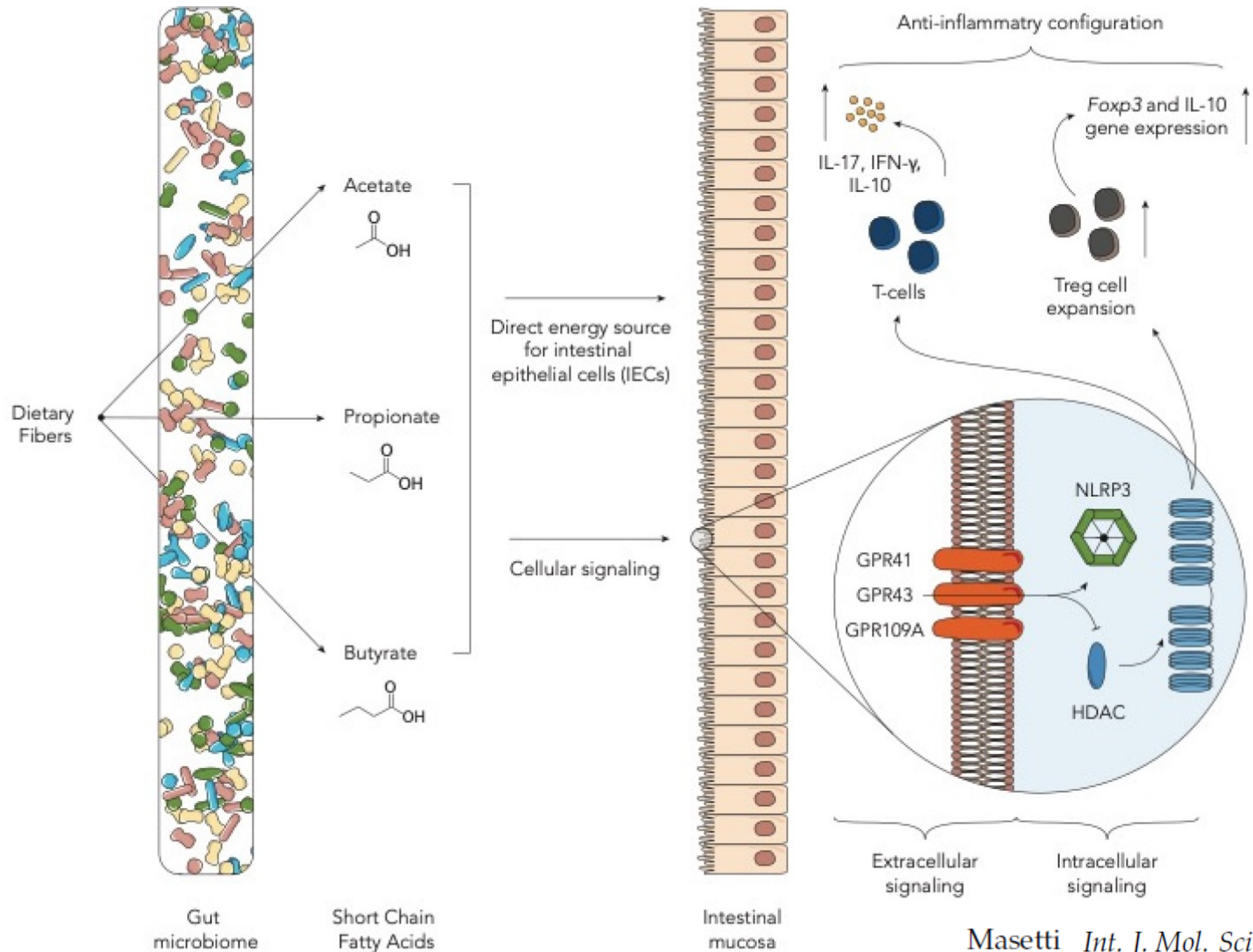


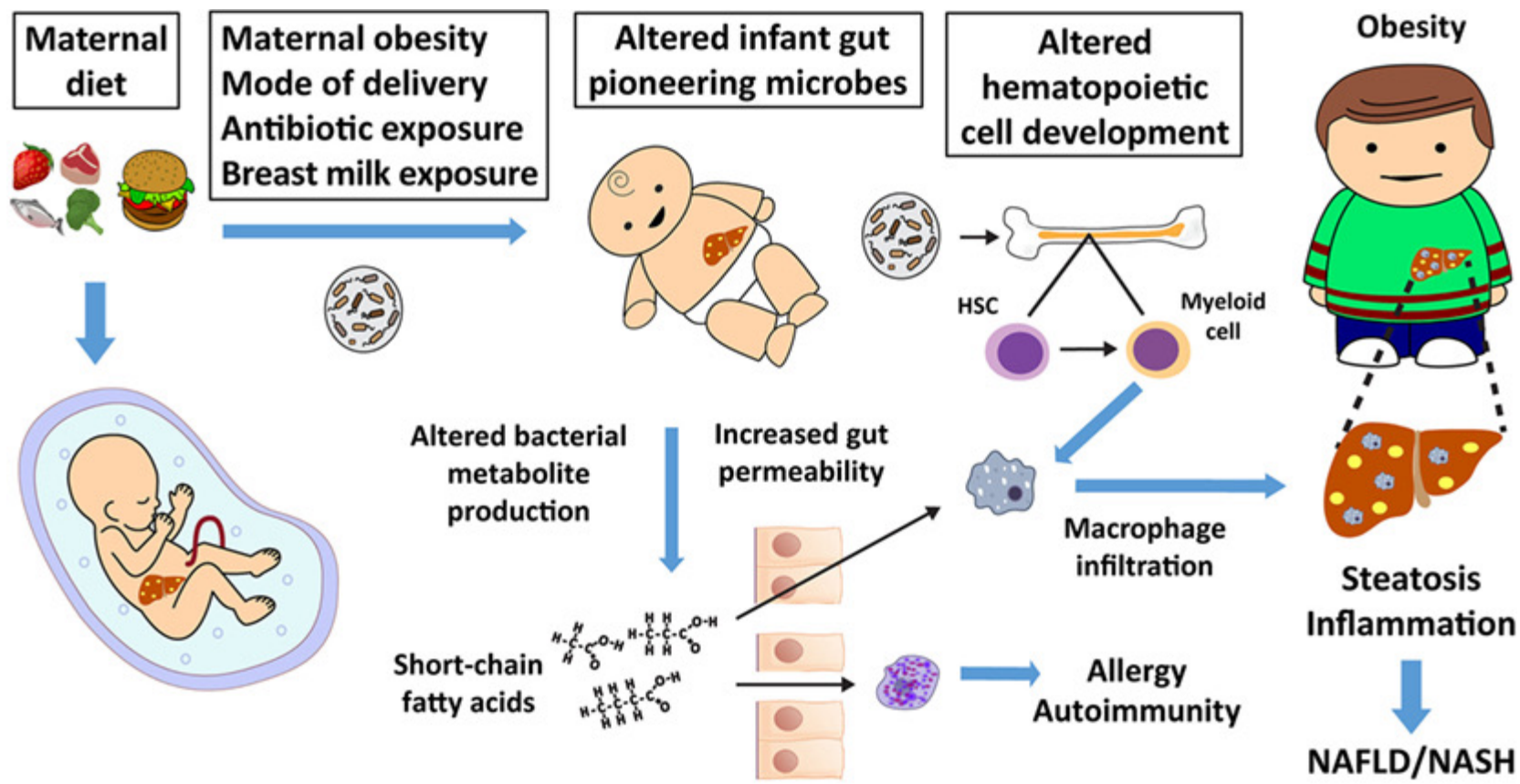
*L'uomo incontra Dio
dietro ogni porta
che la scienza riesce ad aprire.
(Albert Einstein)*



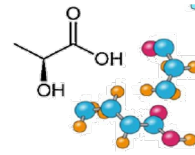
Probiotics
Prebiotics
Synbiotics
Postbiotics





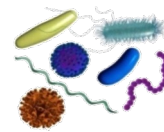


POSTBIOTICS



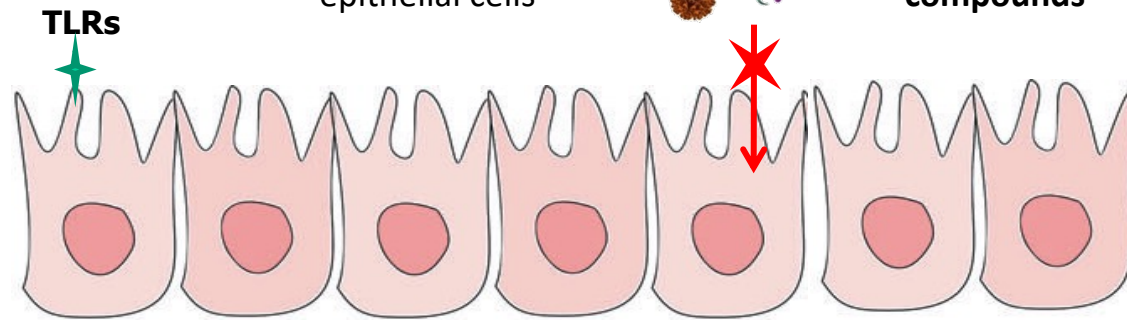
↑ expression in Toll like receptors (TLRs)

Inhibition of pathogen penetration into epithelial cells



Production of antimicrobial compounds

↑ Intestinal Barrier Function



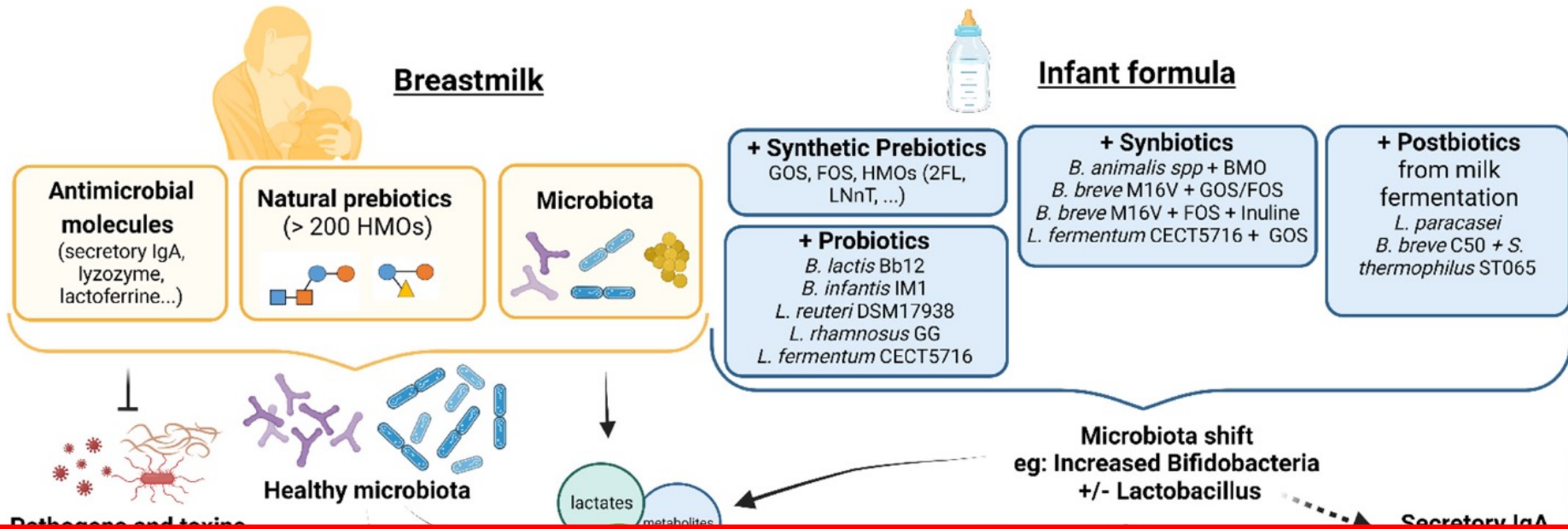
↓ pro-inflammatory cytokine production

↑ anti-inflammatory cytokine production

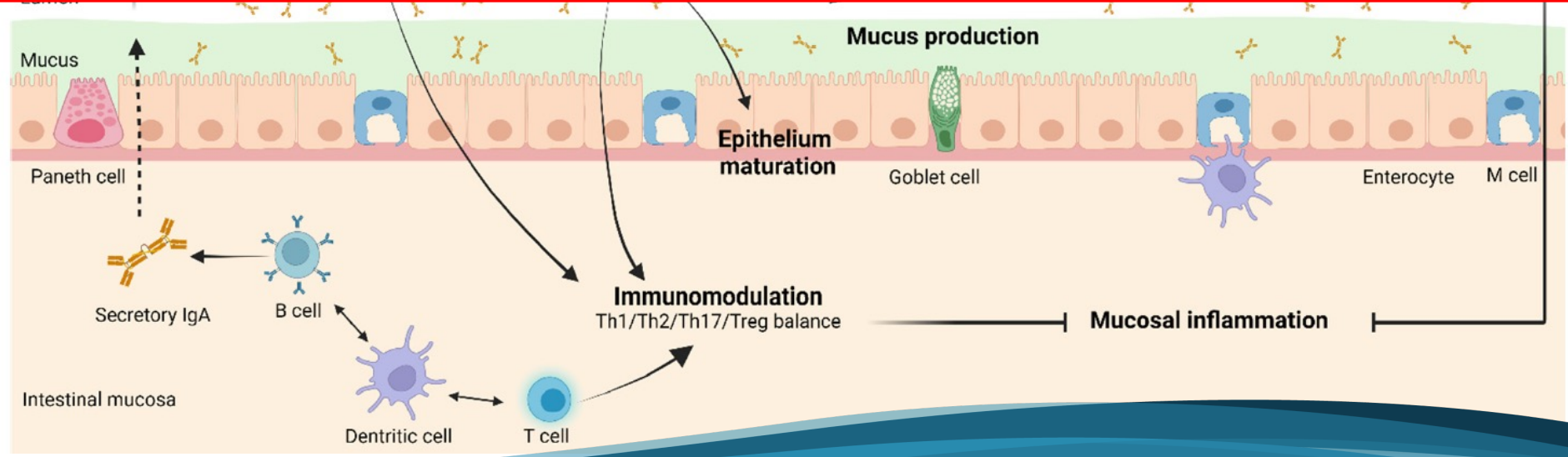
Regulation of Th1- and Th2-mediated immune responses



Immune modulation



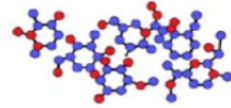
Supposed effects on the intestinal barrier, immunity, and microbiota



Probiotics



Prebiotics



Probiotic structural elements and metabolites



SCFA production



↑ tight junctions

↑ mucin



Restored gut barrier function

↑ immuno-modulating cytokine production



↑ intestinal antimicrobial peptides (AMPs)

↑ sIgA



Balanced microbial communities

↑ bifidobacteria
↑ lactic acid bacteria
↑ butyrate-producing bacteria

Commensal

SCFA

Treg

