Restorative Wellness Solutions

SIBO Breath Test Interpretation

This document is intended as background information for your use as a practitioner, and is not intended to be shared with clients. Use it for your own understanding and to act as context to guide the conversations you have with clients. The following is the SIBO Breath Test criteria required for positive diagnosis as outlined by the leading scientists in this field:

Criteria	H2 (Hydrogen)	CH4 (Methane)	H2 + CH4
NCNM	**↑ 20 ppm at any point during test within 120 minutes of lactulose**	**↑ 12 ppm at any point during test within 120 minutes of lactulose**	**↑ 15 ppm at any point during test within 120 minutes of lactulose**
Dr. Pimentel	**Any rise in H2 before 90 minutes or any rise of more than 20 ppm during test**	**CH4 levels >3 ppm at any point during test**	**n/a**

Special Interpretation Considerations:
This test can produce both false negatives and false positives.

Factors that increase the risk of false positives:

- ♣ Diarrhea/fast transit time
- ♣ Young children – especially infants
- ♣ Crohn's disease and celiac disease
- ♣ Use of laxatives, prokinetics, and other drugs that increase transit time

Factors that increase the risk of false negatives:

- ♣ Constipation
- ♣ Elderly
- ♣ Gastroparesis, GI motility disorders, intestinal pseudo-obstruction
- ♣ PPIs, opiates, and other drugs that decrease transit time

Prescription Medications for SIBO:
The following are the recommended SIBO prescriptions based on the work of Drs. Alison Siebecker, Mark Pimentel, and Chris Kresser. Please refer your client to a medical professional experienced in working with SIBO for prescribing the medications.

Please note: SIBO may (and often does) require multiple rounds of antibiotic treatments. Retesting should be based on how the client feels and type of protocol.

Special Considerations for Prescriptive Medication:

- When H2 is elevated, Rifaximin (brand name Xifaxan) is used. Adult dose: 550 mg TID (3 times daily)
- When CH4 is elevated with H2, Neomycin is added to the protocol. Adult dose: 500 mg BID (twice daily)

Medications for SIBO are expensive and may cost less here:
https://www.pharmacychecker.com/generic/price-comparison/rifaximin/550+mg/

Rifaximin Duration Based on Lactulose Breath Test (Source: Chris Kresser)

H2 Level at 80-90 min.	Sum of H2 levels at 80-90 min.	Prescription Duration
<45 ppm	<160 ppm	4 weeks
45-70 ppm	160-250 ppm	8 weeks
>70 ppm	>250 ppm	12 weeks

Rifaximin + RWS SIBO Protocol Duration Based on Lactulose Breath Test

This combination protocol adds in natural agents to enhance the effectiveness of the antibiotic protocol by providing foundational support, healing the damaged intestinal lining, adding a natural antimicrobial agent and biofilm disruptor to increase effectiveness of antibiotics, and supporting the migrating motor complex.

H2 Level at 80-90 min.	Sum of H2 levels at 80-90 min.	Protocol Duration
<45 ppm	<160 ppm	2 weeks
45-70 ppm	160-250 ppm	3 weeks
>70 ppm	>250 ppm	4 weeks

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Special Considerations for Combination Protocol:

- Rifaximin dose is reduced is 1200 mg/day (400 mg TID)
- Requires less time due to increased efficacy of Rx and natural agents
- May be more practical to reduce cost and duration of therapeutic program

Combination Protocol:

Therapeutic Agent	Dosage
Rifaximin	Based on test results
Neomycin	Based on presence of CH4
HCl	To tolerance
Enzymes and Biliary Support	As needed
GI Synergy	1 packet 3x per day away from food
Interfase Plus	3 caps 2x per day w/ GI Synergy
Glucomannan	2 caps 20 min. before meals
Prescript-Assist	1 cap w/ breakfast and evening meal
MegaSporeBiotic	2 caps after lunch
Therbiotic Complete	1 cap per day (only if CH4 is elevated)
Motil-Pro	1-2 2x per day (if constipation is present)