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**Important:** You cannot reach our campus from southbound SW Naito Parkway. For detailed directions and bus route information, please visit our website at ncnm.edu.

**Small Intestine Bacterial Overgrowth (SIBO)**

**Associated Conditions**

- Acromegaly
- Alcohol Consumption (moderate intake)
- Anemia
- Autism
- Celiac Disease
- Crohn's Disease
- Chronic Fatigue Syndrome
- CLL (Chronic Lymphocytic Leukemia)
- Cystic Fibrosis
- Diabetes
- Diverticulitis
- Erosive Esophagitis
- Fibromyalgia
- GERD (Gastroesophageal Reflux Disease)
- H. Pylori Infection
- Hypochlorhydria
- Hypothyroid / Hashimoto's Thyroiditis
- IBS (Irritable Bowel Syndrome)
- Interstitial Cystitis
- Lactose Intolerance
- Leaky Gut
- Liver Cirrhosis
- Lyme Disease
- Muscular Dystrophy (myotonic Type 1)
- NASH / NAFLD
- Obesity
- Pancreatitis
- Parasites
- Parkinson's Disease
- Prostatitis (chronic)
- Restless Leg Syndrome
- Rheumatoid Arthritis
- Rosacea
- Scleroderma
- Ulcerative Colitis
What is SIBO?
Small Intestine Bacterial Overgrowth is chronic overgrowth of bacteria in the small intestine. These bacteria normally live in the gastrointestinal tract, but not in such abundance.

The bacteria interfere with normal digestion and absorption of food, and are associated with damage to the lining or membrane of the small intestine.

SIBO symptoms
Bloating
Belching
Cramps
Constipation
Diarrhea
Heartburn (reflux or GERD)
Flatulence
Abdominal pain
Nausea
Food sensitivities
Headaches
Joint pain
Fatigue
Skin rashes
Respiratory symptoms (such as asthma)
Mood symptoms (such as depression)
Brain symptoms (such as autism)
Eczema
Steatorrhea (fatty stools)
Iron deficiency anemia
Vitamin B12 deficiency

How is the test done?
Breath testing measures the hydrogen and methane gas produced by bacteria in the small intestine that has diffused into the blood, then lungs, and expired. These are gases produced by bacteria, not by humans. The gas is graphed over three hours and compared to a research-derived baseline measurement. Patients drink a solution of lactulose after a one- or two-day preparatory diet. The diet removes much of the food that would feed the bacteria, allowing for a clear reaction to the sugar drink.

Is the test accurate?
Sampling the contents of the small intestine is challenging. Endoscopy only reaches into the top portion, and colonoscopy only reaches the last portion. The middle portion (about 17 feet) is not accessible, other than by surgery. Stool testing predominantly reflects the large intestine. False positives are rare and caused by improper preparation or collection. False negatives are avoided by measuring methane in addition to hydrogen.

The information presented in this brochure is a collaborative effort using research provided by Dr. Allison Siebecker. More information is available on her website: www.siboinfo.com