MICROBIOME BANK · PARENTS' GUIDE

Autism and digestive symptoms: what is worth knowing before you decide

A short, honest summary of microbiota transfer therapy (MTT) — and a two-week symptom diary at the end.

1. What this treatment is aimed at — and what it is not

A significant proportion of children living with autism spectrum disorder also have recurrent **constipation, diarrhoea, bloating or abdominal pain**. In microbiota transfer therapy we deliver gut microbiota from a thoroughly screened, healthy donor in capsule form, so that the disturbed balance of the gut flora can settle.

> **What we promise — and what we do not**
> **What we promise:** that we will deal realistically with the digestive symptoms, starting from a measurable baseline, and that we will tell you if we see no result. **What we do not promise:** that the symptoms of autism will go away. Today's data do not support that, and anyone who promises you such a thing is claiming more than has been proven.

2. What the studies so far show

Digestive symptoms — this is where the data are strongest

In the study by the Arizona research group, gastrointestinal symptom severity changed as follows compared with the baseline value:

Reduction in digestive symptom severity

Change from the baseline GSRS score, the same group of 18

Open-label study and its two-year follow-up, 18 participants (7–16 years), without placebo control. Taking several studies together, the reduction ranged between 35–82%.

Behavioural symptoms — a more mixed picture

In the two-year follow-up the autism severity score was 47% lower, and 44% of the participants fell below the diagnostic threshold — but in a study without placebo control. In the **only double-blind, placebo-controlled trial to date** (41 children), significant improvement was also found on the behavioural scales. In another study with a control group, however, there was no significant difference on the score based on structured clinical observation. In short: **the improvement perceived by parents and by doctors is more consistent than what structured observation has shown so far.**

Safety

A review pooling the data of 394 children and adolescents (2–17 years) **found no serious adverse events**. The complaints reported were mild and temporary: diarrhoea, abdominal discomfort, slightly raised temperature, skin rash, and in some cases irritability or sleep disturbance.

3. Is my child suitable for this?

We can typically help if

- there is a persistent digestive complaint alongside an ASD diagnosis
- the complaints have lasted at least 3 months
- dietary or medication steps have not brought lasting improvement
- there is a treating physician following the process
- the protocol lasting 6–8 months and the diary are manageable

At present we cannot take this on if

- the child is immunosuppressed or undergoing cancer treatment
- there is a serious underlying illness
- there is an acute infection, fever, or an unexplained abdominal condition
- there is no treating physician following the child, or you do not accept the specialist we offer
- the family expects the behavioural symptoms to disappear

4. The process and the decision points

Step	What you get	Price	Must you continue?
1. Callback, pre-screening	a 15-minute conversation, clarifying suitability	free of charge	no
2. FindBiome compatibility test	Donor–recipient matching + DynaMAP baseline (4×15 capsules) — at the same time **low-dose MTT**, this is where the therapy begins	from €1,140	no
3. Evaluation, LOT selection, exposome consultation	Evaluation of the test and selection of the LOT, together with an assessment of environmental and lifestyle exposures, and setting the goals together	€185	no
4. TransferBiome course	Therapeutic-dose phase, a minimum of 60 days, then gradual tapering (60 capsules / 3×60 capsules)	from €1,350	–

We assemble the ordered capsules **within 72 hours** and hand them over to the courier service ready for shipping. If the compatibility test does not show a matching donor, we do not recommend continuing.

What happens when. The microbiota transfer already starts with the compatibility test, **in week 1**, at a low dose. In **week 5** we evaluate the test and select the LOT, and in **week 10** we determine the therapeutic dose — this is where the full-dose phase of at least 60 days begins. Stability has to be reached **by week 18**; that is when it is decided whether we begin the gradual tapering. The full protocol, together with the tapering, takes 6–8 months.

5. Practical information

Can my child swallow the capsule? The capsules can be opened if needed, and their contents can be mixed into cold food or drink (for example apple purée, a favourite fruit juice or yoghurt). With small children and selective eaters we go through this separately at the consultation.

Where does the donor material come from? Every donor goes through the DSQ donor screening framework: pathogen panel, parasitology, serology, medical history and lifestyle screening. Every capsule we ship can be traced back to the donor by its LOT number.

What happens if nothing improves? There are three decision points in the process — at weeks 5, 10 and 18 — and you can stop at any of them. If the diary shows no meaningful change, we do not recommend going further. We do not build on automatic repetition.

What should you take to your treating physician?
This guide and the completed symptom diary. We have written separate material for colleagues: **MTT Clinical Protocol Guide v7.1** — we will send it on request, or it can be downloaded from our website.

Digestive symptom diary — 14 days

Fill it in daily, if possible at the same time of day. The completed diary is useful in itself: it gives a more accurate picture of your child's complaints, and if you do go ahead, it will be the baseline.

Child's first name / identifier: _____ **Age:** _____ **Diary start:** _____

Day	Number of stools	Bristol 1–7	Abdominal pain 0–3	Bloating 0–3	Appetite 0–3	Sleep 0–3	Mood / irritability 0–3	Note (diet, medication, event)
Day 1								
Day 2								
Day 3								
Day 4								
Day 5								
Day 6								
Day 7								
Day 8								
Day 9								
Day 10								
Day 11								
Day 12								
Day 13								
Day 14								

Bristol scale (stool form): 1 = hard, separate lumps · 2 = sausage-shaped, lumpy · 3 = sausage-shaped, with cracks on the surface · 4 = smooth, soft sausage *(ideal)* · 5 = soft blobs with clear-cut edges · 6 = mushy, fluffy pieces · 7 = entirely liquid. **0–3 scale:** 0 = none · 1 = mild · 2 = moderate · 3 = severe.

> **When should you contact the treating physician without delay?**
> If there is blood in the stool, persistent fever, severe abdominal pain, vomiting or significant weight loss — these belong to a medical examination, not to the diary.

References: Kang DW, et al. *Microbiome* 2017;5:10. · Kang DW, et al. *Scientific Reports* 2019;9:5821. · Wan et al. *Clinical and Translational Medicine* 2024;14:e70006. · *Nutrients* 2025;17(13):2250. · *Medicina* 2026;62(1):65. · *Frontiers in Microbiology* 2025;16:1648118.