



Slater, Mariel and Rivett, Damian W. and Williams, Lisa and Martin, Matthew and Harrison, Timothy W. and Sayers, Ian and Bruce, Kenneth D. and Shaw, Dominick E. (2014) The impact of azithromycin therapy on the airway microbiota in asthma. *Thorax*, 69 (7). pp. 673-674. ISSN 1468-3296

Access from the University of Nottingham repository:

<http://eprints.nottingham.ac.uk/32641/1/Slater%20Thorax%202014.pdf>

Copyright and reuse:

The Nottingham ePrints service makes this work by researchers of the University of Nottingham available open access under the following conditions.

- Copyright and all moral rights to the version of the paper presented here belong to the individual author(s) and/or other copyright owners.
- To the extent reasonable and practicable the material made available in Nottingham ePrints has been checked for eligibility before being made available.
- Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.
- Quotations or similar reproductions must be sufficiently acknowledged.

Please see our full end user licence at:

http://eprints.nottingham.ac.uk/end_user_agreement.pdf

A note on versions:

The version presented here may differ from the published version or from the version of record. If you wish to cite this item you are advised to consult the publisher's version. Please see the repository url above for details on accessing the published version and note that access may require a subscription.

For more information, please contact eprints@nottingham.ac.uk

The impact of azithromycin therapy on the airway microbiota in asthma

INTRODUCTION

There is interest in the use of macrolide antibiotics in asthma. Macrolides have been shown to improve airway hyper-responsiveness (AHR) and measures of airway inflammation.¹ The degree of AHR may relate to the microbiota present in the airways,² with a recent study reporting that patients with asthma with a significant improvement in AHR following treatment with clarithromycin had a higher bacterial diversity prior to treatment.³ To our knowledge, the impact on the asthmatic airway microbiota of an antibiotic has not been reported and we therefore set out to establish if macrolide therapy was associated with a change in airway microbiota in asthma.

METHODS

Five adult patients with moderate/severe asthma (British Thoracic Society step 4–5) (see online supplementary table S1) and no evidence of respiratory infection or bronchiectasis underwent bronchoscopy before and after 6 weeks of daily 250 mg azithromycin therapy. Patients had consented to the study (REC 11/EM/0062). Saline washings of the right upper lobe were obtained following standard procedure, DNA was isolated from the samples (see online supplementary Methods) and the microbiota analysed by using pyrosequencing performed by Molecular Research DNA. Microbiota results were analysed after random resampling of the data⁴ and calculation of two diversity indices; richness and Shannon's.

RESULTS

A total of 5223 reads were analysed from five sample pairs (pretreatment and post-treatment). Eighty-nine distinct genera were detected. Bacteria from the genera *Staphylococcus* (10.49%), *Pseudomonas* (9.35%), *Streptococcus* (7.99%) and *Neisseria* (4.75%) were all found to be among the more abundant genera in the pretreatment samples (table 1).

The total abundance of each genus is given as a percentage of the total number of reads within each of the three groups. Parentheses represent the number of samples where the genus was present.

Many genera reduced in abundance after treatment including *Prevotella* (3.43%), *Staphylococcus* (4.59%) and

Table 1 Relative abundance of each of the most dominant genera in samples pretreatment and post-treatment

Genus	Total (n=10)	Pretreatment (n=5)	Post-treatment (n=5)
<i>Actinobacillus</i>	2.97 (1)	4.78 (1)	0.00 (0)
<i>Anaerococcus</i>	17.29 (5)	3.89 (3)	39.18 (2)
<i>Fusobacterium</i>	1.82 (4)	2.90 (3)	0.05 (1)
<i>Haemophilus</i>	7.91 (5)	10.74 (3)	3.28 (2)
<i>Neisseria</i>	3.01 (2)	4.75 (1)	0.15 (1)
<i>Prevotella</i>	4.12 (6)	4.54 (4)	3.43 (2)
<i>Pseudomonas</i>	5.80 (2)	9.35 (2)	0.00 (0)
<i>Staphylococcus</i>	8.25 (8)	10.49 (5)	4.59 (3)
<i>Streptococcus</i>	8.08 (6)	7.99 (3)	8.22 (3)
<i>Veillonella</i>	7.39 (6)	4.10 (3)	12.76 (3)
Other	7.37 (3)	7.99 (2)	6.35 (1)

Haemophilus (3.28%), with *Pseudomonas* not detected post-treatment. There was an increase in the relative number of *Anaerococcus* (39.18%) observed in two patients after treatment.

Evaluation of richness revealed that the mean number of genera detected in the pretreatment samples was 19.37 genera (SD=5.68, n=5). This was higher than the mean number of genera post-treatment (mean=12.80 genera, SD=3.70, n=5). Equally, the mean Shannon's index in the pretreatment group was 1.62 (SD=0.20, n=5) compared with post-treatment (mean=1.22, SD=0.40, n=5). Non-parametric investigation found near significant differences between the patients pretreatment and post-treatment with richness and Shannon's index (both Kruskal-Wallis $\chi^2=3.15$, $p=0.076$; figure 1).

CONCLUSION

This is the first study to examine longitudinal changes in airway microbiota following antibiotic treatment in asthma. Azithromycin therapy was associated with decreased bacterial richness in the airways and altered the airway microbiota leading to *Anaerococcus* becoming dominant within the bacterial community in some cases. Importantly, *Pseudomonas*, *Haemophilus* and *Staphylococcus* (three pathogenic genera associated with airway disease) were all reduced. This may explain the clinical improvement observed in asthma⁵ and suggests a possible antibiotic as well as immunomodulatory effect of macrolides on AHR. Azithromycin has also been shown to decrease mucus secretion, airway neutrophil accumulation as well as specific

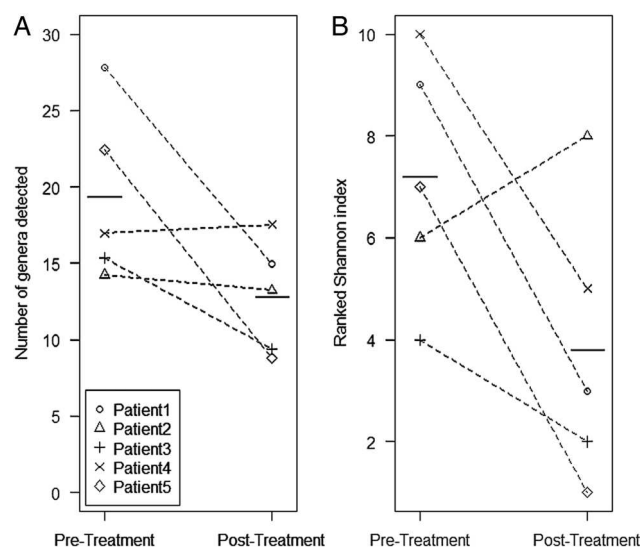


Figure 1 Characteristics of the microbiota in patients prior to and after azithromycin treatment. Each data point represents a single sample with horizontal lines indicating the mean number of genera detected (A) and Shannon's index rank (B). Near significant differences were reported between groups for both measures ($\chi^2=3.15$, $p=0.076$). Dotted lines are shown to indicate the change in measure for each patient.

antibiotic and antipseudomonal activity. This early work indicates that larger studies of the effect of treatments on the airway microbiota and clinical outcomes are now needed.

Marisel Slater,¹ Damian W Rivett,² Lisa Williams,³ Matthew Martin,³ Tim Harrison,³ Ian Sayers,¹ Kenneth D Bruce,⁴ Dominick Shaw³

¹Department of Therapeutics and Molecular Medicine, University of Nottingham, Nottingham, UK

²Department of Ecology and Evolution, Imperial College, London, UK

³Department of Respiratory Medicine, University of Nottingham, Nottingham, UK

⁴Institute of Pharmaceutical Science, Kings College London, London, UK

Correspondence to Dr Kenneth Bruce, King's College London, Molecular Microbiology Research Laboratory, Institute of Pharmaceutical Science, 150 Stamford Street, London SE1 9NH, UK; kenneth.bruce@kcl.ac.uk
MS and DWR are joint first authors.

► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/thoraxjnl-2013-204517>).

Contributors MS was involved in sample acquisition and processing, and contributed to the manuscript. DWR performed sample and statistical analysis, and contributed to the manuscript. LW was involved in sample acquisition and processing, and contributed to the manuscript. MM was involved in study design and contributed to the manuscript. TH was involved in study design and contributed to the manuscript. IS was involved in sample acquisition, study design and

contributed to the manuscript. KDB was involved in sample and statistical analysis, study design and contributed to the manuscript. He is responsible for the overall content as guarantor. DS was involved in study design, sample acquisition and processing, and contributed to the manuscript. He is also responsible for the overall content as guarantor.

Funding This work was carried out under a grant from the British Medical Association James Trust award.

Competing interests None.

Ethics approval Nottingham Research Ethics Committee 2.

Provenance and peer review Not commissioned; externally peer reviewed.

Data sharing statement Unpublished data from the study forms the body of Miss Slater's thesis and will be published in due course.



OPEN ACCESS



Open Access
Scan to access more
free content

Open Access This is an Open Access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 3.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the

original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/3.0/>



CrossMark

To cite Slater M, Rivett DW, Williams L, *et al*. *Thorax* 2014;**69**:673–674.

Received 15 September 2013

Revised 5 November 2013

Accepted 6 November 2013

Published Online First 28 November 2013

Thorax 2014;**69**:673–674.

doi:10.1136/thoraxjnl-2013-204517

REFERENCES

- Amayasu H, Yoshida S, Ebana S, *et al*. Clarithromycin suppresses bronchial hyperresponsiveness associated with eosinophilic inflammation in patients with asthma. *Ann Allergy Asthma Immunol* 2000;**84**:594–8.
- Hilty M, Burke C, Pedro H, *et al*. Disordered microbial communities in asthmatic airways. *PLoS ONE* 2010;**5**: e8578.
- Huang YJ, Nelson CE, Brodie EL, *et al*. Airway microbiota and bronchial hyperresponsiveness in patients with suboptimally controlled asthma. *J Allergy Clin Immunol* 2011;**127**:372–81 e1–3.
- Rogers GB, Cuthbertson L, Hoffman LR, *et al*. Reducing bias in bacterial community analysis of lower respiratory infections. *ISME J* 2013;**7**:697–706.
- Richeldi LF, Fabbri G, Lasserson L, *et al*. Macrolides for chronic asthma. *Cochrane Database Syst Rev* 2008;**4**: CD002997. doi:10.1002/14651858.CD002997.pub3

THORAX

The impact of azithromycin therapy on the airway microbiota in asthma

Mariel Slater, Damian W Rivett, Lisa Williams, Matthew Martin, Tim Harrison, Ian Sayers, Kenneth D Bruce and Dominick Shaw

Thorax 2014 69: 673-674 originally published online November 28, 2013
doi: 10.1136/thoraxjnl-2013-204517

Updated information and services can be found at:
<http://thorax.bmj.com/content/69/7/673>

These include:

Supplementary Material Supplementary material can be found at:
<http://thorax.bmj.com/content/suppl/2013/11/28/thoraxjnl-2013-204517.DC1.html>

References This article cites 4 articles, 0 of which you can access for free at:
<http://thorax.bmj.com/content/69/7/673#BIBL>

Open Access This is an Open Access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 3.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/3.0/>

Email alerting service Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections Articles on similar topics can be found in the following collections

- [Open access](#) (182)
- [Asthma](#) (1672)
- [Drugs: infectious diseases](#) (888)
- [Cardiothoracic surgery](#) (627)
- [Inflammation](#) (959)

Notes

To request permissions go to:
<http://group.bmj.com/group/rights-licensing/permissions>

To order reprints go to:
<http://journals.bmj.com/cgi/reprintform>

To subscribe to BMJ go to:
<http://group.bmj.com/subscribe/>