

investigations (eg, enteroscopy, gastroscopy and colonoscopy), 52% underwent therapeutic intervention (eg, APC, polypectomy and surgical referral). However, in 30% their management was unchanged. The majority of patients (88.1%) are still under active follow-up today.

Conclusion The CE experience at this centre is of a simple, well-tolerated investigation which allows definite diagnoses to be made with minimal complications. Higher diagnostic yield compared to previous published data could be explained by the strict inclusion criteria and recent introduction of this new service. This expanding service highlights the need for more resources to reduce waiting and reporting times in line with other GI investigations.

Competing interests None declared.

PTU-163 DEPRESSION AND CARCINOID SYNDROME: IS THERE ANY RELATIONSHIP? A CROSS-SECTIONAL STUDY

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¹J Garcia-Hernandez,* ¹M Mohmaduvesh, ¹P Davies, ¹C Toumpanakis, ¹J R Goodhand, ¹M Caplin, ²D Skuse. ¹Royal Free Hospital, London, UK; ²UCLH, London, UK

Introduction The relationship between brain serotonin and depression is well established. It is also widely accepted that serotonin hyperproduction in carcinoid syndrome does not cross the brain barrier. CNS serotonin is synthesised from tryptophan within serotonergic neurons and a deficiency of this precursor could be possible on carcinoid patients. In this cross-sectional study we evaluated, whether the feelings of depression are associated with neuroendocrine symptomatology. In addition, whether self-report of quality of life is associated with feelings of depression.

Methods 47 patients with carcinoid syndrome completed a survey via clinic involving: QoL questionnaires and the Beck's Depression Inventory-II (BDI-II). All questionnaires were counterbalanced.

Results 45 out of 47 patients had low scores on the BDI-II and not likely to suffer from depression. Only two participants had moderate depression scores. These scores were negatively associated with self-report of QoL, $r=-0.59$, $N=46$, $p<0.001$. Interestingly, endocrine symptoms that is, flushing and night sweats, were not associated with depressive symptoms: $r=0.22$, $N=44$, $p=0.15$, whereas, gastrointestinal symptoms that is, diarrhoea, abdominal discomfort, bloatedness and indigestion, were strongly associated with depression scores: $r=0.56$, $N=43$, $p<0.001$.

Conclusion Depressive scores in carcinoid patients are often attributed to the stress of diagnoses and adaptation to this chronic disease, however, although a causal relationship has not been established between carcinoid and depression, physicians should consider this possibility when psychological symptoms do not improve with conventional therapy. Further research is needed to understand why gastrointestinal, and not endocrine, symptoms were correlated with depressive symptoms.

Competing interests None declared.

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Oesophageal I

PTU-164 THE CLINICAL UTILITY OF THE ENDOSCOPIC FUNCTIONAL LUMINAL IMAGING PROBE IN EOSINOPHILIC OESOPHAGITIS: A CASE SERIES

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¹A Simpson,* ¹M S J Wilson, ²A Ellefson, ¹S Colley, ¹S E Attwood. ¹Department of Surgery, North Tyneside General Hospital, North Shields; ²Ardmore Healthcare Limited, Amersham, UK

Introduction Disease severity assessment in eosinophilic oesophagitis (EoE) is limited by the poor correlation of endoscopic appearance and histological eosinophil density with symptoms. Our aim is to ascertain whether having a measurement of oesophageal wall distensibility (using the EndoFLIP device) helps clinical decision making in the management of patients with EoE.

Methods Dysphagic patients with proven/suspected EoE were assessed by upper gastrointestinal endoscopy, oesophageal biopsies, clinical history, weight, and medication history. EndoFLIP assessment was carried out if symptoms persisted despite medical treatment or if there was an uncertain diagnosis. Assessment was performed under general anaesthetic. The 8 cm EndoFLIP balloon was inflated in the lower oesophagus, first to 20, then 30 and up to 40 ml of water according to oesophageal wall distensibility. After balloon emptying and repositioning in the upper oesophagus, the measurements were repeated. Oesophageal diameter was recorded at 5 mm intervals and distensibility calculated as changes in cross-sectional area per mm Hg. If the lumen was poorly distensible and <11 mm across, a through-the-scope balloon dilator was used to expand the areas depicted by EndoFLIP as being poorly compliant. Repeat EndoFLIP testing immediately after dilation revealed the improvement in distensibility. Patients were followed up at 3 months.

Results 6 patients in total were included, five of whom had biopsy proven EoE. In all six patients we found the EndoFLIP useful in guiding management. Two of the five patients with EoE were found to have poor oesophageal distensibility and underwent dilatation, following which a clear improvement in distensibility was seen. This correlated with an improvement in symptoms at follow-up. The remaining three patients with proven EoE had normal distensibility measurements and therefore did not undergo dilatation as a result of EndoFLIP testing. The single patient without EoE had normal distensibility measurements. Dilatation was undertaken following tertiary centre consultation on the basis of high-resolution manometry testing but symptoms returned after 3 months. There were no difficulties in performing the EndoFLIP test. There was a single complication of oesophageal mucosal tear following dilatation, which was of no clinical significance.

Conclusion Measuring the oesophageal wall distensibility may become a useful tool in the clinical assessment of EoE and may help to define the need for oesophageal dilatation and predict the outcome of such intervention.

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