

diagnosis. Patients with a diagnosis of irritable bowel syndrome or a record of opioid use were excluded. Records were analysed from 1 January 2008 to 31 December 2011 for the 12-month period following the first constipation diagnosis. Mortality, frequency of comorbidities, number of healthcare consultations, and total laxative prescriptions and costs were recorded and stratified by sex and age group (age 18–49, 50–64, 65–74, and  $\geq 75$  years). For patients with less than 12 months follow-up, data on costs, healthcare contacts and prescriptions were adjusted to an annual rate using a simple linear projection. Regression analyses were performed on a case basis to estimate the impact of covariates on laxative costs.

**Results** Overall, 10 371 patients with chronic constipation were identified, of whom 63% were women and 53% were  $\geq 75$  years old. Mortality during the 12-month follow up period was 8.4%. The most common co-morbidities were primary hypertension (32%) and type 2 diabetes mellitus (13%). Patients had a mean of 27.7 consultations (standard deviation [SD] 24.0), including 4.0 (SD 9.8) for constipation-related care, in the 12-month follow up period. In total, 92% of patients were prescribed laxatives; patients had on average 8.3 (SD 14.0) laxative prescriptions in the 12 month follow up, which using an average prescription cost of £4.28 resulted in a mean cost to the National Health Service of £35.41/person/year in 2011 GBP. An increase in prescription laxative cost was significantly associated with increasing age group, the presence of Parkinson's disease (proportional cost increase [PCI] 1.29,  $p < 0.0005$ ), type 2 diabetes mellitus (PCI 1.08,  $p < 0.025$ ) and multiple sclerosis (PCI 1.51,  $p < 0.0005$ ).

**Conclusion** In this analysis of UK electronic medical records using the IMS UK Disease Analyzer database, the majority of patients with chronic constipation were elderly, and over 90% were prescribed laxatives. Higher treatment costs were associated with increased age and co-morbidity.

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**PWE-179 A SURVEY ON PATIENT WELLBEING AND PATIENT COMFORT DURING OESOPHAGEAL INTUBATIONS. A MULTICENTRE STUDY**

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**Introduction** A Multicentre survey was undertaken from November 2013 until January 2014 on 80 patients (45f Vs 35m) undergoing oesophageal manometry and/or oesophageal 24 hr pH/impedance study. The aim of this study was to determine the overall wellbeing of the patient during their investigation. Oesophageal intubations are invasive techniques which many patients find quite distressing. These studies require the patient to be alert and to be able to swallow liquid boluses. In order to retain their normal oesophageal function, sedation or oral anaesthetic spray is not routinely administered. This study was compiled to obtain specific patient data from Gastrointestinal (GI) Units throughout Ireland by conducting a survey post patient procedure.

**Methods** A survey containing short answer questions was devised and GI units providing a service in GI Physiology testing were asked to participate. The patient was asked to answer either 'Yes' or 'No' to the questions or score the answers to the questions with a value from 0–10 with 10 being the most severe scale of discomfort/anxiety and 0 being the least.

**Results** Table 1 below shows the results obtained from the multicentre survey.

The reasons given for failed intubations included patient anxiety, nasal sensitivity and previous traumatic Endoscopy experience. With regards to patient anxiety prior to investigation; no option for general anaesthetic, sedation, nasal spray, throat spray, and the fear of the unknown were the main reasons for the high patient anxiety scores.

**Conclusion** Appropriately trained GI Physiologists achieved a 96.3% rate of successful oesophageal intubations. Despite this, patient anxiety in anticipation of their procedure is relatively high. With the option of a nasal spray, this survey suggests that patient anxiety levels prior to their investigation would be reduced, thus making the intubation a more pleasant, tolerable and less traumatic experience.

**Disclosure of Interest** None Declared.

**PWE-180 A SURVEY EVALUATING GENERAL PRACTITIONERS', GASTROENTEROLOGISTS' AND EXPERTS' DIAGNOSTIC APPROACHES TO INFLAMMATORY BOWEL DISEASE, IRRITABLE BOWEL SYNDROME AND CHRONIC CONSTIPATION IN FIVE EUROPEAN COUNTRIES**

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**Abstract PWE-179 Table 1**

	Total	Female	Male
Mean Age (years)	49.23	53.58	43.63
Successful intubation rate%	96.3%	95.6%	97.1%
Successful intubation rate in patients	94.4%	94.4%	94.4%
>40 years			
Successful intubation rate in patients	100%	100%	100%
<40 years			
Mean anxiety score prior to investigation *	4.73	5.47	3.77
Mean anxiety score post procedure *	1.96	2.26	1.59
Mean discomfort level	4.91	4.93	4.89
Number of patients who would be anxious if studies had to be repeated	32.55	35.56%	28.57%
Number of patients who would choose to have an anaesthetic spray administered	61.25%	66.67%	54.29%

\* On a scale of 0–10 (10 indicating highest rating of anxiety/discomfort)