**BSG 2014 abstracts**

**PWE-183 PRELIMINARY SIGNIFICANT FINDINGS FROM A RANDOMISED CONTROL TRIAL OF POSTERIOR TIBIAL NERVE STIMULATION IN SYSTEMIC SCLEROSIS ASSOCIATED FAECAL INCONTINENCE**

1SK Butt*, 1A Alan, 1A Raeburn, 1J Liwanag, 2VH Ong, 3CD Murray, 1N Zarate-Lopez, 1A Emmanuel, 2Gastroenterology, UCL London, London, UK; 1Rheumatology, Royal Free Hospital, London, UK; 3Gastroenterology, Royal Free Hospital, London, UK

Introduction The gastrointestinal tract is affected in up to 90% of Systemic Sclerosis (SSc) patients with faecal incontinence (FI) being reported in up to 38%. Passive faecal incontinence secondary to internal anal sphincter atrophy is the characteristic finding. We have shown that neuropathic changes are implicated in SSc patients with FI and sacral nerve stimulation has emerged as a potentially beneficial therapy in SSc. However this is expensive, invasive, not widely available and we have shown that medium term efficacy is poor. Posterior tibial nerve stimulation (PTNS) is a potential alternative to modulate the sacral plexus indirectly, with none of these disadvantages. This is the preliminary data on a randomised placebo controlled trial of PTNS versus sham PTNS to determine if nerve modulation is an effective treatment in Ssc associated FI.

Methods We commenced a prospective randomised single-blind study of SSc patients with FI in February 2013 from a specialist Scleroderma unit. Baseline symptom scoring (bowel diary, Wexner), manometry and endoanal ultrasound were completed prior to randomization to PTNS or sham. PTNS was administered conventionally, by insertion of an acupuncture needle according to anatomical landmarks, connected to an electrical stimulator. Sham PTNS was administered in identical fashion but the PTNS surface electrode was not connected and instead separate TENS surface electrodes were connected to a TENS unit. Each patient underwent blinded intervention for 30 min periods, once a week for 12 weeks. The primary endpoints were the percentage reduction in faecal incontinence episodes and change in Wexner incontinence scores.

Results A total of 13 SSc patients (11 f), mean age 61 (36–72) completed the trial by October 2013. Of these 6 (5 f) underwent PTNS and 7 (6 f) patients underwent sham stimulation. All PTNS patients showed a reduction (3–100%) in the number of FI episodes in comparison to 0 sham patients at 12 weeks (p < 0.01 (CI: -81.49–14.34)). This matched an improvement in mean Wexner scores from baseline to treatment end (14.8 to 10.8 vs 13.4 to 13.6, true vs sham respectively, p = 0.03.

Conclusion This pilot data is demonstrating significant effects of PTNS in Scleroderma-associated FI. We present this significant initial data but anticipate having at least 25 completed patients by May 2014.

Disclosure of Interest None Declared.

**PWE-184 THE EFFECT OF FIBRE ON CHRONIC CONSTIPATION IN ADULTS: A SYSTEMATIC REVIEW**

1S Christodoulides*, 2E Dimidi, 3KC Fragkos, 4PG McLean, 1QA ziz, 2KW helan, 1SM Scott.
1Neurogastroenterology Group, Queen Mary University of London, London, UK; 2Diabetes and Nutritional Sciences Division, King’s College London, London, UK; 3Centre for Gastroenterology and Clinical Nutrition, University College London, London, UK; 4Nestlé Research Centre, Lausanne, Switzerland

Introduction Symptoms of chronic constipation are common, with a prevalence of ~14% in adults worldwide. Although increasing fibre intake is universally accepted as a first-line treatment, patient dissatisfaction is common. A systematic review is thus required in order to evaluate the quality of scientific evidence behind this management approach. The aim was to assess the effect of fibre on chronic constipation and IBS-C in adults via a systematic review of randomised controlled trials (RCTs).

Methods Following Cochrane and PRISMA recommendations, references were identified by searching 5 electronic databases, hand-searching abstracts of 3 annual conferences, as well as scanning reference lists. Two reviewers independently assessed all studies identified, and performed data extraction and risk of bias assessment. Only RCTs reporting administration of fibre (carbohydrate polymers with ≥3 monomers that are not hydrolysed by endogenous enzymes in the small intestine) in adults with either chronic constipation or IBS-C were included.

Results Of 916 records identified, only 9 RCTs were eligible (495 patients). Fibre supplements, administered in the form of powder, granules, yoghurt or milk, were: psyllium (n = 3), galacto-oligosaccharides (GOS: n = 2), wheat bran (n = 1), inulin (n = 1), and mixtures of inulin/ resistant maltodextrin (n = 1), and inulin/partially hydrolysed guar gum (n = 1). Outcomes measured included stool frequency (n = 9), stool consistency (n = 6), stool weight (n = 5), faecal microbiota (n = 3) and...
PWE-183 Preliminary Significant Findings From A Randomised Control Trial Of Posterior Tibial Nerve Stimulation In Systemic Sclerosis Associated Faecal Incontinence

SK Butt, A Alam, A Raeburn, J Liwanag, VH Ong, CP Denton, CD Murray, N Zarate-Lopez and A Emmanuel

Gut 2014 63: A206
doi: 10.1136/gutjnl-2014-307263.443

Updated information and services can be found at:
http://gut.bmj.com/content/63/Suppl_1/A206.1

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.

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/