White British (86%) with median age 37 years (range 18–69). 88% had undergone prior cholecystectomy. Patients were attributed with the following pre-test diagnoses – 20/86 (23%) SOD1, 53/86 (62%) SOD2, 13/86 (15%) SOD3. Median post-ERCP follow up was 12 months (range 2–27). In patients who underwent endotherapy and completed questionnaires: 93% (14/15) SOD1, 76% (36/48) SOD2 and 83% (10/12) SOD3 subjectively reported pain improvement post-ERCP (within median 1 month). Sustained response (median 6 months) was noted in 60, 30 and 46% of SOD 1/2/3 respectively. Median total GBI scores in the patients who had sustained improvement were +44 (SOD1), +31 (SOD2) and +29 (SOD3). There was a clear correlation between subjective response to ES and GBI scores (see table). Negative total scores were recorded across all SOD subtypes in patients who had no symptom improvement whatsoever following ES. Total GBI scores in all categories were higher in SOD1 than SOD2 than SOD3.

Conclusion ES for SOD1 appears to provide sustained benefit in symptoms and QOL above that achieved in SOD2/3. QOL measured by GBI is strongly correlated to symptomatic response to ES despite pain response being only a minor contributor to the GBI rating. Therefore, GBI may be helpful to determine clinical, emotional and social factors that could help to predict those patients who will respond to ES.

Disclosure of Interest None Declared.

OC-069 MESALAZINE FOR TREATMENT OF DIARRHOEA-PREDOMINANT IRRITABLE BOWEL SYNDROME (IBS-D): A MULTI-CENTRE, PARALLEL GROUP, RANDOMISED PLACEBO CONTROLLED TRIAL

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Introduction "Immune activation" has been described in the mucosa of IBS-D patients which Mesalazine (M) could suppress. Our main aim was to compare the effect of M versus placebo (P) on stool frequency. Secondary endpoints were abdominal pain, stool consistency and satisfactory relief of IBS symptoms.

Methods All patients were required to have daily stool frequency of ≥3/day for more than 2 days/week for 2 weeks and stool consistency of ≥25% type 5–7 and ≤25% type 1–2 according to the Bristol Stool Form Scale. Subjects were randomised to either 2g M/ P for a week, to increase to 2 g twice/day for remaining 11 weeks if tolerated. All participants completed a 12-week stool diary. Since we expected M would require >2 months exert its effect, all primary and secondary outcomes were based on the stool diary completed during week 11–12. Satisfactory relief of IBS symptoms was defined as answering 'yes' to weeks 11 and 12 of the stool diary

Results 136 subjects with IBS-D, meeting the Rome III criteria, were randomised to the 2 groups. Mean (SD) age was 47.1 (13.5) years in P and 42.6 (15.2). Treatment compliance for P and M were similar, 59% and 58% respectively. Analysis by intention to treat showed M did not improve bowel frequency, abdominal pain and stool consistency compared to P during week 11–12. Treatment did not affect satisfactory relief of IBS symptoms, HAD, PHQ15 and EQ-5D VAS scores compared to P. See table below for results.

Conclusion This study did not show any clinically meaningful benefit or harm of M compared to P in this group of IBS-D patients. We need better phenotyping/ biomarkers for IBS patients to allow targeting of effective treatments.

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Abstract OC-069 Table 1

Mean (SD)	Baseline P (n = 58)	Weeks 11–12 P (n = 58)	Baseline M (n = 57)	Weeks 11–12 M (n = 57)	Between group difference at week 11–12* (95% CI)	P value
Daily mean stool frequency	3.6 (1.8)	2.7 (1.9)	3.6 (1.6)	2.8 (1.2)	0.1 (-0.33,0.53)	0.658
Daily mean abdominal pain (0–10)	3.6 (2.0)	2.2 (2.1)	4.1 (2.2)	2.8 (2.1)	0.07 (-0.54,0.68)	0.828
Mean stool consistency	5.6 (1.0)	4.7 (1.1)	5.4 (0.7)	4.7 (1.0)	0.13 (-0.21,0.48)	0.452
No. of patient had satisfactory relief of IBS symptoms	0	24	0	25	1.13 ** (0.51,2.47)	0.762
HADS	8.6 (4.3)	6.9 (3.6)	9.0 (4.5)	7.5 (5.0)	0.67 (-0.38,1.72)	0.210
PHQ15	13.1 (5.6)	9.4 (5.0)	12.6 (5.2)	10.0 (5.2)	0.63 (-0.93,2.20)	0.428
EQ-5D VAS score	64.3 (20.2)	69.7 (18.3)	64.2 (20.6)	72.6 (19.2)	2.39 (-3.24,8.02)	0.406

*This is adjusted for different centres
**Odd ratio