(IBS) should be tested for coeliac disease (CD). This study reviewed the symptoms, demographics and investigation of patients diagnosed with IBS at a large semi-rural general practice.

Methods Patients diagnosed with the IBS were identified from a computer database of 11,250 patients at St Johns Surgery. 250 casenotes were randomly selected for analysis. Patient demographics, symptoms recorded and investigations performed were recorded. a history of depression was recorded. Census and postcode data was used as a surrogate marker of poverty.

Results 499 patients had a diagnosis of IBS (110 male and 389 females). The records of 48 male and 202 female patients were reviewed.

186 patients were diagnosed with IBS within 6 months of their initial consultation. 180 began treatment for IBS within 6 months of diagnosis.

65 patients were tested for CD (13 males and 52 females). 34 (52%) of those tested for CD went on to have further investigations such as a barium enema or colonoscopy. 185 patients were not tested for CD. 137 had no further investigations.

Symptoms of those tested for CD were a change in bowel habit (90.8%), abdominal pain (90.8%), chronic diarrhoea (73.8%) and bloating (67.7%). Symptoms of those not tested for CD were the most common symptoms where abdominal pain (91.9%), change in bowel habit (73.5%) and bloating (69.2%) and chronic diarrhoea (52.4%).

There was no significant difference in poverty or history of depression between those tested and not tested for CD.

Conclusion This study suggests that patients diagnosed with the IBS in primary care are not routinely tested for CD. Explanations include a pragmatic approach to investigation of common gastrointestinal symptoms and a likely difference between patients diagnosed with the IBS in primary care and those referred onto secondary care and academic centres.

REFERENCES

National Institute for Health and Clinical Excellence. 2009. *Recognition and Assessment of Coeliac Disease*
National Institute for Health and Clinical Excellence. 2008. *Irritable bowel syndrome in adults*

Disclosure of Interest None Declared.

PWE-163 THE EXCITATORY EFFECTS OF REPETITIVE CEREBELLAR BRAIN STIMULATION ON HUMAN SWALLOWING MOTOR PATHWAYS ARE CRITICALLY DEPENDENT ON STIMULUS DURATION

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Introduction Previously we have demonstrated frequency-specific effects of cerebellar repetitive transcranial magnetic stimulation (rTMS) in enhancing human cortical swallowing pathways,¹ as a prelude to developing therapeutic parameters for post-stroke dysphagia. Here, we investigate the durational parameters of 10Hz cerebellar rTMS on pharyngeal motor excitability.

Methods Healthy subjects (n = 12, 7 male, 5 female, mean age 31 ± 4 years), were intubated with an intraluminal catheter to record pharyngeal electromyography before bilateral MRI-guided single-pulse TMS mapping of pharyngeal motor evoked potentials (PMEPs) to co-localise optimal cortical and cerebellar sites for pharyngeal activity. Baseline cortical PMEPs were then

Abstract PWE-163 Figure 1

recorded followed by one of the four cerebellar interventions; sham (coil tilted to 90°), short duration (50-pulses), intermediate duration (250-pulses) or longer-train (500-pulses) at 10 Hz frequency, received on separate randomised visits. Post-intervention PMEPs were recorded for up to an hour as a measure of cortical excitability. Normalised (percentage change from baseline) PMP data were then compared to sham using repeated measures ANOVA (factors of time, hemispheric site, intervention).

Results Intermediate train-length (250-pulses: $F_{1,11}=7.3$, $p = 0.02$) was most effective at increasing pharyngeal cortical excitability bilaterally compared to longer (500-pulses: $F_{1,11}=4.5$, $p = 0.058$) and shorter (50 pulses; $F_{1,11}=1.7$, $p = 0.21$) 10-Hz cerebellar interventions (Figure 1).

Conclusion Our data confirm that sustained facilitation of the pharyngeal motor cortex to cerebellar rTMS is not only dependent on the stimulation frequency, but also the duration of stimulation. We therefore propose that 250-pulses of 10 Hz cerebellar rTMS to be the optimal parameters for future therapeutic studies in post-stroke dysphagia.

REFERENCE

- Vasant DH, et al. Neuronavigated repetitive cerebellar stimulation produces long-lasting activation of human cortical swallowing projections. *Gut* 2013;62:A16-A17

Disclosure of Interest

None Declared.

PWE-164 A META-ANALYSIS OF RANDOMISED CONTROLLED TRIALS ON THE EFFECT OF PROBIOTICS ON FUNCTIONAL CONSTIPATION IN ADULTS

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Introduction Constipation is a prevalent gastrointestinal disorder whose treatment remains challenging. Patient dissatisfaction with prescribed medications is common, and there is a need for alternative methods of management. Probiotics are live microorganisms that, when administered in adequate amounts, confer a health benefit to the host, and have been increasingly used in the management of functional constipation. The aim of this study was to determine the effect of probiotics in functional constipation through a systematic review and meta-analysis of randomised controlled trials (RCTs) in adults.

Methods Methods followed PRISMA recommendations. Studies were identified by searching four electronic databases, back-searching reference lists, contacting authors and hand searching