adverse events ($n = 3$). Four out of 9 RCTs demonstrated a significant increase in stool frequency following fibre consumption compared to placebo. Stool consistency significantly improved following fibre consumption in 2 RCTs, while 4 RCTs failed to show an effect. Three RCTs demonstrated a significant increase in stool weight, but 2 RCTs did not. *Bifidobacteria* significantly increased in 2 out of 3 RCTs (inulin and one GOS intervention). No side effects were observed and no patient withdrew because of adverse events. Attrition bias was high amongst trials, while selection bias and performance bias were unclear due to inadequate reporting. Outcome data will undergo meta-analysis.

Conclusion Current guidelines recommend the use of fibre as first-line treatment for constipation. However, this review shows that not all studies support its use in adults. Most studies suffer from small sample sizes and poor design with high risk of bias. The paucity of high quality data highlights the need for further large, methodologically rigorous RCTs.

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PWE-185 BELIEFS ABOUT MANAGEMENT OF IRRITABLE BOWEL SYNDROME IN PRIMARY CARE: CROSS-SECTIONAL SURVEY

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Introduction There have been considerable advances in evidence synthesis concerning management of irritable bowel syndrome (IBS) in the last 5 years, with guidelines for its management in primary care published by the National Institute of Health and Care Excellence (NICE). We examined beliefs about IBS management among primary care physicians.

Methods This was a cross-sectional web-based questionnaire survey of 275 primary care physicians registered with three clinical commissioning groups in Leeds, UK. We e-mailed a link to a SurveyMonkey questionnaire, containing 18 items, to all eligible primary care physicians. Participants were given 1 month to respond, with a reminder sent out after 2 weeks.

Results One-hundred and two (37.1%) primary care physicians responded. Eighty-four (82.4%) of the respondents confirmed that they used clinical symptoms or signs elicited during the history and physical examination to diagnose IBS, with only 10 (9.8%) using the Rome criteria, and 4 (3.9%) the Manning criteria. A further 4 participants stated that they referred to a Gastroenterologist to confirm the diagnosis. Seventy (68.6%) primary

care physicians agreed or strongly agreed that IBS was a diagnosis of exclusion, with only 5 (4.9%) strongly disagreeing with this statement. More than 80% checked coeliac serology often or always in suspected IBS. Between 56% and 76% believed soluble fibre, antispasmodics, peppermint oil, and psychological therapies were potentially efficacious therapies (table). The respondents were less convinced that antidepressants or probiotics were effective. Despite perceived efficacy of psychological therapies, 80% stated these were not easily available. Levels of use of soluble fibre, antispasmodics, and peppermint oil were in the range of 40% to >50%. Most primary care physicians obtained up-to-date evidence about IBS management from NICE guidelines.

Conclusion Most primary care physicians still believe IBS is a diagnosis of exclusion, and many are reluctant to use antidepressants or probiotics to treat IBS. More research studies addressing diagnosis and treatment of IBS based in primary are required.

Disclosure of Interest None Declared.

PWE-186 UNDER-UTILISATION OF FAECAL CALPROTECTIN TO EXCLUDE IBD IN PATIENTS WITH FUNCTIONAL BOWEL DISORDERS

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Introduction Calprotectin is a protein released by neutrophils in response to the presence of inflammation in the bowel ¹. Based on secondary care data with a cut-off of 50 mcg using ELISA assay it has a sensitivity of 93% and specificity of 94% ² to exclude inflammatory bowel disease (IBD) from functional bowel disorders. Calprotectin can be measured in a stool sample with this non-invasive test significantly cheaper than endoscopy and associated new patient referral ^{3,4}. Faecal calprotectin (FC) has also been shown to correlate with mucosal disease activity and can help to predict response to treatment or relapse in IBD ¹. We report the routine use of FC in gastroenterology practice at our hospital.

Methods All FC tests performed between 01/07/12 and 31/12/12 were systematically collected and reason for testing determined. Endoscopic, histological, radiological, laboratory and clinical records were systematically searched to identify tests performed in patients with FC results.

Results 294 FC tests were performed during the study period: 203 (69.0%) for assessment of IBD and 91 (31.0%) tests to exclude IBD in patients with suspected functional bowel disorders. Mean age of patients with suspected functional bowel disorders was 45 (SD 16.8) years and 62.6% were female. Of the patients with suspected IBS who had a normal FC value ($n = 75$), 50.7%

Abstract PWE-185 Table 1

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Soluble fibre is an effective therapy (%)	3 (2.9)	54 (52.9)	39 (38.2)	6 (5.9)	0 (0)
Antispasmodics are an effective therapy (%)	6 (5.9)	71 (69.6)	25 (24.5)	0 (0)	0 (0)
Peppermint oil is an effective therapy (%)	4 (3.9)	64 (62.7)	30 (29.4)	3 (2.9)	1 (1.0)
Probiotics are an effective therapy (%)	1 (1.0)	20 (19.6)	56 (54.9)	22 (21.6)	2 (2.0)
TCADs are an effective therapy (%)	2 (2.0)	49 (48.0)	42 (41.2)	6 (5.9)	1 (1.0)
SSRIs are an effective therapy (%)	0 (0)	33 (32.4)	49 (48.0)	17 (16.7)	0 (0)
Psychological therapies are an effective therapy (%)	5 (4.9)	55 (53.9)	40 (39.2)	1 (1.0)	0 (0)