Conclusion In keeping with other studies, age >75 years and cardiovascular co-morbidities were associated with 30-day mortality after gastrostomy insertion. However, other previously identified risk factors did not correlate with early mortality in this group of patients.

Competing interests None declared.

REFERENCES

1. **Westaby D**, *et al.* The provision of a percutaneously placed enteral tube feeding service. *Gut* 2010;**59**:1592–605.
2. **Sanders D**, *et al.* Survival analysis in percutaneous endoscopic gastrostomy feeding: a worse outcome in patients with dementia. *Am J Gastroenterol* 2000;**95**:1472–5.
3. **Janes S**, *et al.* Percutaneous endoscopic gastrostomy: 30-day mortality trends and risk factors. *J Postgrad Med* 2005;**51**:23–8.
4. **Blomberg J**. Albumin and C-reactive protein levels predict short-term mortality after percutaneous endoscopic gastrostomy in a prospective cohort study. *Gastrointestinal Endoscopy* 2011;**73**:29–36.
5. **Leeds J**. Albumin level and patient age predict outcomes in patients referred for gastrostomy insertion: internal and external validation of a gastrostomy score and comparison with artificial neural networks. *Gastrointestinal Endoscopy* 2011;**74**:1033–9.

PMO-076 ASSESSMENT OF THE PROBIOTIC SYMPROVE IN PATIENTS WITH IBS: A RANDOMISED DOUBLE BLIND PLACEBO CONTROLLED TRIAL

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Introduction Treatment of patients with Irritable Bowel Syndrome (IBS) is often difficult, empiric and not evidence based. Recent insights into the pathogenesis of IBS have suggested that intestinal bacterial dysbiosis may result in symptomatic IBS. Accordingly, there is considerable interest in new treatments centred on modifying the intestinal bacterial flora with antibiotics or administration of appropriately designed probiotics. Therapeutic efficacy of probiotics appears to be strain specific. Symprove is a liquid probiotic formulation containing four bacterial strains (*Lactobacillus casei*, acidophilus and plantarum as well as *Enterococcus faecium*) with a shell life in excess of 3 months. We assessed its efficacy in patients with IBS.

Methods Material and Methods: This was a single centre, double blind, randomised, placebo controlled trial involving treatment with Symprove (1 ml/kg body weight) vs placebo for 3 months. Patients were recruited from two large GP practices and from GP referrals to the Department of Gastroenterology at King's College Hospital. All patients had failed conventional first and second line treatment by GP's. An initial 391 patients were screened for the trial and 186 were eligible and consented to the trial (fulfilled ROME III criteria, exclusion of organic disease by extensive investigation including intestinal permeability, faecal calprotectin, endoscopy, wireless capsule endoscopy, colonoscopy and radiology when indicated). Using the Mersenne twister pseudo-random number generator 124 received the active treatment and 62 placebo. The main outcome measure was the reduction in IBS symptom severity scores (IBS-SSS) at 3 months. All patients were symptomatic with IBS-SSS >150.

Results There were no significant differences between the two treatment groups with respect to demographic details (male/female ratio, mean age, duration of disease or previous treatment). There were no significant differences ($p>0.1$) at pre treatment IBS-SSS scores between active (303±68, mean±SD) and placebo (306±80) ($p=0.841$) treated patients. During the last week of treatment (week 12) there was a statistically significant ($p<0.027$) greater improvement in the mean IBS-SSS (230±109) in the Symprove treated patients as compared with placebo (270±103). The number of dropouts during the study did not differ significantly between the two groups and no severe adverse events were evident.

Conclusion Three months treatment with the probiotic Symprove was associated with significantly greater reduction in symptom severity in patients with moderate to severe IBS as compared with placebo.

Competing interests I Bjarnason grant/research support from: 3 year grant for MD student from the manufacturers of symprove, G Sisson grant/research support from: received 3 year salary from the manufactures of symprove, S Ayis: None declared.

PMO-077 HOME ENTERAL TUBE FEEDING (HETF): A CASE BURDEN FOR THE PAEDIATRIC EMERGENCY DEPARTMENT (PED)?

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Introduction The contribution of HETF issues to PED workload is poorly understood. We aimed to evaluate PED attendance records of children receiving HETF (rates, presenting complaints and outcomes). We also aimed to assess possible trends between timing of attendances and hours of service provided by our Children's Community Nursing (CCN) team.

Methods We searched 114 606 attendances to PED from April 2008 to March 2011, reviewed all those involving cases on HETF, and correlated with our regional paediatric nutrition support team (NST) records. Day, time and month of attendance plus the presenting triage complaint and outcome were noted. Descriptive results are presented with day of week attendance analysed by the z-test.

Results There were 364 attendances of 183 patients with a mean (SD) annual point prevalence of HETF patients attending the PED of 23(3.1)%. Mean (SD) attendance rates were 121.3 (23.9) per year representing 61.0(5.2) patients. Presenting complaints included gastrostomy tube (GT) removal (29%), nasogastric tube (NGT) removal (27%), jejunal tube (JT) removal (5%) hardware fault (6%), tube blockage (12%), infection (9%), leakage (4%), malposition (5%) or other (3%). 324 (89%) patients were discharged home and 36 (11%) admitted, mostly for surgical reinsertion. More patients attended on Sundays than any other day of the week ($p=0.045$); December and January were the busiest months. Peak attendance time was 17:00–18:00; 43% attended out with CCN service hours (08:00–18:00). Most NGT and GT (64%) were reinserted in PED by medical, surgical or nursing staff. Imaging (fluoroscopy; chest x-ray) was required in 29 patients. Topical or enteral antibiotics were prescribed for 22 patients. No action or a simple flush was required in 24 and eight returned the following morning for placement. 20 repair kits for hardware problems were used.

Conclusion Over 20% of HETF attend PED annually with feeding tube-related problems; 43% attend out with CCN service hours. Significantly higher attendance rates on the day without CCN service cover highlights a flaw in this service design, given the simple problems that occur usually do not need PED expertise and resources.

Competing interests None declared.

REFERENCES

1. **Saavedra H**, *et al.* Gastrostomy tube related complaints in the pediatric emergency department. *Pediatr Emerg Care* 2009;**25**:728–32.