Results
The changes from baseline in the IBS-QOL “overall” score and seven of the eight subscale scores (Dysphoria, Body Image, Health Worry, Food Avoidance, Social Reaction, Sexual and Relationships) were statistically significant for linaclotide-treated patients vs placebo-treated patients (p<0.0001 for each comparison). The percentage of responders for the IBS-QOL “overall” score was statistically significantly greater for linaclotide-treated patients vs placebo-treated patients at week 12 (64.5% linaclotide-treated patients vs 52.6% placebo-treated patients for ≥10-point change; 53.8% linaclotide-treated patients vs 39.1% placebo-treated patients for ≥14-point change). The most common adverse event among linaclotide-treated patients was diarrhea.

Conclusion
Compared with placebo, once-daily linaclotide treatment for 12 weeks significantly improved “overall” QOL scores and seven out of eight important QOL domains, as measured by the IBS-QOL, in adults with IBS-C.

Competing interests

PWE-129
SHOULD SEHCAT BE EARLIER IN THE ALGORITHM FOR INVESTIGATING CHRONIC DIARRHOEA?

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Introduction
Bile acid malabsorption (BAM) is a potentially under recognised cause of chronic diarrhoea. An accurate diagnostic technology exists in the form of the SchHCAT (\(^{75}\text{Se—homotaurocholate}\)) test. The British Society of Gastroenterology investigation algorithm places SchHCAT as a very late stage investigation, but if BAM is common or SchHCAT unavailable it may easily be overlooked. This is a treatable condition: the response to bile sequestrants as an empirical “investigation” is not an adequate approach. This study aimed to characterise the results of SchHCAT in a large cohort of patients, and also to determine how well adhered to were the British Society of Gastroenterology guidelines for the investigation of chronic diarrhoea.

Methods
The electronic records of 276 patients who underwent SchHCAT scanning between 2005 and 2011 were retrospectively analysed as a medical student project.

Results
Bile acid malabsorption (BAM) was very common in patients who underwent SchHCAT testing, found in 110 (40%) of the 276 patients. In the overall cohort, 156 patients had no prior underlying disease or surgery recorded that might cause diarrhoea, and 86 of these displayed no abnormalities on full screening including endoscopies and coeliac tests. Of the 110 with BAM, 28 had undergone neither endoscopy nor coeliac screening. Predictably, 22 of the 26 (85%) Crohn’s patients with a history of ileal resection had positive results, as did 15 of the 21 (71%) ileally resected patients who did not have Crohn’s disease. Sixteen patients (55%) with post-cholecystectomy diarrhoea showed evidence of BAM.

Conclusion
BAM is common in subjects undergoing SchHCAT. The current guidelines should be revised to take into account BAM as an important and common cause of diarrhoea, with SchHCAT earlier in the process. It is apparent that clinicians are not widely using the BSG algorithm, presumably using clinical judgement in patients in whom BAM seems likely, and, for example, opting not to undertake colonoscopy in many cases. In the absence of a terminal ileum, the BAM diagnosis is almost universal and the test is probably superfluous. A broader and contemporary health technology assessment including all patients currently investigated for chronic diarrhoea is now required in order to define a new algorithm.

Competing interests
None declared.

PWE-130
THE HUMAN GUT MUCOSAL COGNATE CELLULAR RESPONSE TO LIVE ORAL TYPHOID VACCINATION

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Introduction
The human gut mucosal cellular response to oral vaccination has never been directly assessed. We studied the cognate cellular immune response to the live oral typhoid Ty21a vaccine in the gut mucosa of human volunteers, and compared it with that seen in peripheral blood.

Competing interests
None declared.