AN AUDIT INVESTIGATING THE EFFICACY OF THE LOW FODMAP DIET IN IMPROVING SYMPTOMS IN PATIENTS WITH FUNCTIONAL GASTRO-INTESTINAL SYMPTOMS


Introduction The low FODMAP (Fermentable Oligo-, Di-, Mono-saccharides and Polyols) diet is a diet low in fermentable carbohydrates. These types of carbohydrate are rapidly fermented but poorly absorbed in the small intestine leading to functional gastrointestinal (GI) symptoms in sensitive individuals. Evidence suggests that a reduction in high FODMAP foods leads to an improvement in GI symptoms. The aim of this audit was to determine whether the low FODMAP diet was effective in improving symptoms within the first 4–12 weeks of following the diet.

Methods All patients commenced on the low FODMAP diet between July 2010 and June 2011 were included (n = 40). Of these 19 patients did not attend their first review and therefore their data were incomplete and they were excluded from the analysis. Patients were asked to score their symptoms subjectively using a symptom severity scale between 0 and 10 (0 = no symptoms/absent; 10 = severe symptom affecting daily life) at their initial assessment and at subsequent follow-up appointments. Paired sample t-tests were used to compare the differences in symptom scores between the initial appointment and first review. Data were included and results obtained for all patients followed up within 5 months where a score was provided.

Results A statistically significant reduction was seen for bloating, abdominal pain and diarrhoea only.

Conclusion Functional GI symptoms are common and often have a significant impact on a person’s quality of life. These results show that symptoms improved significantly on the low FODMAP diet which is supported by previous studies. The data presented only measures the response to a low FODMAP diet over a 4–12 week period so we are unable to determine if the improvements seen were maintained in the longer term, where issues such as compliance may have a significant impact. We need to continue to collect data so that we can measure the benefits at 6 and 12 months and investigate compliance over this longer period. In conclusion the low FODMAP diet was shown to be effective in the management and overall improvement of functional GI symptoms, however further evaluation is needed to determine the long term management and effectiveness of this diet.

Abstract PMO-031 Table 1

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Initial assessment</th>
<th>1st review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>Mean</td>
</tr>
<tr>
<td>Bloating</td>
<td>9</td>
<td>7.33</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>6</td>
<td>7.92</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>8</td>
<td>7.94</td>
</tr>
<tr>
<td>Constipation</td>
<td>3</td>
<td>9.17</td>
</tr>
<tr>
<td>Nausea</td>
<td>4</td>
<td>7.13</td>
</tr>
</tbody>
</table>

*Statistically significant, p.

Competing interests None declared.

REFERENCES

VALIDATION OF A FOOD FREQUENCY QUESTIONNAIRE FOR ESTIMATING CALCIUM INTAKE IN YOUNG FEMALE ADULTS

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Introduction The relatively low cost and low respondent burden of a Food Frequency Questionnaire (FFQ) that effectively and rapidly identifies individuals with low calcium intakes would be a valuable asset to clinical dietetics. Young female adults (age 18–30 years) tend to have a lower calcium intake which may increase their risk of osteoporosis in later life. This study aimed to examine the validity and reliability of a non-quantitative calcium FFQ by comparing the mean calcium intake measured by the FFQ with that measured by a 7-day weighed food diary.

Methods The validity and reliability of non-quantitative calcium FFQ was evaluated. A self-administered FFQ was administered to 41 Caucasian female participants, aged 18–26 years, studying at the Robert Gordon University, Aberdeen. A points system was used to assess whether the individual was meeting their recommended calcium requirement. A paired t test measured the difference between the mean calcium intake measured by the food diary and the FFQ.

Results The mean calcium intake estimated by the FFQ and the 7-day weighed food diary was 622.0±138.3 mg/day and 692.5±182.1 mg/day, respectively. A paired t test revealed a significant difference of 70.6±78.1 mg/day between the calcium intake measured by the FFQ and the food diary (p = 0.931, p < 0.05).

Conclusion A small but significant difference of 70 mg/day was found between the calcium intake measured by the FFQ and the 7-day food diary. However, this significant result did not reflect the precision between the two methods at estimating calcium intake. Further research is needed to investigate the validity of the FFQ for estimating calcium intake in other subgroups of the population is recommended.

Competing interests None declared.

REFERENCES

GLUCOSE AND LIPID REGULATION IS MODULATED BY VASCULAR ADHESION PROTEIN-1 (VAP1) IN NON-ALCOHOLIC FATTY LIVER DISEASE (NAFLD)


REFERENCES
Nutrition screening

**PMO-034** COMPLIANCE WITH THE MUST SCREENING TOOL FOR MEDICAL IN PATIENTS

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**Introduction**  The National Institute for Health and Clinical Excellence (NICE) recommends that screening tools such as the five step MUST (Malnutrition universal screening tool) be used on patients admitted to hospital and weekly thereafter. Early identification of nutritionally deficient patients is vital so that nutritional intervention can be targeted.

**Methods**  All patients (n=80) on four general medical wards were reviewed and followed up for 4 weeks or until discharged. Medical and nursing notes were assessed to see if MUST scoring was used and if the appropriate intervention was carried out based on the MUST score. The trust policy is that 100% compliance should be achieved in the use of MUST for inpatients.

**Results**  The Abstract PMO-034 table 1 shows that compliance with the nutritional screening tool is below the expected standard of 100% and slowly reduces over the first 4 weeks from admission. There were 14 instances of MUST score 1 but this resulted in only 36% of patients being given a high energy diet and 57% of patients being placed on a food diary. There were 28 instances of MUST score 2–5, but this led to only 46% of patients being placed on a high energy diet and 68% of patients being placed on a food chart. There were six instances of MUST score 4–6, however this led to only 50% of patients on a high energy diet, 67% of patients being placed on a food chart although 100% of these patients were referred to a dietician.

**Abstract PMO-034 Table 1**

<table>
<thead>
<tr>
<th></th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height recorded</td>
<td>95%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight recorded</td>
<td>94%</td>
<td>85%</td>
<td>85%</td>
<td>83%</td>
</tr>
<tr>
<td>BMI recorded</td>
<td>88%</td>
<td>89%</td>
<td>82%</td>
<td>82%</td>
</tr>
<tr>
<td>Acute disease score recorded</td>
<td>82%</td>
<td>83%</td>
<td>77%</td>
<td>81%</td>
</tr>
<tr>
<td>MUST score recorded</td>
<td>87%</td>
<td>89%</td>
<td>85%</td>
<td>84%</td>
</tr>
</tbody>
</table>

**Conclusion**  The adherence to nutritional scoring in medical patients is high but below the expected 100%. As time goes by the adherence to weekly screening drops slowly. Although there is a relatively high adherence to working out the MUST score, the final step in the screening tool which concentrates on nutritional intervention is disappointingly low. Continued education for both medical and nursing staff is needed so that targeted nutritional intervention can be delivered more effectively.

**Competing interests**  None declared.

**REFERENCE**  
1. NICE. Clinical Guidance 32: Nutrition Support in Adults. 2006