

PTH-159 **GROUP EDUCATION IS AS EFFECTIVE AS ONE-TO-ONE SESSIONS WHEN ADMINISTERING THE LOW FODMAP DIET IN FUNCTIONAL BOWEL DISORDERS**

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Introduction The low FODMAP diet is an effective intervention for people with functional bowel disorders (FBD). It has been introduced successfully to the UK with > 250 dietitians trained in its implementation. However, teaching patients about the diet is labour intensive; initial appointments typically last one hour. Given the prevalence of FBD, this represents a significant obstacle to widespread use. Group education sessions (GS) are a possible solution and are effective for dietary interventions in other disorders (e.g. diabetes, obesity), although their effectiveness has not been established for the low FODMAP diet. We aimed to compare the effectiveness of GS with one-to-one sessions (OS).

Methods Patients referred in 2011–12 with FBD were pre-assessed by telephone to confirm suitability for GS. Those with atypical symptoms or with other medical or nutritional concerns were excluded. Suitable patients were offered the choice of GS or OS. Up to 12 patients were seen in each GS lasting 1.5h and were then followed up 6–10 weeks later in a 1h GS. Patients seen in OS had an initial 1h appointment and then a 0.33h follow-up, 6–10 weeks later. Effectiveness of the diet was compared in OS and GS. Symptoms were measured using the gastrointestinal symptom rating scale at baseline and follow-up and clinical effectiveness through the global symptom question (GSQ). Comparisons were made using the χ^2 test. Acceptability of GS sessions was also assessed.

Results Data from 168 patients attending GS (70% female, mean age 39y) were compared with 50 patients attending OS (60% female, mean age 47y). Positive responses to the GSQ 'do you currently have satisfactory relief of your gut symptoms' improved from 30/155 (19%) at baseline to 71/146 (49%) in the GS ($P < 0.001$) and from 2/45 (4%) to 23/44 (52%) in the OS patients ($P = 0.016$). Proportion of those with adequate control at follow up was not significantly different between OS and GS ($P = 0.895$). At follow up, 94% of GS patients reported adherence to the diet > 50% of the time. Most of the GS patients felt length of the sessions (95%), content (93%) and balance between education and patient involvement (95%) were 'just right'. In retrospect, 39% would have preferred OS, with the remainder preferring GS or expressing no preference.

Conclusion GS are an effective medium for instructing patients in the implementation of the low FODMAP diet. Whilst a significant minority attending GS would have preferred OS, there are several possible advantages to GS including peer-support and sharing of experiences. Most importantly, GS allow increased capacity and shorter waiting times.

Disclosure of Interest None Declared.

PTH-160 **STRAIGHT TO TEST COLONOSCOPIES FOR SUSPECTED COLORECTAL MALIGNANCY- 5 YEAR FOLLOWUP OF PATIENTS WITH NORMAL COLONOSCOPIES WHO WERE DISCHARGED BACK TO GP**

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Introduction Straight To Test (STT) services has been adopted by hospitals throughout the UK to improve the efficiency of pathways for early cancer diagnosis. Our previous results suggest that STT colonoscopies for suspected colorectal malignancy are feasible, safe

and accurate¹. There has been no studies however on the long term (5 years or greater) outcomes after a normal colonoscopy in these patients. It is unclear if it is safe to discharge them back to primary care. We aimed to look at the 5 year outcomes after a negative STT colonoscopy for patients referred for suspected colorectal malignancy in 2007.

Methods In 2008 we conducted a retrospective study of all straight to test colonoscopies (Jan 2007 to Dec 2007) in Seacroft Hospital, Leeds¹. Of the 195 colonoscopies (150 for rectal bleeding and change in bowel habits and 45 for iron deficiency anaemia), 104 were either normal or had insignificant findings and were discharged back to GPs without hospital follow-up. We looked at hospital records of all these patients in Dec 2012 (5 years after their index procedure) for further hospital contact, investigations or other diagnosis. Data was collected from the hospitals electronic patient record (patient pathway management system or PPM which records all secondary care hospital episodes in West Yorkshire) and the results server. All secondary care contacts and investigations by these patients would have been captured by PPM and results server.

Results Of the 104 included patients, we collected follow-up data on 96 (In 8 data could not be traced). 76 of these were never referred back to secondary care. 20 were referred back with various symptoms, 6 of whom had normal investigations, 9 had benign gastrointestinal disease and 5 developed cancers as detailed in table below.

Abstract PTH-160 Table 1

Site of Cancer	Time to diagnose after index colonoscopy	Main presentation
Metastatic carcinoid, unknown primary	06 months	Abdominal pain
Lung	38 months	Cough
Breast	38 months	Weight loss
Metastatic pancreatic cancer	47 months	Weight loss
Colon (Dukes B)	68 months	Weight loss

Conclusion Only 1 patient developed colorectal malignancy on follow-up, but presented more than 5 years after the index colonoscopy with weight loss and but had a normal CT abdomen in the interim. 4 other had other malignancies with weight loss as the presenting feature in 50%. Patients who undergo STT colonoscopies for suspected colorectal malignancy can be discharged back to the GP with confidence by the endoscopist without follow-up in secondary care, but patients need to be warned to seek urgent help if losing weight.

Disclosure of Interest None Declared.

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PTH-161 **OUTCOME OF INVESTIGATIONS PERFORMED FOLLOWING A POSITIVE FAECAL CALPROTECTIN: A NINE MONTH PILOT STUDY FROM A DISTRICT GENERAL HOSPITAL**

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Introduction Faecal calprotectin (FCP) is a neutrophil degradation product used to detect inflammation within the gastrointestinal tract. It can aid differentiation of inflammatory bowel disease (IBD) from functional disorders and in the monitoring of IBD. We evaluated the outcome of investigations performed following a positive FCP at South Tyneside District Hospital.

Methods All positive FCP results (values > 60microg/g) were identified (1/1/12 and 30/9/12). Endoscopy and radiological results were