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 0.53h follow-up, 6–10 weeks later. Effectiveness of the diet was compared in OS and GS. Symptons 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 χ² 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.

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

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Abstract PTH-161 Table 1

<table>
<thead>
<tr>
<th>Group</th>
<th>Known IBD (%)</th>
<th>New IBD (%)</th>
<th>PUD (%)</th>
<th>NSA (%)</th>
<th>Cancer (%)</th>
<th>CRA (%)</th>
<th>Coeliac (%)</th>
<th>Unknown (%)</th>
<th>Other (%)</th>
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Results 119 colonoscopists participated in the QIC study. Interviews were conducted with 11 participants. 8 were lead colonoscopists, 1 a lead nurse and 3 colonoscopists who weren’t leads. Increased emphasis on examination time, increased awareness of ADR as a quality marker and empowerment of endoscopy nurses to encourage use of quality measures were seen as positive impacts of introducing the ‘bundle’. The simple, highly visible posters were also reported as useful in aiding study promotion. Challenges included difficulty in arranging set up meetings and in engaging certain speciality groups.

Conclusion Implementation of evidence into clinical practise can be challenging. During the QIC study challenges included arranging staff meetings and engaging all team members. Positive outcomes included increased awareness of colonoscopy quality, particularly slower withdrawal times, and empowerment of endoscopy nurses to promote quality measures. We demonstrate that emphasis on timing of meetings and strategies to engage speciality groups should be given consideration when planning implementation of evidence or guidelines into clinical practise.

Disclosure of Interest None Declared.

THROUGH IMPLEMENTING EVIDENCE INTO ENDOCOPIC PRACTICE: A QUALITATIVE STUDY

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Introduction The Quality Improvement in Colonoscopy (QIC) study was a region wide service improvement study that aimed to improve adenoma detection rate (ADR), and thusly quality in colonoscopy, through implementation of a ‘bundle’ of measures to routine colonoscopy practise. These were: withdrawal time, increased awareness of examination time, increased awareness of colonoscopy quality, particularly slower withdrawal times, and empowerment of endoscopy nurses to promote quality measures. We demonstrate that emphasis on timing of meetings and strategies to engage speciality groups should be given consideration when planning implementation of evidence or guidelines into clinical practise.

Disclosure of Interest None Declared.

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Introduction Patients under the care of Gastroenterologists suffer from a wide variety of acute and chronic conditions which often need regular intensive monitoring. This often necessitates frequent outpatient visits and follows up blood tests.

To improve both patient care and efficiency, a telephone clinic led by nurse specialists was instigated.

The patients included those with follow up of investigations into anaemia, abnormal liver function tests, coeliac disease, inflammatory bowel disease hepatitis B/C and irritable bowel disease.

Patients, who required drug monitoring, follow up of blood tests, histology and radiological investigations including flare ups of their inflammatory bowel condition were included.

Methods This initial consultation was in a consultant led clinic following which the results were communicated via the telephone clinic in 4–6 weeks. Depending on the initial results further investigations, treatment or follow up was arranged according to clinical need.

Patients with flares of IBD, follow up of treatment of Hepatitis B/C were now directly in contact with nurse led telephone clinics who in turn could give specialist advise and expedite treatment and investigations.

December 2009 were analysed. Similar data from 2005 was used as control* January 2009 to 31*Data regarding outpatient and telephone clinic activities from 1.

Reviewed in addition to clinic letters to understand clinician interpretation of results when necessary. Patients were categorised by age and FCP result. Outcomes in patients without IBD were categorised as: new IBD, non-specific inflammation/ulceration (NSI), peptic ulcer disease (PUD), cancer, colorectal adenoma (CRA), coeliac disease, other (including irritable bowel syndrome, bile salt malabsorption) or unknown where no additional information was available.

Results 147 positive (of 391, 37.6%) FCP results were identified. 11 were excluded, as investigations were ongoing. The outcome of investigations per category are summarised in Table 1.

Conclusion The use of FCP is increasing. In our unit, the majority of results when necessary. Patients were categorised by age and FCP result. Outcomes in patients without IBD were categorised as: new IBD, non-specific inflammation/ulceration (NSI), peptic ulcer disease (PUD), cancer, colorectal adenoma (CRA), coeliac disease, other (including irritable bowel syndrome, bile salt malabsorption) or unknown where no additional information was available.

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