Conclusion Treatment with lubiprostone resulted in increased SBM frequencies and improvement in related symptoms in patients with chronic idiopathic constipation regardless of age, gender, or race.

Disclosure of Interest None Declared.

**Discussion**

**Long-term Efficacy of Lubiprostone Demonstrated in Patients with Constipation Regardless of Age, Gender or Race**

**Aims and Methods**

Pooled data from three Phase 3 open-label safety studies were reviewed to analyse efficacy in the following subpopulations: non-elderly (<65 years) and elderly (≥65 years); male and female; and non-white and white. Constipation severity, abdominal bloating, and abdominal discomfort were rated on a 5-point scale ranging from absent = 0, mild = 1, moderate = 2, severe = 3 and very severe = 4, and changes from baseline following treatment with lubiprostone were analysed.

**Results**

In the non-elderly and elderly, lubiprostone improved constipation severity (p ≤ 0.0001) each week beginning at Week 1 and continuing through Week 48. Among males and females, lubiprostone improved (p ≤ 0.0001) constipation severity each week with similar findings (p ≤ 0.0001) for non-whites and whites. For abdominal discomfort, significant changes were seen at all weeks in the non-elderly (p ≤ 0.0001) and for all weeks in the elderly (p ≤ 0.0015) except Week 8 (p = 0.0530). Among the genders, improvements occurred at all weeks in males (p ≤ 0.0020) and in females (p ≤ 0.001). By race, improvements occurred at all weeks among non-whites (p ≤ 0.0001) and for all weeks among whites (p ≤ 0.0001). Significant changes in abdominal bloating were seen in the non-elderly (p ≤ 0.0001) and for the elderly (p ≤ 0.0180) at all weeks. Abdominal bloating improved at all weeks for males (p ≤ 0.0010) and females (p ≤ 0.0001). For non-whites and whites, abdominal bloating improved (p ≤ 0.0001) at all weeks.

**Conclusion**

Lubiprostone demonstrated long-term efficacy through an overall improvement in constipation severity for up to 12 months regardless of age, gender, or race. Similarly, improvements were noted in abdominal bloating and abdominal discomfort for both race and gender subpopulations along with some significant and positive trend for improvement in the age group analyses.

Disclosure of Interest None Declared.

**Prevalence of Organic Disorders in Consecutive New Patients Meeting Criteria for IBS in a Gastroenterology Clinic**

**Introduction**

A positive diagnosis of irritable bowel syndrome (IBS), without the need for recourse to investigation, is encouraged. Patients meeting symptom-based diagnostic criteria for IBS are often given reassurance that there is no serious underlying pathology, and treated symptomatically. However, some studies have suggested that an organic diagnosis, such as coeliac disease or pancreatic...
insufficiency, may be missed if this approach is adopted. We aimed to examine the yield of investigation in patients meeting criteria for IBS in real-life clinical practise.

**Methods** Review of consecutive unselected new patient referrals to a single Gastroenterologist’s outpatient clinic during a 2-year period, from January 2010 to December 2011. All clinic letters were reviewed retrospectively, and symptoms reported by the patient at the initial consultation were recorded. Those who described lower abdominal pain associated with a change in bowel habit, in the absence of alarm features such as rectal bleeding or weight loss, were classified as meeting criteria for IBS at presentation. IBS subtype was classified as diarrhoea-predominant (IBS-D), constipation-predominant (IBS-C), or mixed (IBS-M), according to stool pattern. Radiology, endoscopy, chemical pathology, and histopathology databases were then cross-examined in order to ascertain the final diagnosis following full investigation, to the level deemed appropriate by the consulting physician.

**Results** There were 397 consecutive unselected new patient referrals to a single Gastroenterologist between January 2010 and December 2011. Of these, 38 (9.6%) (mean age 40.6 years, 23 (60.5%) female) reported symptoms compatible with IBS in the absence of alarm features, of whom 23 (60.5%) met criteria for IBS-D, 9 (23.7%) IBS-C, and 6 (15.8%) IBS-M. In total, 7 (18.4%) patients were found to have an organic explanation for their symptoms after investigation. The commonest organic diagnosis among patients meeting criteria for IBS was bile acid malabsorption, occurring in 4 (10.5%). Other organic diagnoses detected included inflammatory bowel disease-unclassified (1 patient), pancreatic insufficiency (1 patient), and coeliac disease (1 patient). Organic diagnoses were commoner among those meeting criteria for IBS-D, occurring in 6 (26.1%) patients.

**Conclusion** Our data suggest that organic diagnoses may occur in up to one in five patients meeting criteria for IBS without alarm features. Bile acid malabsorption occurred in more than 10%. The yield of investigations in IBS-C was low, suggesting these individuals can be labelled confidently as having IBS without the need for further investigation.

**Disclosure of Interest** None Declared.