

obtained from healthy controls by centrifugation over Polymorphoprep™, was quantified in Boyden chambers.

**Results** No significant difference in the relative killing of *E.coli* K12 ( $-14 \pm 11\%$  vs.  $-45 \pm 9\%$ ) and *Staph. aureus* ( $-52 \pm 4\%$  vs.  $-63 \pm 5\%$ ) nor in the relative survival of AIEC HM605 ( $+50 \pm 26\%$  vs.  $+8 \pm 22\%$ ) within monocyte-derived macrophages was seen (healthy controls vs. Crohn's disease respectively;  $n = 10$  each group, ANOVA). TNF $\alpha$ , IL-6 and IL-8 production were not significantly different between the two groups and macrophage mediated neutrophil chemotaxis was equivalent. Smoking status did not affect bacterial survival, with no differences observed in killing between current smokers, ex-smokers and non-smokers.

**Conclusion** AIEC are ineffectively killed by both Crohn's disease and healthy macrophages. Macrophages from patients with Crohn's disease do not appear to have an inherent defect in killing and exhibit equivalent ability to induce neutrophil chemotaxis relative to controls. These data suggest circulating inhibitors of Neutrophil chemotaxis may explain the previously observed defective neutrophil chemotaxis and bacterial clearance *in vivo*.

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**PWE-092 SYMPTOM RESPONSE FOLLOWING ADVICE ON A DIET LOW IN SHORT-CHAIN FERMENTABLE CARBOHYDRATES (FODMAPS) FOR FUNCTIONAL BOWEL SYMPTOMS IN PATIENTS WITH IBD**

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**Introduction** The low FODMAP diet is an effective dietary intervention for people with functional bowel disorders (FBD), which are common in patients with inflammatory bowel disease (IBD). One study has reported that half of patients with IBD report improvements in abdominal pain, bloating, flatulence and diarrhoea after following a low FODMAP diet. Up to 70% of

patients reported adherence to the diet. We aimed to assess the effectiveness of low FODMAP diet advice in patients with IBD in the UK.

**Methods** Patients with inactive IBD and FBD (as diagnosed by their gastroenterologist), who had been referred to the dietitian and advised on a low FODMAP diet were included in this evaluation of clinical practice. Symptoms were measured pre and post (at least 6 weeks) low FODMAP dietary advice as part of normal clinical practice using the global symptom question (GSQ) 'Do you currently have satisfactory relief of your gut symptoms?' and the gastrointestinal symptom rating scale (GSRS). Stool frequency was considered 'normal' if between 2–3 times per week to 2–3 times per day. Types 3–5 on the Bristol stool form scale were considered normal stool consistency. Comparisons were made using the McNemar test for categorical data and a paired t-test for continuous data.

**Results** Data from 35 patients with IBD (17 ulcerative colitis, 17 Crohn's disease, one IBD unclassified, 63% female, mean age 39y) were analysed. There was a significant increase in the number of patients reporting positively to the GSQ ( $n[\%]$  pre: 8 [23] versus post: 29 [83];  $p < 0.001$ ) and the GSRS composite score (mean [SD] pre: 1.25 [0.48] versus post: 0.77 [0.45];  $p < 0.001$ ). Fewer patients reported symptoms including abdominal pain, bloating, flatulence and urgency, increased stool frequency, and type 6 or 7 Bristol stool form post dietary advice compared with pre dietary advice (Table).

**Conclusion** The low FODMAP diet appears to be an effective treatment option for patients with IBD and FGD particularly for those with symptoms of abdominal bloating, flatulence, faecal urgency and lethargy. However, this is an evaluation of clinical practice and prospective randomised controlled evidence in IBD is currently lacking.

**Disclosure of Interest** None Declared.

**PWE-093 SPLITTING THE NORMAL DAILY DOSE OF THIOGUANINE MAY BE EFFICACIOUS TREATMENT FOR INFLAMMATORY BOWEL DISEASE AND AVOID HEPATIC TOXICITY**

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**Introduction** 6-thioguanine (TG) is a treatment for inflammatory bowel disease (IBD). However, its association with nodular regenerative hyperplasia (NRH) and portal hypertension has

**Abstract PWE-092 Table 1**

Symptom	Pre n (%)	Post n (%)	p	Symptom	Pre n (%)	Post n (%)	p
Abdominal pain	13 (37)	6 (17)	0.039	Nausea	3 (9)	0 (0)	0.250
Abdominal bloating	25 (71)	9 (26)	<0.001	Heartburn	4 (11)	3 (9)	1.000
Flatulence	24 (69)	7 (20)	<0.001	Acid regurgitation	4 (11)	1 (3)	0.250
Belching	6 (17)	3 (9)	0.508	Lethargy	27 (77)	14 (40)	0.002
Borborygmi	17 (49)	6 (17)	0.003	Stool frequency >3 times/day	17 (49)	8 (23)	0.012
Faecal urgency	22 (63)	9 (26)	0.002	Type 6 or 7 Bristol stool form	12 (34)	9 (26)	0.549
Incomplete evacuation	9 (26)	8 (23)	1.000				