abstracts of eight annual conferences. RCTs reporting administration of probiotics in adults with functional constipation were included. Two reviewers independently performed the screening of articles, data extraction, and risk of bias assessment. Data were synthesised using weighted or standard mean differences for all relevant outcomes using a random effects model. Publication bias was assessed via funnel plots and the Egger’s test.

**Results** 657 records were identified, of which 14 were eligible (1,347 patients). Probiotics significantly reduced whole gut transit time by 11.9 h (95% CI: -18.4 to -5.4; \( p = 0.0003 \)). They also significantly reduced right and left colonic transit times by 5.7 h (95% CI: -9.9 to -1.6; \( p = 0.007 \)) and 5.1 h (95% CI: -9.6 to -0.6; \( p = 0.03 \)), respectively. Probiotics significantly increased stool frequency by 1.1 bowel movements per week (95% CI: 0.7 to 1.5; \( p < 0.0001 \)) with a number to treat (NNT) of 2, but there was significant heterogeneity (\( I^2 = 79\% \); \( p < 0.0001 \)). Probiotics resulted in softer stool consistency (standardised mean difference, SMD = +0.5, 95% CI: 0.3 to 0.8; \( p = 0.0001 \)) with a NNT of 3. Bloating (SMD = -0.6, 95% CI: -1.2 to -0.1; \( p = 0.04 \)) and flatulence (SMD = -0.4, 95% CI: -0.7 to -0.1; \( p = 0.01 \)) were also significantly reduced. No serious adverse events were reported following probiotic administration, and compliance was over 95%. There was no statistically significant funnel plot asymmetry found (\( p = 0.271 \)), suggesting no evidence of publication bias.

**Conclusion** Probiotics significantly improve gut transit time, stool frequency and consistency, and constipation-related symptoms, and are associated with low risk of adverse events and high rates of compliance. Probiotics should thus be considered as an alternative treatment for functional constipation.

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