PRELIMINARY SIGNIFICANT FINDINGS FROM A RANDOMISED CONTROLLED TRIAL OF POSTERIOR TIBIAL NERVE STIMULATION IN SYSTEMIC SCLEROSIS ASSOCIATED FAECAL INCONTINENCE

Introduction The gastrointestinal tract is affected in up to 90% of Systemic Sclerosis (SSc) patients with faecal incontinence (FI) being reported in up to 38%. Passive faecal incontinence secondary to internal anal sphincter atrophy is the characteristic finding. We have shown that neuropathic changes are implicated in SSc patients with FI and sacral nerve stimulation has emerged as a potentially beneficial therapy in SSc. However this is expensive, invasive, not widely available and we have shown that medium term efficacy is poor. Posterior tibial nerve stimulation (PTNS) is a potential alternative to modulate the sacral plexus indirectly, with none of these disadvantages. This is the preliminary data on a randomised placebo controlled trial of PTNS versus sham PTNS to determine if nerve modulation is an effective treatment in SSc associated FI.

Methods We commenced a prospective randomised single-blind study of SSc patients with FI in February 2013 from a specialist Scleroderma unit. Baseline symptom scoring (bowel diary, Wexner), manometry and endoanal ultrasound were completed prior to randomization to PTNS or sham. PTNS was administered conventionally, by insertion of an acupuncture needle according to anatomical landmarks, connected to an electrical stimulator. Sham PTNS was administered in identical fashion but the PTNS surface electrode was not connected and instead separate TENS surface electrodes were connected to a TENS unit. Each patient underwent blinded intervention for 30 min periods, once a week for 12 weeks. The primary endpoints were the percentage reduction in faecal incontinence episodes and change in Wexner incontinence scores.

Results A total of 13 SSc patients (11 f), mean age 61 (36–72) completed the trial by October 2013. Of these 6 (5 f) underwent PTNS and 7 (6 f) patients underwent sham stimulation. All PTNS patients showed a reduction (5–100%) in the number of FI episodes in comparison to 0 sham patients at 12 weeks (p < 0.01) (CI: -81.49–14.34). This matched an improvement in mean Wexner scores from baseline to treatment end (14.8 to 10.8 vs 13.4 to 13.6, true vs sham respectively, p = 0.03).

Conclusion This pilot data is demonstrating significant effects of PTNS in Scleroderma-associated FI. We present this significant initial data but anticipate having at least 25 completed patients by May 2014.

Disclosure of Interest None Declared.
Beliefs about Management of Irritable Bowel Syndrome in Primary Care: Cross-Sectional Survey

UN Shivaji*, AC Ford. Leeds Gastroenterology Institute, St. James’s University Hospital, Leeds, UK

Introduction

There have been considerable advances in evidence synthesis concerning management of irritable bowel syndrome (IBS) in the last 5 years, with guidelines for its management in primary care published by the National Institute of Health and Care Excellence (NICE). We examined beliefs about IBS management among primary care physicians.

Methods

This was a cross-sectional web-based questionnaire survey of 275 primary care physicians registered with three clinical commissioning groups in Leeds, UK. We e-mailed a link to a SurveyMonkey questionnaire, containing 18 items, to all eligible primary care physicians. Participants were given 1 month to respond, with a reminder sent out after 2 weeks.

Results

One-hundred and two (37.1%) primary care physicians responded. Eighty-four (82.4%) of the respondents confirmed that they used clinical symptoms or signs elicited during the history and physical examination to diagnose IBS, with only 10 (9.8%) using the Rome criteria, and 4 (3.9%) the Manning criteria. A further 4 participants stated that they referred to a Gastroenterologist to confirm the diagnosis. Seventy (68.6%) primary care physicians agreed or strongly agreed that IBS was a diagnosis of exclusion, with only 5 (4.9%) strongly disagreeing with this statement. More than 80% checked coeliac serology often or always in suspected IBS. Between 56% and 76% believed soluble fibre, antispasmodics, peppermint oil, and psychological therapies were potentially efficacious therapies (table). The respondents were less convinced that antidepressants or probiotics were effective. Despite perceived efficacy of psychological therapies, 80% stated these were not easily available. Levels of use of soluble fibre, antispasmodics, and peppermint oil were in the range of 40% to >50%. Most primary care physicians obtained up-to-date evidence about IBS management from NICE guidelines.

Conclusion

Most primary care physicians still believe IBS is a diagnosis of exclusion, and many are reluctant to use antidepressants or probiotics to treat IBS. More research studies addressing diagnosis and treatment of IBS based in primary care are required.

Disclosure of Interest

None Declared.

PWE-185

Beliefs About Management of Irritable Bowel Syndrome in Primary Care: Cross-Sectional Survey

UN Shivaji*, AC Ford. Leeds Gastroenterology Institute, St. James’s University Hospital, Leeds, UK

10.1136/gutjnl-2014-307263.445

Abstract PWE-185 Table 1

<table>
<thead>
<tr>
<th>Therapy Type</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soluble fibre as an effective therapy (%)</td>
<td>3 (2.9)</td>
<td>54 (52.9)</td>
<td>39 (38.2)</td>
<td>6 (5.9)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Antispasmodics as an effective therapy (%)</td>
<td>6 (5.9)</td>
<td>71 (69.6)</td>
<td>25 (24.5)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Peppermint oil as an effective therapy (%)</td>
<td>4 (3.9)</td>
<td>64 (62.7)</td>
<td>30 (29.4)</td>
<td>3 (2.9)</td>
<td>1 (1.0)</td>
</tr>
<tr>
<td>Probiotics as an effective therapy (%)</td>
<td>1 (0.1)</td>
<td>20 (19.6)</td>
<td>56 (54.9)</td>
<td>22 (21.6)</td>
<td>2 (2.0)</td>
</tr>
<tr>
<td>TCADs as an effective therapy (%)</td>
<td>2 (2.0)</td>
<td>49 (48.0)</td>
<td>42 (41.2)</td>
<td>6 (5.9)</td>
<td>1 (1.0)</td>
</tr>
<tr>
<td>SSRIs as an effective therapy (%)</td>
<td>0 (0)</td>
<td>33 (32.4)</td>
<td>49 (48.0)</td>
<td>17 (16.7)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Psychological therapies as an effective therapy (%)</td>
<td>5 (4.9)</td>
<td>55 (53.9)</td>
<td>40 (39.2)</td>
<td>1 (1.0)</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>

BSG 2014 abstracts