Abstract PWE-123 Figure 2 Abdominal pain present

Abstract PWE-123 Figure 3 Abdominal distension present

Conclusion This is the first study to demonstrate that a LFD is an effective dietary treatment for patients with biopsy confirmed treated-CD and on going GI symptomology. Such patients should be seen by a specialist dietitian to improve adherence, ensure nutritional adequacy and appropriate reintroduction of FODMAP containing foods.

Disclosure of interest: None Declared

PWE-124 HOW PATIENTS USE DIETARY INFORMATION FROM GP'S AND GASTROENTEROLOGISTS IN IBS SELF-MANAGEMENT

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Introduction In recent years there has been a renewed interest in dietitian-led nutritional treatments for Irritable Bowel Syndrome (IBS)-specifically the Low FODMAP (LFD) and Gluten Free Diets (GFD). Increases in diagnosis and a lack of suitably trained dietitians to deliver these modalities mean many patients only receive nutritional information from General Practitioners (GP's) and Gastroenterologists (GE's). Since the LFD and GFD are dietitian-led, the aim of this research was to qualitatively explore how people with IBS use and apply dietary information from GP's and GE's in IBS self management.

Methods An initially sample of 33 people (7 male) responded to a research request from the staff and student body of Sheffield University. 10 participants with a median age of 45 years (range 24–64, 2 male) matched the inclusion criteria-diagnosed with IBS (ROME IV) and used diet as their primary treatment. There were no differences in baseline demographics between patients who participated in the study and those who did not (gender $p=1.0$, age $p=0.9$). All participants had received dietary information from GP's and GE's for self managing their IBS symptoms; primarily advice on the LFD. Semi-structured interviews were conducted (minimum an r duration) and evaluated using Interpretive Phenomenological Analysis (IPA). IPA is a qualitative research method that employs phenomenological, and idiographic techniques to explore and explain participants lived experience. IPA is particularly suited to examine and understand how people with IBS make sense of the dietary information they are given and how this relates to the self-management of their symptoms.

Abstract PWE-124 Figure 1 Dietary information in IBS self management(DIISM)

Findings The providence of nutritional information was important for the participants, information from GP's and GE's was valued as evidenced based. However, the information was

Abstract OTU-024 Table 1 Relative changes in colorectal cancer mortality (C18–21) by 5 year age band in England & Wales from 2005 to 2016

	45–49	50–54	55–59	60–64	65–69	70–74	75–80	80–84	85–89
Men	–18.0%	–10.6%	–23.1%	–16.1%	–22.7%	–32.5%	–19.5%	–14.3%	–8.8%
Women	+14.7%	–5.9%	–0.7%	–5.2%	–24.1%	–28.6%	–10.9%	–11.6%	–2.9%

seen as very simplistic, often just 'food lists' with little or no personalisation to meet individual needs of the participants (figure 1). Digital online and resources were used to supplement the dietary information received from GP's and GE's, however this required additional interpretation and personalisation and led to negative effects on both the participants social and food-related quality of life.

Conclusion The participants found much of the nutritional information provide by GPS' and GE's to be overly generic and incomplete; in that it was difficult to apply in 'real life'. The findings in this study support the current clinical guidelines proposed by the both by NICE and the BDA that LFD and GFD's should still be considered second-line dietitian-led only interventions.

PWE-125 EFFECT OF TURMERIC ON THE FAECAL VOLATILE ORGANIC METABOLITES IN HEALTHY INDIVIDUALS

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Introduction Inflammatory bowel disease (IBD) affects the gut microbiome and metabolome. Curcumin, from turmeric, may be of benefit in some patients through action on the gut microbiome. Curcumin produces changes to bile acid secretion, and has a variety of direct effects on bacteria. Faeces release Faecal Volatile Organic Metabolites (VOMs), which partly reflect the gut microbiome. The aim of the study was to investigate the effects of turmeric on the VOMs in healthy individuals.

Methods 5 participants were enrolled in a before-during-after pilot study, in which they were asked to take a turmeric-free diet and then to consume 1.6 g of turmeric daily for 5 days. Faecal samples were collected at baseline, after 5 days of turmeric ingestion, and again 5 days after this, and frozen immediately. The samples were analysed by an investigator blinded using gas chromatography mass spectrometry. Analytes were identified using AMDIS software and compared using Metaboanalyst software: ANOVA, PCA, PLSADA, and Heatmap were employed.

Abstract PWE-125 Figure 1 Box plot showing changes in abundance of propanoic acid amongst the comparison groups

Abstract PWE-125 Figure 2 Box plot showing changes in abundance of methyl propionate amongst the comparison groups

Results ANOVA yielded 0 significant features. For most of the VOMs found between the comparison groups, $p > 0.05$. Both PCA and PLSADA failed to show any separation by group. Heatmap analysis did not show any pattern in the abundance of VOMs. VIP scores showed a decrease in the abundance of propanoic acid and methyl propionate in the intervention samples when compared to baseline and post-turmeric consumption. The box plots created from raw data in Figure 1 & 2 demonstrated lower median abundances of intervention samples as compared to comparison groups. The study was underpowered to demonstrate significant change.

Conclusions This pilot study illustrates that two VOMs appears to become less abundant when turmeric is consumed: both appear related to propionibacteria metabolism. Studies in patients with IBD are warranted.

PWE-126 LOW FODMAP DIET EFFECT ON IBS GASTROINTESTINAL MICROBIOME AND METABOLITES AND PREDICTION OF RESPONSE

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Introduction Prebiotic β -galactooligosaccharides (B-GOS) may counteract the microbiome modifying effect of the low FODMAP diet (LFD) in patients with irritable bowel syndrome (IBS). Faecal metabolites may predict why only some patients respond to the LFD paving the way towards more personalised treatment.

The aim of this randomised controlled trial (RCT) was to investigate: a) the impact of the LFD and LFD+1.4 g/d B-GOS compared to Control on the gut microbiome in IBS, and b) if differences in faecal or urinary metabolites predict response to the LFD.

Methods A 3-arm RCT was performed in 69 IBS patients randomised to: Sham diet +Placebo (Control), LFD +Placebo (LFD) or LFD +B GOS. This study investigated global