Abstracts

44.4% in 15 Hz group ($p \geq 0.480$). One patient had numbness/tingling in the right arm in 5 Hz group.

Conclusions In this interim analysis, repetitive translumbar and transsacral magnetic stimulation appears safe, and at 1 Hz frequency showed significant superiority when compared to higher frequencies for the treatment of FI. This non-invasive neuromodulation modality offers promise as a novel treatment approach for FI.

Abstract OWE-030 Table 1 Summary of results

	1 Hz		5 Hz		15 Hz	
	Baseline	Post-Treat	Baseline	Post-Treat	Baseline	Post-Treat
FI episodes/Wk	7.1±2.7	2.0±1.3*	10.6 ±4.5	9.1±3.7	5.0±2.5	2.3±0.8*
Responder rate (%)		88.9% [‡]		25%		44.4%
FISI score δ (%)		34.6±18.4		12.0±4.9		17.6±16.1
Considerable or Complete relief		66.7%		37.5%		44.4%
Mild or Unchanged		33.3%		62.5%		44.4%
Worse		0		0		11.1%

Bold = * $p < 0.05$ vs baseline; [‡] vs 5Hz

OWE-031 OESOPHAGEAL APERISTALSIS IS UNDER INVESTIGATED IN THOSE WITHOUT ACHALASIA OR REFLUX

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Introduction Oesophageal aperistalsis (OA) is the absence of oesophageal motility with water swallows at high-resolution manometry (HRM). The main causes are achalasia and reflux although in many patients no cause is found, therefore we aimed to investigate the number of patients with an identifiable cause of OA and the number of patients in whom the most common aetiologies have been determined. There is no consensus for the investigation of OA without achalasia; this will depend on how common the underlying aetiology is.

Methods We examined the reports of patients who had HRM at Guy's and St. Thomas' NHS Trust from January 2008 to July 2017. 492 patients had OA as per the Chicago Classification 2014; achalasia was defined as an integrated relaxation pressure (IRP) of >15 mmHg or IRP 12–15 mmHg and a barium swallow or other imaging or a previous myotomy for achalasia was identified. For those without achalasia, Gastroesophageal reflux disease (GORD) was defined according to any pH study off PPI. Patients without GORD or achalasia were classified as non-achalasia, non-reflux aperistalsis (NANRA). Non-achalasia patients without a pH study were excluded ($n \geq 35$). The electronic patient record of NANRA patients was consulted to look for evidence of autoimmune disorders (AD), eosinophilic oesophagitis (EoE) or previous oesophageal surgery.

Results Among 457 included patients we defined three categories: 183 (40%) had achalasia, 185 (41%) had GORD and 89 (19%) had NANRA.

Of the 89 NANRA patients, 29% had an AD including Systemic Lupus Erythematosus, Scleroderma, Sjögren syndrome and Antisynthetase syndrome ($n \geq 25$, M:F 3:7, average age ≥ 48). One had Myotonic Dystrophy ($n \geq 1$); 11% ($n \geq 10$) had hypersensitive oesophagus; 6% ($n \geq 5$) had surgery for atresia, oesophageal spasm, or gastric cancer; 2% ($n \geq 2$) had EoE and in 2% ($n \geq 2$) of patients AD screen and EoE screen were normal. The remaining 50% of NANRA patients ($n \geq 44$) had an unknown cause but incomplete investigations (no screen for AD: 97.7%; no biopsy: 67.4%).

Conclusions 1. The principal cause of OA is achalasia; it shouldn't be dismissed as a cause even if the IRP is <15 mmHg as 6.5% ($n \geq 12$) of patients with achalasia and OA had IRP <15 mmHg but typical radiological findings.

2. GORD is present in 41% of patients but it is unclear whether it is a cause or effect of OA, therefore the finding of GORD should not stop further investigation.

3. Patients with OA are under investigated for AD and EoE. 50% of patients with NANRA had incomplete investigations potentially losing the opportunity to identify other aetiologies. It is unclear whether NANRA patients should be routinely tested for AD or for EoE, or whether this should be done only in selected cases.

OWE-032 A RANDOMISED PLACEBO-CONTROLLED TRIAL OF A MULTI-STRAIN PROBIOTIC FORMULATION. (BIO-KULT®) IN THE MANAGEMENT OF IBS-D

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Introduction Increasing evidence supports the viewpoint that alterations in the diversity and function of gastrointestinal bacteria contributes to IBS, and that increasing the mass of beneficial species, by consuming probiotics, may lower pathogenic bacteria numbers and help alleviate symptoms.

Methods In this double-blind trial, a total of 360 adult patients with moderate-to-severe symptomatic diarrhoeapredominant IBS (IBS-D) were randomised to receive either treatment with the multi-strain probiotic Bio-Kult (14 different bacterial strains) or placebo for 16 weeks. The primary outcome measure was change in abdominal pain. The secondary outcomes included frequency of bowel motions, overall change in IBS-severity scoring system (IBS-SSS) and IBS specific quality of life (IBS-QoL).

Results In comparison to placebo, treatment with probiotics significantly alleviated the severity of abdominal pain in patients with IBS-D: 69% reduction for probiotic versus 47% for placebo ($p < 0.001$), equating to a 145 point reduction on the IBS-SSS. The level of patients rating their symptoms as moderate-to-severe was reduced from 100% at baseline to 14% in the multi-strain probiotic group by follow-up (month 5) versus 48% for placebo ($p < 0.001$). In addition, the number of bowel motions per day from month 2 onwards was significantly reduced in the probiotic group compared with the placebo group ($p < 0.05$). In addition to relieving symptoms, the probiotic markedly improved all dimensions of quality of life in the 34-item IBS-QoL questionnaire. No serious adverse events were reported.

Conclusions The multi-strain probiotic was associated with significant improvement in symptoms in IBS-D patients, and was well-