Abstract PWE-130 Table 1

	SIBO positive (mean and standard deviation)	SIBO negative (mean and standard deviation)	P value
Gastric emptying time (minutes)	237±233	208±205	0.7
Small bowel transit time (minutes)	316±104	361±127	0.3
Colonic transit time (minutes)	2050±1518	1357±1280	0.2
Whole Gut Transit time (minutes)	2670±1447	2561±1902	0.9
Ileal contractility (AUC)	193±130	148±115	0.38
Colonic contractility (AUC)	87±71	81±83	0.87
Ileal pH	7.8±0.2	7.8±0.2	0.9
Colonic pH	7.3±0.5	7.4±0.8	0.9

Conclusions Concomitant SIBO in patients with IBS-M confers a higher gastrointestinal and extra-gastrointestinal symptom burden. Moreover, it is associated with a reduction in quality of life. However, it was not associated with any demonstrable alterations in GI physiology. It is plausible to suggest that such IBS patients with co-existent SIBO may potentially preferentially respond to antimicrobial interventions such as rifaximin.

REFERENCES

1. Aziz et al. *Curr Opin Gastro* 2017.
2. Rezaie et al. *Am J Gastro* 2017.

PWE-131 FODMAP INTAKE AND THE RISK OF IRRITABLE BOWEL SYNDROME IN THE COMMUNITY: A PROSPECTIVE STUDY

¹Mark Fox*, ²Cindy Long, ²Yanyong Deng, ²Hua Chu, ²Yanqun Cong, ²Ning Dai.
¹University Of Zürich, Zurich, Switzerland; ²Sir Run Run Shaw Hospital, School of Medicine, Zhejiang University, Hangzhou, China

10.1136/gutjnl-2018-BSGAbstracts.425

Introduction The cause of IBS is uncertain; however, food intolerance shares many features with this condition. Consumption of Fermentable Oligo-, Di- and Mono-saccharides And Polyols (FODMAPs) has been shown to induce IBS-type symptoms (Shepherd 2008) and clinical trials have shown that a low FODMAP diet can improve symptoms in this patient group (Halmos 2014). However, FODMAP intake is not higher in IBS than in health (Bohn 2013) and the outcome of low FODMAP diet may not be better than standard dietary advice in this condition (Bohn 2015). Previous research has shown that psychological factors are associated with increased symptoms in IBS patients (Zhu 2013, Van Oudenhove 2016).

This population based study tests the hypothesis that high FODMAP intake increases the risk of IBS symptoms more in individuals with psychiatric disease and/or life event stress than in members of the community without risk factors for functional gastrointestinal disease.

Methods Subjects aged 16–74 were randomly selected from five South-Chinese communities. All subjects completed questionnaires by face-to-face inquiry with investigators including demographic information, gastrointestinal symptoms (Rome III), dietary intake (food frequency chart validated in Chinese

community), psychiatric disease (HADS), life event stress (LES) and quality of life (SF-8). Results are presented as odds ratio with 95% confidence intervals.

Results From 1999/2115 (94.7%) members of the community that completed study questionnaires, 117 (5.9%) had IBS by Rome III criteria. The IBS group ingested less lactose than the 'No-IBS' group ($p \geq 0.024$). Intake of other FODMAPs was similar in both groups ($p \geq 0.346$). Compared to the 'No-IBS' group, subjects with IBS had a greater likelihood of depression (OR 1.5 (0.97–2.32); $p \geq 0.05$), anxiety (2.84 (1.84–4.39), $p < 0.001$), recent life event stress (1.5 (1.03–2.20); $p \geq 0.03$) and medical or surgical co-morbidity (OR 2.90 (1.30–5.45), $p < 0.001$). The IBS group also had lower quality of life ($P < 0.001$).

Joint risk analysis identified high intake of total FODMAP intake as a risk factors for IBS only in subjects with psychiatric disease and/or life event stress (OR 2.3 (1.1–4.8), $p < 0.029$). Similar effects were seen for individual symptoms, in particular bloating (OR 2.4 (1.3–4.6), $p < 0.008$). Increased risk of IBS was identified with ingestion of high intake of individual FODMAPs (e.g. fructose, fructans, lactose) in combination with psychosocial factors, but not with sucrose (control) in any group.

Conclusions Overall FODMAP intake was similar in IBS and No-IBS groups in the community and FODMAP intake alone was not associated with abdominal symptoms. However, consistent with the study hypothesis, joint risk analysis demonstrates that high FODMAP intake does increase the risk of IBS symptoms in subjects with psychiatric disease and/or high levels of psychosocial stress, factors known to increase visceral sensitivity to digestive events.(ClinicalTrials: NCT01286597)

PWE-132 THERAPEUTIC OUTCOMES FOLLOWING ENDOTHERAPY FOR REFRACTORY GASTROPARESIS

Abhinav Gupta*, Martin Everson, Rehan Haidry, Matthew Banks, Stephen Bown, David Graham, Kalp Patel, Layth Qarage, Amir Mari, Natalia Zarate-Lopez, Laurence Lovat, Rami Sweis. University College Hospital, London, UK

10.1136/gutjnl-2018-BSGAbstracts.426

Introduction The relative merits of endotherapy for refractory gastroparesis remain unclear. We assessed the symptomatic response of patients undergoing non-surgical pyloric intervention at a specialist tertiary centre.

Methods 57 patients (21 male, mean age 47, 16–81) with medical refractory gastroparesis (29 idiopathic, 5 diabetic, 23 post-gastric transposition) underwent 117 endoscopic treatments from Sep 2013-Sep 2017: either 100IU units of Botox injected into 4 quadrants of the pylorus ($n \geq 66$), balloon dilatation to 15–20 mm (EBD, $n \geq 13$) or combination therapy ($n \geq 38$). Patients with gastric malignancy, pyloric surgery or no follow-up were excluded. Symptoms were assessed immediately prior to each procedure and at first follow up using a retrospective scoring system based on the presence (1 point) or absence (0 points) of Vomiting, Nausea, Bloating or Early satiety. This formulated a composite symptom score (SS) out of 4; positive response was defined by improvement in SS of at least 1. Statistical analysis was performed using Wilcoxon Signed-Rank Test and Fischer's Test.

Results There were no immediate or late complications. Mean symptom score (SS) improved per-patient from 2.1 points at baseline to 1.2 post initial endotherapy ($p < 0.01$) at median follow up of 2.1 months. 20 patients required further