only in a minority of patients. Prokinetics are widely used as first choice approach but treatment duration and stopping rules were not clearly established. Intrapyloric Botox injection showed subjective benefit in a proportion of patients, matching results of previous RCTs where placebo had similar benefit. Our study indicates the need for a more consistent and evidence-based management of gastroparesis. Dedicated outpatient clinics and internal protocols may help to achieve this task.

PWE-136 FUNCTIONAL GASTROINTESTINAL DISORDERS (FGID) IN EHlers DANLOS TYPE III (HYPERMOBILE) AND MARFAN SYNDROME PATIENTS


Introduction Ehlers Danlos syndrome is a group of inherited heterogenous multisystem disorders characterised by skin hyperextensibility, atrophic scarring, joint hypermobility and generalised tissue fragility. Hypermobile EDS (hEDS) is the most common type. Marfan syndrome (MS) is also a multisystem disorder caused by a mutation in FBN1 gene which shares some phenotypic features with Hypermobile EDS such as joint hypermobility. Recent studies have suggested an association of Functional Gastrointestinal Disorders with joint hypermobility.

Methods Data was collected from 27 MS patients (10 male and 17 females, age range 19–35 years mean 27) and 33 hEDS patients (3 male and 30 females, age range 19–32 years mean 23) with no organic gastrointestinal diagnosis, using SF36 RAND and Rome IV Diagnostic questionnaire and compared to control group (200 respondents, 92 male and 108 female; age range 18–84, mean 42.4) to assess the burden of GI symptoms in these patients. Data analysis was carried out using Microsoft Excel and IBM SPSS version 23.

Results In both groups the majority (78.3%) of respondents were female within the age range of 19–35 years. Both groups of patients showed a higher prevalence of abdominal symptoms as compared to the control group, however the hEDS group not only showed a higher prevalence but more frequent and severe symptoms meeting Rome IV criteria for diagnosis of FGIDs. 16 (49%) of the EDS patients met the criteria for more than one FGID.

p values were significant (p<0.001) for functional heartburn, functional dyspepsia, functional dysphagia, IBS-D and functional bloating in hEDS patients when comparing the prevalence to controls.

The hEDS group also scored lower on quality of life scores (QOL) in comparison to either of the other groups with a mean score of 48.6 (95%CI 23.3–33.4,p<0.0001) as compared 54.2 (95%CI 20.9–29.0,p<0.0001) in the Marfan group and 78.6 in the control group.

Conclusions FGIDs are reported in both Marfan syndrome and Hypermobile Ehlers Danlos syndrome but appear to be more common and severe in hEDS. These patients score lower on quality of life scores as well despite hypermobility being a common feature of both conditions. Further research is needed in this area to see whether there are other factors that can explain this difference.