PWE-137 FUNCTIONAL GASTROINTESTINAL DISORDERS(FGID) IN SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) PATIENTS

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Introduction Systemic lupus erythematosus (SLE) is a multisystem autoimmune connective tissue disorder that affects many different organ systems with significantly more women affected than men. This study was carried out to assess the prevalence of Functional gastrointestinal disorders(FGID) in patients diagnosed with SLE.

Methods Data was collected from patients with a confirmed diagnosis of SLE and no organic gastrointestinal disorder using SF36 RAND and Rome IV Diagnostic questionnaire and compared to a control group to assess the burden of GI symptoms in these patients. Data analysis was carried out using Microsoft Excel and SPSS version 25 (IBM Corporation, America).

Results 101 SLE patients (all female; age range 31–56 years, mean 41) and 108 female controls (range 21–60 mean age 42.4), were included. 71 (70.29%) SLE patients reported abdominal symptoms which met the criteria for diagnosis of at least 1 FGID according to Rome IV diagnostic criteria compared to 37% of controls (OR 4.97: 95% CI:2.7025 to 9.1401 $p<0.0001$). Both upper and lower FGIDs were frequently reported with 37 patients (36%) meeting the criteria for more than 1 FGID.

All SLE patients with FGID scored lower (statistically significant $p<0.01$) on the mean scores of the eight parameters (physical functioning, role limitations due to physical health, role limitations due to emotional health, energy/fatigue, emotional wellbeing, social functioning, pain, general health) measured by the RAND SF36 as compared to the control group. (mean scores 59.62 vs 71.23, U-value 0, Z-Score -2.50672 , p -value.00604).

Conclusions Functional gastrointestinal disorders are very common in patients with SLE and adversely affect the overall quality of life. Treatment of these disorders with a multi-disciplinary approach may help in improving the quality of life for these patients.

PWE-138 REPETITIVE BELCHING IS PREDICTIVE OF SUPRAGASTRIC BELCHING DIAGNOSIS

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Introduction Belching is common in gastro-oesophageal reflux disease (GORD). Diaphragmatic breathing can reduce belching and GORD symptoms, but only patients with excessive supra-gastric belching (SGB) responded to this treatment. 24 hour pH-impedance study is the gold standard to diagnose SGB but is expensive and invasive. Our study aimed to identify clinical factors that can predict excessive SGB ($>13/\text{day}$) in GORD patients.

Methods We prospectively analysed patients with a belching visual analogue scale (VAS) score ≥ 6 and a clinical or endoscopic diagnosis of GORD. All patients underwent 24 hour pH-impedance studies off medications. Patients were given questionnaire on belching symptoms, including belching VAS,

belching frequency, repetitive nature of belching and ability to control belching. GORD symptoms were evaluated via Reflux Disease Questionnaire (RDQ), somatization scores via PHQ15 and mood disorders via Hospital Anxiety and Depression Scales (HADS). Statistical analysis via independent t-test and Chi2 test were done for univariate analysis, while logistic regression analysis was used for multivariate analysis of clinical factors most predictive of excessive SGB.

Results We recruited 36 patients between April 2015 and October 2016 (25 women; mean age 45.5 ± 12.7). 32 patients had excessive SGB, while 4 had predominantly gastric belching on pH-impedance studies. Repetitive belching and RDQ regurgitation score ≥ 2 were significantly more likely in patients with excessive SGB, but only repetitive belching was significant on multivariate analysis. Repetitive belching on questioning has a sensitivity of 93.4% and specificity of 75% for SGB diagnosis, positive predictive value 96.8% and negative predictive value 60.0%.

Conclusions We identified that a simple questioning on the repetitive nature of belching can be used as a screening tool to predict SGB in belching patients, and hence predict response to diaphragmatic breathing exercises.

PWE-139 EFFICACY OF PHARMACOLOGICAL THERAPIES FOR THE TREATMENT OF OPIOID-INDUCED CONSTIPATION: SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS

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Introduction

Opioids are increasingly prescribed in the West, and have deleterious gastrointestinal consequences. Pharmacological therapies to treat opioid-induced constipation (OIC) are available, but their relative efficacy is unclear. We performed a systematic review and network meta-analysis to address this deficit in current knowledge.

Methods We searched MEDLINE, EMBASE, EMBASE Classic, and the Cochrane central register of controlled trials through to December 2017 to identify randomised controlled trials (RCTs) of pharmacological therapies in the treatment of adults with OIC. Trials had to report a dichotomous assessment of overall response to therapy, and data were pooled using a random effects model. Efficacy and safety of pharmacological therapies was reported as a pooled relative risk (RR) with 95% confidence intervals (CIs) to summarise the effect of each comparison tested, and ranked treatments according to their P-score.

Results Twenty-seven eligible RCTs of pharmacological therapies, containing 9149 patients, were identified. In our primary analysis, using failure to achieve an average of ≥ 3 bowel movements (BMs) per week with an increase of ≥ 1 BM per week over baseline, or an average of ≥ 3 BMs per week, to define non-response the network meta-analysis ranked naloxone first in terms of efficacy (RR=0.65; 95% CI 0.52 to 0.80, P-score 0.84), and it was also the safest drug. When non-response to therapy was defined using failure to achieve an average of ≥ 3 bowel movements (BMs) per week, with an