Abstract IDDF2019-ABS-0164 Table 2

	Aspiration pneumonia	In-hospital mortality	90-day mortality
Alb	0.656	0.642	0.682
TLC	0.612	0.652	0.759
CRP	0.738	0.739	0.753
BUN	0.676	0.835	0.753
O-PNI	0.687	0.685	0.774
mPNI	0.754	0.822	0.850

Conclusions The results of this study show that mPNI, an easy to calculate prognostic index using four biomarkers frequently measured during routine laboratory testing, is a strong predictor of both postoperative aspiration pneumonia and mortality after PEG.

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IMPACTS OF COEXISTING UPPER FUNCTIONAL GASTROINTESTINAL DISORDERS ON PSYCHOLOGICAL STATUS AND QUALITY OF LIFE IN IRRITABLE BOWEL SYNDROME

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Background Functional dyspepsia (FD), belching disorders (BD) and functional heartburn (FH) were the three most frequent upper functional gastrointestinal disorders (FGID) in IBS patients. However, the impacts of concomitant FD, BD and FH on the health-related quality of life (HRQOL) and psychological status remain unclear.

Aims To investigate the impact of concomitant FD, BD and FH on the psychological problems and HRQOL in individuals with IBS.

Methods Consecutive outpatients with IBS were enrolled from 2 tertiary hospitals in China between January 2008 and March 2009. IBS, FD, BD and FH were diagnosed based on Rome III Criteria. Psychological status and HRQOL were evaluated using the validated Hospital Anxiety and Depression scale and 36-item Short-Form Health Survey (SF-36).

Results Of the 367 patients who met Rome III criteria for IBS, 319 patients agreed to participate in the study. These cases were further stratified into the subgroups of IBS+FD, IBS+BD/FH (BD and/or FH), IBS+FD+BD/FH, or IBS only according to the symptoms. IBS+FD group had significantly higher anxiety scores than IBS+BD/FH group and greater depression than IBS only ($P<0.05$). Multiple regression analysis showed that IBS+FD+BD/FH was a predictive factor of worse mental component score (MCS), physical component

score (PCS) and SF-36 global health while IBS+FD was a predictor of lower PCS and SF-36 compared with IBS only.

Conclusions IBS patients overlapping with FD experience more anxiety, depression and lower PCS. The coexisting FD +BD/FH is a predictive factor of reduced MCS and PCS in IBS patients.

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GASTROINTESTINAL STRESS SURVEY AND ENDOSCOPIC EVALUATION OF TROOPS IN HIGH ALTITUDE AREA

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Background To understand the incidence of gastrointestinal stress response and related physical and chemical indicators and endoscopic mucosal evaluation of troops in high altitude areas.

Methods A total of 614 troops were drawn from the area of golmud (377 with an average altitude of 3000m) and yushu (237 with an average altitude of 4,200m). The epidemiological investigation was conducted by self-made questionnaire of gastroenterology epidemiology of troops. The serum helicobacter pylori antibody and fecal occult blood were detected in the field, and the correlation between gastrointestinal symptoms and Hp infection and fecal occult blood was analyzed, and portable integrated digestive endoscopy was performed on soldiers with gastrointestinal stress reaction to evaluate the status of mucosa under the endoscope.

Results The incidence of gastrointestinal stress was as high as 50.8%(312/614), including diarrhea 38.4% (236/614), anorexia 35% (215/614), abdominal distension 27.9% (171/614), abdominal pain 17.6% (108/614), halitosis 17.6% (108/614), hematemesis 7.3% (45/614). Among them, we conducted gastroscopy on 212 of soldiers with gastrointestinal stress symptoms and found that all soldiers suffered from different degrees of gastroesophageal and duodenal inflammatory changes, most of which were gastritis, ulcer and mucosal erosion and bleeding.

Conclusions The incidence of gastrointestinal stress in high-altitude troops is high, mainly diarrhea, abdominal distension, abdominal pain, constipation. The main manifestations under gastroscopy are gastritis, acute and chronic gastric mucosal erosion, duodenal ulcer. We should actively explore prevention and control measures for high altitude gastrointestinal stress to improve the gastrointestinal health of troops and improve the combat capability of troops in the plateau environment.