Conclusions Incidence of colorectal cancer in young adults is increasing¹ and they tend to present at advanced stage. Our study showed that most patients were symptomatic for at least 3 months prior to diagnosis. Although rectal bleeding was the most common presenting complaint, microcytic anaemia and abdominal pain tend to be more common in right sided colon cancer. These findings should alert primary care clinicians and specialists alike when faced with a young adult with gastrointestinal symptoms.

REFERENCES

1. Siegel, RL. (2017). Colorectal Cancer Incidence Patterns in the United States, 1974–2013. *Journal of the National Cancer Institute*. American Cancer Society, Atlanta February 2017.

Neurogastroenterology

Orals

OWE-08 PSYCHOSOCIAL FACTORS ASSOCIATED WITH PAIN IN INFLAMMATORY BOWEL DISEASE: A CROSS-SECTIONAL STUDY

¹Louise Sweeney, ²Rona Moss-Morris, Wladyslawa Czuber-Dochan¹, ¹Trevor Murrells, ¹Christine Norton. ¹Faculty of Nursing, Midwifery and Palliative Care, King's College London, London, UK; ²Health Psychology Section, King's College London, London, UK

10.1136/gutjnl-2019-BSGAbstracts.387

Introduction Pain is frequently reported by patients with inflammatory bowel disease (IBD). Pain in IBD is not fully explained by disease activity or other clinical findings, and a recent systematic review suggested that psychosocial factors have an important role in IBD-pain. The aim of this study was to investigate psychosocial factors associated with pain in IBD.

Methods 297 adults (>16 years) with IBD were recruited from outpatient clinics (n=114) and online (n=183). Participants completed validated questionnaires assessing pain and potential emotional, cognitive and behavioural correlates. Socio-demographic and clinical factors including disease activity were also recorded.

Results 243 (81.8%) of participants reported pain. Of these 243, mean age was 36 years; 153 (63%) had Crohn's disease (CD), 90 (37%) had ulcerative colitis (UC), and 165 (67.9%) were female. 62.6% reported mild, 31.6% moderate and 5.8% severe pain. Mean disease activity was 7.52 for CD (Harvey Bradshaw Index: HBI) and 5.6 for UC (Simple Clinical Colitis Activity Index: SCCAI), indicating mild to moderate active disease. 40.3% of participants met established criteria for "chronic pain" and 18.5% reported opioid use. Female gender, smoking status, prior surgery and steroid use were associated with greater pain severity. Psychosocial factors associated with pain severity and interference included depression, catastrophising, fear avoidance and lower self-efficacy and psychological well-being (Table 1). Regression models explained 44.7% of the variance in pain severity and 48.6% of pain interference, with psychosocial factors explaining 9.7% and 23.5% respectively when controlling for demographic and clinical variables.

Conclusions Pain in IBD is significantly associated with cognitive and behavioural factors as well as low mood. This study widens a biopsychosocial understanding of pain in IBD and identifies important areas for treatment targets in future interventions.

Abstract OWE-08 Table 1. Correlations between pain and psychological and clinical factors

	Pain Severity	Pain interference
Age	.109	.050
Faecal calprotectin (n = 43)	-.069	-.072
HBI	.558**	.532**
SCCAI	.482**	.379**
IBS Severity Score	.664**	.614**
Pain Self-Efficacy	-.457**	-.592**
Pain Catastrophising	.453**	.506**
Fear Avoidance	.356**	.415**
Symptom Focusing	.267*	.374**
Embarrassment Avoidance	.379**	.453**
All or Nothing Behaviour	.222**	.331**
Damage Beliefs	.309**	.337**
Avoidance resting behaviour	.328**	.478**
Pain acceptance	-.139*	-.020
Depression	.433**	.507**
Anxiety	.254**	.367**
Stress	.250**	.357**
Psychological well-being	-.372**	-.391**

OWE-09 OUTCOMES OF GUT-FOCUSED HYPNOTHERAPY IN SCHOOL CHILDREN AND ADOLESCENTS WITH SEVERE REFRACTORY IRRITABLE BOWEL SYNDROME

Syed S Hasan, Pamela Cruickshanks, Peter J Whorwell, Dipesh H Vasant*. *Neurogastroenterology, Wythenshawe Hospital, Manchester University Foundation Trust, Manchester, UK*

10.1136/gutjnl-2019-BSGAbstracts.388

Introduction Irritable Bowel Syndrome (IBS) symptoms in school children and adolescents are relatively common, often causing considerable embarrassment, social withdrawal, disruption to education and psychological distress. Pharmacological options in this group are limited due to safety concerns concerning antidepressants, making behavioural therapies such as gut-focussed hypnotherapy an attractive treatment option. Here, we evaluated outcomes from gut-focussed hypnotherapy in patients with IBS ≤ 18 years of age.

Methods Consecutive young patients (≤18 years of age) with severe IBS symptoms referred to our tertiary neurogastroenterology unit received 12 sessions of gut-focussed hypnotherapy at weekly intervals using the Manchester Protocol. All patients completed the Tellegen Absorption Scale before treatment and all completed the following measures before and after hypnotherapy; IBS symptom severity score (IBS-SSS), Hospital Anxiety and Depression scale (HADS), Non Colonic Symptom score and quality-of-life (QoL) score. Interference with education and the impact of hypnotherapy was also recorded. The primary outcome measure was response to hypnotherapy