Abstract PWE-076 Figure 1. Forest Plot of the Indirect Evidence for Failure to Achieve the FDA-recommended Endpoint to Define Treatment Response.

PWE-077 BIOFEEDBACK: TIME TO LET THE DIETITIAN JOIN THE SERVICE?

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Introduction In 2015 a new dietetic service was established to provide dietary modification including low FODMAP advice for patients as part of the biofeedback service for patients with functional bowel disorders such as faecal incontinence and evacuatory disorders. Studies have reported the effectiveness of diet in functional bowel disorders such as faecal incontinence and evacuatory disorders. No research has investigated diet in irritable bowel syndrome (IBS) but no research has investigated diet in IBS and evacuatory disorders. Studies have reported the effectiveness of dietary intervention in and between the two services.

Methods A retrospective audit was undertaken on the effect of personalised dietary advice. At the first appointment patients were asked to complete the gastrointestinal symptom rating scale (GSRS) and answer the question ‘do you currently have satisfactory relief of your gut symptoms? These were repeated at each review. Patients were screened and given first line advice or low FODMAP advice if first line advice followed by low FODMAP if first line did not result in satisfactory relief of symptoms. Comparisons were made on effectiveness of dietary intervention in and between the two services.

Results A total of 46 patients were included (22GC:24BF). Mean age 54±16 years, 8M:38F. Dietary advice provided: first line (22%), low FODMAP (63%), first line and then low FODMAP (15%). Dietetic intervention led to improvements in symptoms in both clinics. More patients in the BF (54%) reported satisfactory relief of their symptoms compared to the dietetic GC (41%). Improvement was evident for all symptoms (Table 1) and is comparable between the two services, although improvement in abdominal bloating was notably higher in BF.

Abstract PWE-77 Table 1 Difference in % symptom relief between the two services

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Biofeedback</th>
<th>Gastroenterology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Pain</td>
<td>42</td>
<td>62</td>
</tr>
<tr>
<td>Bloating</td>
<td>79</td>
<td>62</td>
</tr>
<tr>
<td>Flatulence</td>
<td>62</td>
<td>65</td>
</tr>
<tr>
<td>Belching</td>
<td>60</td>
<td>39</td>
</tr>
<tr>
<td>Abdominal gurgling</td>
<td>56</td>
<td>45</td>
</tr>
</tbody>
</table>

Conclusion Our audit highlights the role of a dietitian within a biofeedback multi-disciplinary service and that dietary advice including first line advice and the low FODMAP diet can improve symptoms in patients with faecal incontinence and evacuatory disorders as well as IBS.

REFERENCES

PWE-078 PATIENT EMPOWERMENT IN IRRITABLE BOWEL SYNDROME: DEVELOPMENT OF AN EDUCATIONAL LEAFLET

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Introduction Irritable bowel syndrome (IBS) is a prevalent functional gastrointestinal disorder. Previous studies showed that ‘Acceptance’ can predict quality of life and illness behaviour [1]. A patient education leaflet (EL) was developed to promote patient education and thus patient acceptance and empowerment.

Methods 30 consecutive patients attending a Specialist Motility clinic at a Tertiary referral centre completed a questionnaire to identify current patients’ knowledge on IBS. Patients were asked to suggest what type of information and in what format, they felt was needed. The data was collected and analysed. Based on patients’ preferences an EL was developed. EL included definition, symptoms, causes, and management of IBS. EL was then distributed to patients attending clinics and their views on this leaflet were recorded.

Results Only 30% of patients received information regarding their condition prior to attending the Specialist clinic. 60% of patients expressed the need for further education regarding their symptoms and management. 57% of patients preferred information in the form of a leaflet and only 30% requested workshops on IBS or an app in addition to EL. Workshops were suggested as an additional more interactive approach. Patients’ preference for EL was to include an extra session on pathophysiology of symptoms. No correlation was noted between the duration of symptoms and patients’ knowledge. One patient (4%) did not find that the education provided via EL helped them understand their condition or symptoms (see Figure 1).