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 IBS^{1,2} but no research has investigated diet in the biofeedback. The aim of this audit was to evaluate the effect on patient outcomes of dietary intervention in this new biofeedback service (BF) and compare it to the established dietetic gastroenterology clinic (GC).

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 or 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 clinics.

Results A total of 46 patients were included (22GC:24BF). Mean age 54±16years, 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 clinics, although improvement in abdominal bloating was notably higher in BF

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

Symptom	Biofeedback	Gastroenterology
Abdominal Pain	42	62
Bloating	79	62
Flatulence	62	65
Belching	60	39
Abdominal gurgling	56	45

Bowel Urgency	50	50
Incomplete Evacuation	48	65
Nausea	57	60
Heartburn	44	67
Acid Regurgitation	22	73
Tiredness	29	29

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.

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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).

Abstract PWE-078 Figure 1 Has the education leaflet helped you understand your condition or symptoms?

Conclusions This study demonstrates the need for patient education and empowerment in IBS. The EL was well received. Patients were keen on gastrointestinal pathophysiology and lifestyle changes as addressed in the leaflet. Patients' educational needs may be enriched with additional workshops and future App-development. It would be of interest to perform a second questionnaire to assess patients' quality of life and management of IBS symptoms before and after utilization of EL. The patients' educational level should be accounted for in future studies to ensure appropriate deliverance of EL in IBS patients with learning difficulties.

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PWE-079 LACTOSE INTOLERANCE HYDROGEN BREATH TESTING: EXTENDING THE SAMPLE DURATION TIME REDUCES A FALSE NEGATIVE DIAGNOSIS

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Background A hydrogen breath test is an inexpensive, non-invasive and safe diagnostic test used to investigate intestinal disorders¹. It provides information about the digestion of certain carbohydrates, such as lactose.

The recent publication of the North American consensus statement² states that hydrogen and methane-based breath tests should be conducted over the course of 3hours. Our department's protocol stipulates the procedure should be undertaken for 4hours for suspected lactose intolerance and a significant number of patients have a rise in expired hydrogen after the recommended 3hours; a small retrospective audit was undertaken to explore this further.

Methods In the last year patients referred for suspected lactose intolerance firstly underwent a lactulose hydrogen breath test to establish the presence of hydrogen producing bacteria. Those found to produce hydrogen who did not meet the diagnostic criteria for Small Intestinal Bacterial Overgrowth (SIBO) were included in this audit. After a baseline reading, patients provided a breath-hydrogen sample every 15minutes for 1hour post ingestion of a lactose solution. Further breath hydrogen samples were taken every 30minutes for the duration of 4hours. Results were analysed to determine the

number of patients who met the diagnostic criteria for lactose intolerance (>20ppm rise in hydrogen above baseline) and of this group, how many demonstrated a rise >20ppm above baseline –hours post lactose ingestion.

Results 98 patients were included in this audit, 27 patients (20F, 7M) were found to be lactose intolerant. 22 patients (16F, 6M) demonstrated a significant rise in expired hydrogen (>20ppm above baseline) within the first 3hours, while 5 patients (4F, 1M) 18.5% experienced the rise in the –hour time period.

Conclusion Terminating the test at the recommended 3 hours would have missed 18.5% of patients who demonstrated a rise in hydrogen after this cut off point. These patients would have been given a false negative result, impacting on patient care and potentially triggering further investigations. Extending the test for an extra hour (4hours in total) may detect a significant group of patients who are intolerant to lactose.

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PWE-080 A PILOT STUDY OF A MULTIDISCIPLINARY COMPLEX GASTROENTEROLOGY SYMPTOM (COGS) CLINIC

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Introduction Persistent physical symptoms (PPS) are estimated to cost 10% of total NHS expenditure for the working age population in England. When surveyed, only 11% of clinicians locally felt those with PPS were usually satisfied with the explanation and management plan provided. We hypothesised that addressing the psychological needs of people living with complex and persistent functional gastrointestinal symptoms, and providing emotional support for their clinical team would reduce hospital attendance and save money. In 2016/17 the 8 highest-attendance patients within the gastroenterology department of the Royal Derby Hospital cost on average £12,300 year (range £2,600 – 34,450).

Methods The COGS clinic – a monthly interdisciplinary service – was piloted from October 2017 with the following aims: 1. To manage gastroenterology patients with complex and functional needs in an outpatient setting; to investigate them in the same way as others with IBS; and to order further investigations only with a robust formulation and considerable care. 2. To offer patients a holistic formulation of their difficulties, taking into account psychological, social and medical complexities and to build on coping skills. The clinic comprised of two Gastroenterology Consultants, a Gastroenterology nurse specialist and specialist dietician, transformation project leader, general manager and clinical psychologists from the Chronic Pain and Eating Disorders services. Subjects were existing gastroenterology patients with a complex presentation of functional symptoms alongside psychological distress as judged by the referring clinician. At entry patients completed