the PCR process. Once appropriate reagents had been added the PCR tube the constituents were entered into a Roche thermo-cycler 480 to undergo DNA replication. The amplified samples were then seeded at 5µl into a 1.6% agarose gel to undergo electrophoresis.

The trialled samples were refined to a total of 24 that proceeded to be inputted into the University of Liverpool CGR for sequencing. Generated data was analysed using MicrobiomeAnalyst. The data set was refined using a prevalence of 10% and variance filters employing inter-quartile ranges to remove fungal organisms with very low prevalence and reduce the number of sequencing errors. Data was then normalised using total sum scaling.

Results Comparison of the mycobiome of individuals with PD relative to healthy controls have presented an altered fungal composition of the gastro-intestinal tract. 8 OTU-level and 3 order-level specific fungal species have been identified to be differentially abundant by varying statistical tests (figure 1, depicts the relative species abundance change of fungal organisms between PD VS healthy controls).

Conclusion Overall this study provides evidence of alteration to the mycobiome of patients afflicted with PD relative to that of healthy controls. It reinforces data previously presented by the hibernating spore hypothesis on how a fungal organism may be involved in PD pathogenesis, and now paves the way for future studies examining specific fungal species and their possible pathological interaction with both the gastrointestinal system and the CNS.

REFERENCES

P330 ABDOMINAL PAIN IN STUDENTS OF THE MEDICAL UNIVERSITY: RELATIONSHIP WITH NUTRITIONAL HABITS

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Introduction Abdominal pain is one of the symptoms of functional gastrointestinal disorders, which are widespread among young people. Purpose to study the prevalence of the abdominal pain syndrome in association with nutritional habits among students of the medical university.

Methods a survey of 3634 students of the medical university, aged from 17 to 34 years (average age 23.34 ± 6.48 years), was conducted. Among the respondents, there were 709 (19.51%) male and 2925 (80.49%) female individuals. All subjects anonymously completed questionnaires (GSRS, WHO MOTILITY IN IDIOPATHIC PULMONARY FIBROSIS (IPF)

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Introduction IPF is a chronic, irreversible, and progressive lung disease, with survival from diagnosis of only 2–5 years. It is characterised by excessive extracellular matrix deposition and remodelling within lung tissue, initiated by repetitive alveolar epithelial cell injury. One trigger of injury is believed to be micro-aspiration of gastroesophageal reflux. However, there is limited or no data on objective measures of reflux, and how it relates to oesophageal motility, lung mechanics and pulmonary function. This study used high resolution impedance manometry, 24 hr pH-impedance and pulmonary function testing to address these questions.


Results Twenty (63%) patients exhibited dysmotility (Chicago Classification v3.0 (CC)); 14(70%) hypo-contractility (eg ineffective oesophageal motility, fragmented peristalsis, occurring in ≥50% swallows, and absent contractility) and 6(30%) oesophagogastric junction outflow obstruction (EGJOO). Abnormal reflux bolus exposure time was identified in 9(28%) patients, in whom 5/9, and one patient with normal reflux, had an abnormal number of events reaching the proximal oesophagus. 30%(13–48%) (median(IQR)) of all events reached the proximal oesophagus. 4/14 patients with hypo-contractility, 5/12 with normal motility and 0/6 with EGJOO (CC) exhibited