EFFECT OF CHANGES IN GUT TRANSIT ON GI

This suggests that it is the change in bowel habit that causes bloating, though this did not directly correlate with WGTT.

Conclusions
Increasing and decreasing WGTT resulted in improvements in sleep (r=-0.55, p<0.001).

Bloating correlated with cramps (r=0.85, p<0.001), anxiety (r=2.42, p=0.006), energy levels (r=6.9, p<0.001) and quality of sleep (r=-0.53, p<0.001).

Increasing and decreasing WGTT resulted in bloating, though this did not directly correlate with WGTT. This suggests that it is the change in bowel habit that causes distress, not the direction of change. The presence of bloating correlated with increased anxiety, cramps, energy levels and poor sleep perhaps suggesting an interrelationship between these symptoms unrelated to WGTT.

PWE-57 IS GUT-FOCUSED HYPNOTHERAPY AN EFFECTIVE TREATMENT OPTION FOR BRITISH SOUTH ASIANS WITH SEVERE REFRACTORY IBS?

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Introduction
Recent studies have confirmed a high worldwide prevalence of Irritable Bowel Syndrome (IBS) and suggest that cultural factors including; social taboos, stigmatisation, dietary factors, healthcare beliefs and communication gaps may contribute to disparities in the management of IBS between ethnic groups. It is unknown whether these factors contribute to outcomes of IBS treatments in different ethnic groups. In this context, we evaluated outcomes of gut-focused hypnotherapy in a South Asian population for the first time.

Methods
Consecutive South Asian patients with refractory IBS that received 12 weekly sessions of gut-focused hypnotherapy (GFH) using the Manchester protocol were included. Patients were treated by a team including a therapist able to speak several South Asian languages. All patients prospectively completed the following questionnaires before and after GFH; IBS symptom severity score (IBS-SSS), Hospital Anxiety and Depression scale (HAD), Non-Colonic Symptom score and quality-of-life (QoL) score. The primary outcome measure was response to GFH defined by ≥50-point reduction in IBS-SSS. Data, expressed as mean ± standard error, were compared statistically before and after treatment using paired t-tests and non-parametric tests where applicable.

Results
44 South Asian patients with IBS (age 49 ± 1.9 years; 29 (66%) female; 22/44 IBS-D, 16/44 IBS-C and 7/44 IBS-M; 15/44 Indian origin, 25/44 Pakistani origin, 4/44 other Asian countries; baseline IBS-SSS 332.8 ± 14.3) completed GFH. 40/44 (91%) received GFH in English. Overall, 37/44 (84%) achieved a ≥50-point reduction in IBS-SSS and 25/44 (57%) achieved ≥30% reduction in abdominal pain scores. Following 12-sessions of GFH, there were significant mean improvements in IBS-SSS (-132.1, P<0.0001), non-colonic symptom score (P<0.0001), QoL score (P<0.0001), HAD-anxiety (P<0.0001) and HAD-depression (P<0.0001), compared to baseline. Response rates were similar in patients of Indian 12/15 (80%) and Pakistani 23/25 (92%) origin, P=0.32. Although not statistically significant, there was a trend towards a higher response rate in patients treated by a South Asian therapist, compared to those treated by a non-Asian therapist (response rates: 21/23 (91%) vs. 16/21 (76%), P=0.21).

Conclusion
These data suggest that GFH is highly-effective in this population and support its development for IBS in South Asian countries. Regardless of the ethnicity of the therapist, response rates were similar to published GFH outcomes in other IBS populations. However, knowledge of the patients cultural beliefs and language may help customise the treatment, enhance the patient experience, and further optimise outcomes.