Abstract PWE-64 Table 1

Pre-screening not eligible	Fulfills IBS-D criteria		135 (10.4%)
	<i>Has exclusion criteria</i>	Diagnosis of IBD	80 (6.19%)
		Previous use of Enterosgel®	12 (0.93%)
		Celiac disease	8 (0.62%)
		Previous Bowel cancer/surgery	7 (0.54%)
		Currently Pregnant	1 (0.08%)
	<i>Low pain score</i>		27 (2.09%)
	Not IBS-D criteria		617 (47.8%)
	<i>IBS-M</i>	Mixed symptoms	380 (29.41%)
	<i>IBS-C</i>	Constipation predominant	52 (4.02%)
	<i>IBS</i>	Minimal G.I. symptoms	33 (2.55%)
	<i>Unclassified</i>		(4 low reported pain score)
	<i>Not IBS</i>	Did not meet 1 or more ROME IV criteria	152 (11.76%)
		Pain less than once a week	73
		Did not have 2/3 of required criteria	40
		Symptom <6 months	92
Pre-screening eligible	But did not proceed to consent to participate		307 (23.8%)
	<i>- Participant received patient information sheet</i>		
	<i>Participant withdrawal</i>		209 (16.18%)
	<i>Not eligible on protocol</i>		88 (6.81%)
	<i>Referred to local site</i>		3 (0.23%)
	<i>Duplicates</i>		3 (0.23%)
	<i>Recruitment closed</i>		4 (0.31%)

PWE-65 WHO'S INFLUENCING YOUR #IBS PATIENTS?

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Introduction The evolution of the internet has meant that information regarding health has never been so readily available to the general public. It is estimated that 96% of households in the UK have access to the internet, with social media platforms, like Instagram, constituting a significant proportion of screen time. It is therefore conceivable that patients may

have accessed online resources prior to seeking medical advice.

Irritable bowel syndrome (IBS) is a common diagnosis in gastroenterology, accounting for a high proportion of referrals into secondary care. It is likely that patients have experienced symptoms for over a year by the time they present to medical professionals and therefore inevitable that patients will have been informed by social media. Given that there is not a one size fits all cure for IBS, there is the potential for misinformation.

Method We accessed Instagram from the UK and evaluated 900 English language, publicly accessible accounts that posted using the IBS hash tag between 28/03/21 – 30/05/21. Account holder characteristics such as estimated age, gender and county of origin were recorded. Account holder profiles were interrogated to determine whether the advice was being offered on a professional basis and if so, what credentials were offered. Posts were evaluated to assess what types of themes were discussed and whether paid services or promotions were featured.

Results The data collected was segmented into qualification categories. These ranged from professional, such as Doctor or Dietician, to non-professional Individuals, which included bloggers and influencers. The majority were posted by non-professional individuals (~46%). The most popular posts focused on Diet (~33%), Awareness (~26%) and Emotional/personal experience (~16%).

Overall, the vast majority of posts were non-paid. In particular, the 'professional' (Doctor or Dietician) qualifications had upwards of 90% of posts as non-paid. The Individual category typically had the highest proportion of paid promotions and services (~18%).

Reassuringly a small minority (~2%) portrayed information contrary to medical advice. ~67% of posts were neutral in nature, displaying ambiguous information when compared to medical practices. The remaining ~31% of posts were keeping with medical advice.

Conclusion Overall, Instagram posts are raising awareness of IBS at a high scale due to the popularity of the platform. As the number of active Instagram users is vast, it is very likely patients presenting to secondary care have had prior experience on Instagram and could potentially be swayed by what they are reading. Although we do not have any influence to control what messages are being posted, a follow up study

Abstract PWE-65 Figure 1 Qualifications of Instagrammers

should be conducted focussing on patients presenting to secondary care, to measure the true effect of Instagram influence.

PWE-66 COMORBID IRRITABLE BOWEL SYNDROME AND HYPERMOBILE EHLERS-DANLOS SYNDROME: A DISTINCT CLINICAL PHENOTYPE?

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Introduction Several studies have demonstrated a high prevalence of Functional Gastrointestinal Disorders (FGID), particularly irritable bowel syndrome (IBS) in patients with Hypermobile Ehlers-Danlos Syndrome (hEDS) and hypermobility spectrum disorders (HSD). However, no studies have identified if those with overlap IBS and hEDS/HSD form a distinct phenotypic profile to those with IBS alone.

Methods Case-Control study consisting of females with overlap IBS and hEDS/HSD and IBS alone. The overlap group consisted of females with an established diagnosis of hEDS/HSD referred to Neurogastroenterology clinics. Patients underwent telephone interviews assessing for IBS using ROME IV criteria. Those who met the criteria were included ($n = 50$). IBS alone group consisted of females with an established diagnosis of IBS who had seen a hospital gastroenterologist. Patients underwent a video call to assess for the presence of IBS using ROME IV criteria and exclusion of hEDS/HSD using the Beighton scoring system (≤ 3) and 5-point joint hypermobility questionnaire (< 1) ($n = 50$). Both groups were issued with the following questionnaires: Irritable Bowel Syndrome Symptom Severity, Gastrointestinal Symptom Rating Scale, Visceral Sensitivity Index Score (reverse scored to measure GI symptom specific anxiety), Patient Health Questionnaire Adjusted, Hospital Anxiety and Depression Scale, Quantitative measure of autonomic symptoms, and Health related Quality of Life.

Continuous variables were summarised by mean and standard deviation and analysed using an unpaired t-test; significance set at $p < 0.05$.

Results Patients with overlap IBS/hEDS had an increased IBS symptom severity (341.02 vs. 279.86; $p = 0.001$), increased

non-GI related somatization scores (16.16 vs. 8.6; $p = < 0.0001$), higher prevalence of autonomic symptoms in all domains (42.12 vs. 26.14; $p = < 0.0001$), and worse quality of life (46.80 vs. 65.86; $p = < 0.0001$) than those with IBS alone. However, patients with IBS alone had an higher visceral sensitivity index score than those with overlap IBS/hEDS (54.4 vs. 45.24; $p = 0.004$). Whilst there were no significant differences in general anxiety disorder between the two groups ($p = 0.126$), those with overlap IBS/hEDS demonstrated a trend towards increase in depressive symptoms (8.26 vs. 6.80; $p = < 0.059$).

Conclusions These results suggest that the overlap hEDS/IBS cohort may be a distinct phenotype governed by marked autonomic symptoms, a lot of chronic pain and lower visceral sensitivity index. These patients are more complex and have more multicomorbidity than those with IBS alone and may benefit from multidisciplinary treatment managing autonomic aspects as well as GI issues.

Gastroenterology service

PTH-14 IBD PATIENT COMPLIANCE WITH FAECAL CALPROTECTIN HOME TESTING KITS COMPARED TO LABORATORY BASED HOSPITAL TESTING

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Background Faecal calprotectin (FC) testing has become a standard non-invasive tool to monitor disease control in Inflammatory Bowel Disease (IBD)(1). Reported patient compliance with submitting samples for hospital testing has been as low as 35% (2). We aimed to evaluate patient compliance with rapid home faecal calprotectin testing kits compared to hospital based testing in our university teaching hospital.

Method 100 patients with a diagnosis of IBD for at least 1 year and attended IBD clinic between January 2019 and August 2020 were selected. Our laboratory ceased performing FC testing in late March and we introduced home testing (BÜHLMANN IBD doc). 50 patients who were, pre-pandemic, requested to bring a stool sample to the laboratory for

Abstract PTH-14 Figure 1 Comparison of percentage of compliance between hospital and home faecal calprotectin test request