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Abstract Issue



Abstract No: P0402**Table:** Patients using Lifestyle Interventions to Treat Bowel/Abdominal Symptoms by Current Medication Use¹

Lifestyle Changes, n (%)	Total (N = 2,052)	Linaclotide (N = 381)	Prescription Medications other than Linaclotide (N = 471)	Over-the-counter Medications Only (N = 715)	No Current Medication (N = 485)
Diet and Exercise	1,290 (64)	264 (69)	270 (58)	468 (66)	288 (60)
Diet Only	466 (23)	58 (15)	134 (29)	162 (23)	112 (23)
Exercise Only	113 (6)	27 (7)	25 (5)	41 (6)	20 (4)
Other (includes acupuncture & other)	29 (1)	5 (1)	7 (1)	4 (1)	13 (3)
None ²	136 (7)	26 (7)	33 (7)	33 (5)	44 (9)

¹Medication subgroups based on patient-reported current (last 7 days)

medication use. Patients with prescription and OTC medication use were included in the prescription medication analytic subgroups (Linaclotide and Other Prescription).

²18 patients did not select a response and are recorded as missing

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P0403 EFFECTS OF FOOD ENRICHED WITH DIETARY FIBER IN WOMEN WITH CONSTIPATION-PREDOMINANT IRRITABLE BOWEL SYNDROMEG. Sulaberidze¹, M. Okujava², K. Liliushvili³¹Internal Medicine, Tbilisi State Medical University, Tbilisi/Georgia²Pharmacology And Pharmacotherapy, Tbilisi State Medical University, Tbilisi/Georgia³JSC Curatio, Tbilisi/Georgia**Contact E-mail Address:** maiaokujava@yahoo.com.**Introduction:** Benefits of increased fiber intake for improvement of bowel function is well accepted, however most often average fiber intake is less than half of recommended amount.**Aims & Methods:** The aim of the study was to supplement the dietary fiber intake up to recommended amount using interventions with less rough changes of food related behavior and investigate its effects on the bowel function, general well-being and compliance of patients with constipation-predominant irritable bowel syndrome (IRS-C). In total 100 healthy women, without any clinical signs of gastrointestinal disorders and 98 women who met Rome III criteria for IBS-C were enrolled in the dietary fiber intake assessment survey. There was no significant difference in average age among the groups (33.7 ± 16.7 years and 39.2 ± 12.3 years, p > 0.1 respectively). After completion of the survey the women with IBS-C were assigned to daily intake of wheat bran-enriched bread (9.5 g dietary fiber per 100 g) and muesli (22.42 g dietary fiber per 100 g). Before, on the seventh day and on the end of two weeks of observation patients completed adopted questionnaire for assessment of bowel function and general well-being. The amount of added dietary fiber was 21.32 ± 4.9 g/daily. It made up average 40 g/daily intake of dietary fiber in women with IBS-C - excessive amount recommended for patients with constipation.**Results:** The dietary fiber intake was significantly lower in the group of women with IBS-C (18.7 ± 4.9 g) compared with healthy population (27.8 ± 5.55 g, p = 0.0022), however the difference in consumption of carbohydrates between the groups was not considerable (254.2 ± 88.6 g and 216.3 ± 60.7 g, p = 0.17 respectively). After 14 days the bowel movement increased significantly from 0.27 ± 0.07 up to 1.54 ± 0.55 times daily (p < 0.0001). 82 patients from initially enrolled 98 continuously received dietary fiber rich food during 14 days of observation, consequently the compliance rate was 83.7%. Before supplement of dietary fiber stool type was hard to pass in 70 from 82 cases (85.4%). After two weeks of eating of dietary fiber added food the stool was of normal consistency (Bristol scale level 3 and 4) in 76 cases (91.7%, p < 0.0001 respectively). Statistically significant improvement was observed in abdominal pain, the score decreased from baseline 0.75 ± 0.11 to 0.07 ± 0.05 points (p = 0.0026). The score relevant for difficulty of defecation decreased from 1.57 ± 0.18 up to 0.11 ± 0.08 points (p < 0.0001), the sensation of incomplete evacuation was decreased from baseline 1.96 ± 0.13 to 0.14 ± 0.11 points (p < 0.0001). Analyses showed significant decrease of alertness related to digestive feelings after continuous consumption of dietary fiber (from 1.04 ± 0.31 up to 0.18 ± 0.07 points, p < 0.0001).**Conclusion:** Supplementation of dietary fiber with broadly used food products allows avoiding the changes of food-related habits and have a high compliance, also such intervention improves the bowel function and decreases alertness related to digestive feelings.**Disclosure of Interest:** All authors have declared no conflicts of interest.**References**

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P0404 SEVERE ACUTE ISCHEMIC COLITIS: WHAT IS THE PLACE OF ENDOSCOPY IN THE MANAGEMENT STRATEGY? A LARGE RETROSPECTIVE FRENCH STUDYD. Lorenzo¹, J. Gonzalez¹, L. Beyer², S. Berdah², D. Birnbaum³, A. Desjeux¹, J. C. Grimaud¹, M. Barthet⁴¹Dept. De Gastroenterologie, APHM - North Hospital, Marseille/France²Dept Of Digestive Surgery, APHM - North Hospital, Marseille/France³Surgery, North Hospital, Marseille/France⁴Hopital Nord, Hopital Nord, Marseille/France**Contact E-mail Address:** diane.lorenzo@gmail.com.**Introduction:** Ischemic colitis (IC) is the most common gastrointestinal vascular disease and could be potentially lethal. Clinic (shock), biology, CT scan and/or lower GI endoscopy are usually used to appreciate the severity. However, there is no consensus regarding this evaluation and it is challenging to choose between surgical or conservative treatment. To date, no studies have evaluated the prognosis of IC according to the endoscopic stages. Consequently, we propose this study to determine outcomes of patients depending on endoscopic findings, and the impact of endoscopy on the therapeutic decision.**Aims & Methods:** This is a retrospective study conducted in a tertiary center, in North Hospital, Marseille, France. All the files of patients who had lower GI endoscopy for suspected ischemic colitis were reviewed in our database. Patients with confirmed severe ischemic colitis were kept for analysis. The following data were collected: age, Charlson comorbidity score, vascular disease, etiology including aortic surgery, clinical symptoms, organ failures, signs of severity in CT scan (effusion, enhancing defect or perforation), endoscopic stage of Favier, surgery and findings, death. The risk factors for colectomy and death were analyzed, and the correlation between endoscopic grade and outcomes was calculated. A p-value < 0.05 determined as statistically significant.**Results:** Between 2006 and 2015, 118 patients were identified and 71 patients were finally included. They were 48 men (68%), and the mean age was 71 ± 13 years old. The mean Charlson score was 5.1 ± 2.2. The most common trigger factor for IC was surgery (n = 34; 48%), and especially aortic surgery (n = 26). Hemodynamic failure was present in 29 (41%) patients at the time of endoscopy. A CT scan was performed in 48 (68%) patients and identified a sign of severity in 18 (38%) patients. Twenty-nine (41%) patients underwent surgery, and twenty-four (34%) patients died, all being hemodynamically unstable, except one. The endoscopic grades (100% of patients) were: 15 grade 1 (21%), 32 grade 2 (45%) and 24 grade 3 (34%). Regarding the patients with grade 3: 12 (55%) had hemodynamic instability, 14 had severity signs at CT scan, 15 (68%) underwent surgery and 12 (55%) died. Among the patients with grade 2: 10 (32%) had hemodynamic instability, 9 (29%) had signs of severity in CT scan, 10 (32%) underwent surgery and 9 (29%) died. Among the patients with grade 1: 7 (46%) were in shock, 4 (27%) underwent surgery, 2 had a sign of severity in CT scan and 3 (20%) died. A mismatch between mucosa (aspect of necrosis) and serous (normal aspect) was noted in 13 patients (46%), 6 had a colonic resection (4 deaths among these patients). The surgical decision was made on hemodynamic status in 62% of cases (n = 18), endoscopic grade in 10% (n = 3), the CT scan severity in 14% (n = 4) and other in 14% (n = 4). Risk factors for colectomy identified in univariate analysis were: aortic aneurysm surgery, hemodynamic failure, no colic enhancement in CT scan and endoscopic grade 3. Risk factors for mortality in univariate analysis were: hemodynamic failure, endoscopic grade 3, aortic aneurysm surgery, no colic enhancement in CT scan and Charlson score > 5. The Pearson correlation test showed a correlation of hemodynamic status with death and colectomy (p < 0.01). The endoscopic grade 3 was also correlated with colectomy and death (p < 0.05) but not with hemodynamic status.**Conclusion:** This study suggested that endoscopy impacted on the decision to operate in situation of IC in only 10% of cases. However, colectomy and mortality were more frequent in patients with grade 3 endoscopic. Hemodynamic instability was the most frequent indication of colectomy in patients with ischemic colitis. A mismatch between mucosa and serous was present in 50% of patients.**Disclosure of Interest:** All authors have declared no conflicts of interest.

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