**OS-GAS-17**

**Gastroenterology**

**Outcome of Behavioural Treatment for Idiopathic Chronic Constipation**

Linda YANG, Angela KHERA, Michael KAMM

St Vincent's Hospital, Australia; Melbourne Central Gastroenterology, Australia; Imperial College, UK

**Background:** Behavioral therapy is effective in patients with chronic intractable constipation despite standard treatment, but long-term results in unselected patients are unclear. This study investigates the effects of behavioral therapy on symptoms, subjective well-being and physical and mental quality of life.

**Methods:** Patients who had failed standard care for idiopathic chronic constipation underwent behavioral therapy in a specialist clinic. Symptom severity and quality of life were assessed before and after therapy using the "constipation scoring system" and SF-36 questionnaire. The primary outcome was subjective perception of improvement. Secondary outcomes were symptoms of constipation and quality of life scores.

**Results:** Of 233 consecutive patients with self-reported constipation (median symptom duration 5-10 years, median age 44 years, females 86%), 180 (77%) completed treatment in a median of 3 (range 1-7) sessions. One-hundred and sixty-five patients (71% of all referrals or 92% of those completing treatment) reported subjective improvement. Median bowel frequency improved from once every 2-7 days to 1-3 per day (p<0.005). Pain and bloating improved in more than 80% of patients. SF-36 physical (p<0.05) and mental (p<0.05) composite scores improved significantly. Patients with a longer duration of symptoms were less likely to complete treatment. Digital evacuation prior to treatment was a predictor of poor outcome.

**Conclusions:** Behavioural therapy is associated with significant improvement in symptoms of chronic constipation and quality of life. Non-drug therapies that successfully treat patients with functional gut disorders resistant to standard treatment are needed in the mainstream provision of care.

**OS-GAS-18**

**Gastroenterology**

**Bah1: A Gatekeeper to Protect Us from Inflammation-Associated Colon Disease?**

Huato ZHU, Xinyong WAN, Wenguo CHEN, Chaozhi YU, Min YUE, Yining DAI, Lihua CHEN

The First Affiliated Hospital, Zhejiang University, China

**Background:** It was recently reported that epigenetics might play an essential role in IBD. Bromo adjacent homology domain 1 (BAHD1), which involved in category of epigenetic regulation, is expressed in IBD. Whether BAHD1 expression is decreased in IBD patients was detected by quantitative PCR (qPCR), western blot and immunohistochemistry in both UC patients and mice model. Small interfering RNA was used to knock down BAHD1 level (siBAHD1) in gut inflammation model, accompanying with the activation of IKK/B and JNK/AP-1 pathways.

**Methods:** Experimental colitis was induced in C57BL/6 mice by dextran sulfate sodium (DSS) 2% in drinking water for 7 days. Murine model of UC-like inflammation was successfully established. And Caco-2 cells ubiquitously. Compared with control group, BAHD1 expression in colon tissue were significantly decreased in both UC patients and mice model. In the vitro model with siBAHD1 group within stimulatory factors, the interference group secreted more cytokines (CKs) expression were detected by either qPCR or ELISA. Possible mechanism involving in BAHD1 expression was found in Caco-2 cells pre-treated with siBAHD1 in gut inflammation model, accompanying with the activation of IKK/NF-κB and JNK/AP-1 pathways.

**Conclusions:** Collectively, those findings provide evidence that BAHD1 might act as an indispensable safeguard to keep intestine immunological homeostasis.

**OS-GAS-19**

**Gastroenterology**

**Acute Pancreatitis in Southern Israel—Alcohol is Over, New Culprits are Found**

Ilia POLISHCHUK, Ahmed ALGEDIAF, Jorge- Shmuel DELGADO, Dov GEFEL, Galina NOVOKHATKO, Olga GRISO, Shary HEVER, Alice HOCHBERG, Eli BEN-VALID, Mariana ZAMIR, Levi Donon ZAMIR

Barzilai Medical Center, Israel; Barzilai Medical Center, Israel; Barzilai Medical Center, Israel; Barzilai Medical Center, Israel; Hadassah Medical Center - Hebrew University, Israel; Barzilai Medical Center, Israel

**Background:** Gallstones and alcohol are the most important worldwide etiologic causes of acute pancreatitis. In Israel, we lack critical information regarding the etiology of acute pancreatitis.

**Objectives:** To delineate the prevalence, the main causes, rate of recurrence of acute pancreatitis in southern Israel.

**Methods:** We performed a retrospective cohort study, including the review of all medical charts of hospitalized patients diagnosed with acute pancreatitis between the years 2000–12.

**Results:** 600 patients with “acute pancreatitis” were recorded (1:4:1000 admissions). 42% of patients were admitted to the general surgery department, and 50.9% to internal medicine wards. The main causes for acute pancreatitis were cholelithiasis (41.5%), alcohol (8.8%) and drugs (8.3%). Disothisazide was the most common drug associated with pancreatitis followed by Sitaglipzin, Angiotensin Converting Enzyme inhibitors and simvastatin. 33.6% of cases were of undetermined etiology. Recurrence was noted in 33.6% of patients (alcohol OR 3.7%, hypertigliceridermia OR 1.8) with no implications on mortality.

**Conclusions:** Biliary pancreatitis is still the main cause of pancreatitis in Israel and is a much more common etiology than alcohol. Drug-induced pancreatitis is a common etiology, with Thiazide being the most common drug associated with pancreatitis followed by ACE-Inhibitors sitaglipzin and simvastatin. Sitaglipzin was found to be a significant cause for acute pancreatitis (OR 1.5). A third of the cases of acute pancreatitis are idiopathic. Recurrence appears at least in a third of the patients.

**OS-GAS-20**

**Gastroenterology**

**Haps (Harmless Acute Pancreatitis Score) Predicting a Non Severe Evolution in Patients with Acute Pancreatitis in North Mexico**

Alejandro GARZA-ALPIREZ, Ana Fernanda ALVARADO-VILLALOBOS, Luis Gonzalez GOMEZ-SANCHEZ, Luis Alonso MORALES-GARZA, Maria Teresa SANCHEZ-AVILA, Salvador Bruno VALDOVINOS-CHAVEZ, Monserrat CISNEROS-ROCHA, Maria Danae REYES-SALAS

Instituto Tecnológico de Estudios Superiores de Monterrey, Mexico; Instituto Tecnológico de Estudios Superiores de Monterrey, Mexico; Instituto Tecnológico de Estudios Superiores de Monterrey, Mexico; Instituto Tecnológico de Estudios Superiores de Monterrey, Mexico

**Background:** Prompt treatment of pancreatitis aims to identify using established scales, which patients will develop a complicated course and therefore, would benefit from a more aggressive treatment and closer monitoring.

**Objective:** To assess the reproducibility of the HAPS score (normal creatinine and hemoglobin without presence of peritoneal irritation) in patients with acute pancreatitis and then compare the results of Ranson, APACHE II, CTIS and BISAP scales to determine their ability to predict non severe evolution.

**Methods:** 62 patients with acute pancreatitis were evaluated. The most common etiology was biliary, with 36 cases (56.5%) followed by alcoholism (21 cases, 33.9%), followed by acute pancreatitis and cancer, with 6 cases (9.7%). Disease severity was assessed by CT scan, which patients will develop a complicated course and therefore, would benefit from a more aggressive treatment and closer monitoring.

**Results:** HAPS correlated with Ranson and APACHE II, the two most used scales to assess patients with acute pancreatitis. From these results, 14 (22.5%) patients met the 3 parameters of HAPS score for the prediction of a non-severe evolution, of which only 1 had severe evolution. For necrosis, scales with better sensitivity and specificity were BISAP HAPS, CTIS and Ranson. While to organic failure the scale with better sensitivity was BISAP and with better specificity were HAPS and Ranson.

**Conclusions:** The HAPS scale is a suitable tool for initial assessment of Mexican patients with acute pancreatitis of any etiology because of its ability to predict a non-severe evolution.