had had a dietetic review suggestive of good GFD adherence. RCD1 patients with ongoing VA (n=44) were invited to complete three gluten immunogenic peptides (GIP) tests, using rapid immunochromatographic testing, following the collection of mid-stream urine samples. Ongoing gluten ingestion was defined as having at least one weak positive/positive urine GIP sample.

Results At diagnosis, RCD 1 patients were significantly younger than RCD2/CCD patients (p=0.002). 38 RCD1 patients with ongoing VA were recruited (71.1% female [n=27], median age 60 years). 52.6% (n=20) of patients with RCD1 had three negative GIP tests, suggestive of strict GFD adherence. However, 47.4% (n=18) had at least one positive GIP result, suggestive of possible ongoing gluten exposure.

Conclusions A high proportion of individuals with RCD1 appear to have ongoing gluten exposure despite reported strict GFD adherence, as assessed by urine GIP. Urine GIP may redefine and enable the accurate diagnosis of RCD1 in the future.

P268 NCGS PATIENTS ARE LESS LIKELY TO ADHERE TO A GFD THAN PATIENTS WITH COELIAC DISEASE

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Introduction Adherence to a gluten free diet (GFD) can be challenging, reported between 42–91% in individuals with coeliac disease (CD). However, little is known about the adherence to a GFD in patients with non-coeliac gluten sensitivity (NCGS). A previous study demonstrated that 58% of patients with NCGS reported that they were on a strict GFD, although no objective marker to assess GFD adherence was used. The aim of this study was to use an objective marker to assess adherence in individuals with NCGS and compare with CD.

Methods Individuals diagnosed with NCGS and CD at a specialist centre for gluten-related disorders were prospectively recruited and invited to complete a validated dietary adherence questionnaire (Coeliac Disease Adherence Test [CDAT]). A CDAT score of <13 indicated excellent adherence, with a score of >17 indicating non-adherence to a GFD. Individuals with CD were age- and sex- matched to individuals with NCGS for data analysis.

Abstract P268 Table 1 Adherence to a GFD in CD and NCGS

Adherence to GFD	CD (n=111)	NCGS (n=111)
Excellent	44.1% (n=49)	19.8% (n=22)
Moderate	37.9% (n=42)	37.8% (n=42)
Poor	18.0% (n=20)	42.3% (n=47)

Results 111 NCGS patients were compared against 111 age and sex matched controls with CD (mean age 47 years, 87% female). The mean duration of disease for NCGS was 5.3 years and for CD was 10.5 years. Individuals with NCGS had a significantly higher CDAT score (mean 16.7±4.7) versus individuals with CD (mean 13.8±4.5) [p<0.01], indicating poorer adherence to a GFD. Excellent adherence was observed in 44.1% of CD patients versus 19.8% of NCGS patients, as seen in table 1.

Conclusions This is the first study to objectively assess GFD adherence in NCGS. The data suggests lower levels of adherence to a GFD in NCGS compared with CD.

P269 THE FIRST CASE-CONTROL STUDY COMPARING DIAGNOSTIC OUTCOMES IN IRRITABLE BOWEL SYNDROME AND SELF-REPORTED GLUTEN SENSITIVITY

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Introduction Irritable bowel syndrome (IBS) and self-reported gluten sensitivity (SRGS) are common, with a prevalence reported at approximately 10%. Little is known on the diagnostic outcomes comparing both IBS and SRGS, with the aim of this study to explore this.

Methods Individuals with SRGS, as well as suspected IBS were prospectively investigated at a tertiary centre. Patients were characterised according to demographics as well as final diagnosis.

Results 264 patients with SRGS and 75 patients with suspected IBS were reviewed. There was no significant difference between SRGS and suspected IBS with regards to mean-age at presentation (41 vs 38 years, respectively, p=0.17), with the majority of individuals being female in both groups (83% vs 63%). The most frequent presenting symptoms for SRGS were abdominal pain (76%) and diarrhoea (70%), with 13% of patients presenting with neurological symptoms of fatigue, headaches or sensory disturbance. After investigation, 83% (n=219) did not have an organic gastrointestinal pathology and were diagnosed as self-reported non-coeliac gluten sensitivity. The remaining 17% (n=45) of patients with SRGS had an organic gastrointestinal pathology, with coeliac disease being the most common diagnosis (7%, n=19). In comparison, 17% (n=13) of suspected IBS patients were identified to have an organic gastrointestinal diagnosis, with bile acid diarrhoea being the most common (13%, n=10). There was no significant difference in the proportion of organic gastrointestinal diagnoses between IBS and SRGS (p=0.95).

Conclusions The presenting demographics of SRGS and suspected IBS are similar, comprising mainly of young-to-middle aged women. Following investigations, around 1-in-6 have an organic gastrointestinal disease to explain their symptoms, notably coeliac disease in SRGS and bile acid diarrhoea in suspected IBS. Our study highlights the importance of excluding organic pathology in these cohorts.