**Conclusions** The most reported comorbidities in FD trials are depression and anxiety levels, overlaps with gastro-oesophageal reflux and IBS, *H. pylori* gastritis and diabetes mellitus. Overall, at least one of these co-morbidities was reported in almost all articles, with a mean of about 2.5 comorbidities reported in each one.

#### REFERENCE

 Irvine EJ, Tack J, Crowell MD, Gwee KA, Ke M, Schmulson MJ, et al. Design of Treatment Trials for Functional Gastrointestinal Disorders. Gastroenterology 2016;**150**:1469-80 e1.

### PWE-63 RECRUITMENT POTENTIAL OF ENHANCED IBS TRIAL RECRUITMENT STRATEGIES IN THE COMMUNITY

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10.1136/gutjnl-2021-BSG.325

Introduction Participant recruitment is a major factor to the success of a clinical trial and new strategies developed with the aim to increase community recruitment need to be evaluated. This is especially important in chronic conditions where patients are not routinely managed in specialist clinics. This study aims to describe the demographic of screened eligible individuals using the virtual trial process to an interventional irritable bowel syndrome (IBS) trial.

Methods The RELIEVE IBS-D trial was a commercially sponsored pragmatic trial assessing the efficacy of an over-thecounter intestinal adsorbent in the management of diarrhoea predominant irritable bowel syndrome (IBS-D). Following conversion to a virtual trial, consent for contact registries (C4CR), digital media (DM) and newspaper advertising (NA) were used to recruit participants. Potential participants were directed to an online web-based pre-screening questionnaire to assess their eligibility, before a virtual consultation and electronically consented.

**Results** 540 (41.7%) of the 1292 screened population were eligible. C4CR identified participants had a different geographical distribution to those recruited through NA and DM, seen in figure 1.

Demographics were: C4CR mean age of  $43 \pm 14.08$ , with a male to female ratio of 1:3. DM, mean age  $43.9 \pm 14.96$  with a male to female ratio of 2:7. NA, mean age was 60.6  $\pm 16.59$  and male to female ratio of 1:2.

**Conclusions** It is increasingly recognised that methods of reaching out to community-based participants is needed to improve recruitment to trials of some chronic conditions like IBS. Different recruitment modalities appear to appeal to different participant demographic. An effective 'recruitment engine' requires a multi-modality approach.

# PWE-64 UNDERSTANDING FACTORS THAT AFFECT RECRUITMENT TO AN INTERVENTIONAL TRIAL OF IRRITABLE BOWEL SYNDROME

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10.1136/gutjnl-2021-BSG.326

Introduction Although functional bowel disorders are common, interventional therapy trials have often struggled to recruit to time and target. The challenges to trial recruitment include the fact that a high proportion of patients are not under specialist clinics; standard therapies are limited so that placebo control arms are unappealing; the ROME IV criteria are relatively restrictive. Understanding the factors that preclude eligibility is an important part of improving efficiency of trial recruitment.

Method The RELIEVE IBS-D trial was a commercially sponsored pragmatic trial assessing the efficacy of an over-thecounter intestinal adsorbent in the management of diarrhoea predominant irritable bowel syndrome (IBS-D). The second half of the trial, carried out during the pandemic, included a completely virtual trial management process; 233 patients were consented to the trial in this way. 1292 patients, who believed themselves to have IBS, volunteered for the virtual trial and were asked to undergo online eligibility screening followed by video-consultations. The reasons for failed eligibility were recorded in detail.

**Results** 233 (18%) participants were consented out of 1292 that completed online screening. Table 1 describes the break-down of criteria that limits eligibility.

**Conclusions** It is important that trial study cohorts represent the populations that will use the treatment. Virtual trial recruitment lends itself to detailed analysis of eligibility success due to the semi-automated algorithmic process employed. This study has shown that only 1 in 5 of those who believe they have IBS-D are eligible. The biggest cause of loss is the presence of significant levels of constipation symptom.



### Abstract PWE-63 Figure 1

Abstract PWE-64 Table	Abstract	<b>PWE-64</b>	Tabl	e '
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Pre-screening not	Fulfils IBS-D criteria 135 (10.4%)				
5			. ,		
eligible	Has exclusion	Diagnosis of IBD	80 (6.19%)		
	criteria	Previous use of Enterosgel®	12 (0.93%)		
		Coeliac disease	8 (0.62%)		
		Previous Bowel cancer/surgery	7 (0.54%)		
		Currently Pregnant	1 (0.08%)		
	Low pain score		27 (2.09%)		
	Not IBS-D criteria		617 (47.8%)		
	IBS-M	Mixed symptoms	380 (29.41%)		
	IBS-C	Constipation predominant	52 (4.02%)		
	IBS	Minimal G.I. symptoms	33 (2.55%)		
	Unclassified		(4 low reported		
			pain score)		
	Not IBS	Did not meet 1 or more	152 (11.76%)		
		ROME IV criteria			
		Pain less than once a week	73		
		Did not have 2/3 of required	40		
		criteria			
		Symptom <6 months	92		
Pre-screening	But did not proceed to consent to		307 (23.8%)		
eligible	participate				
	- Participant received patient information				
	sheet				
	Participant withdrawal		209 (16.18%)		
	Not eligible on protocol		88 (6.81%)		
	Referred to local site		3 (0.23%)		
	Duplicates		3 (0.23%)		
	Recruitment closed		4 (0.31%)		

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

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10.1136/gutjnl-2021-BSG.327

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 ( $\sim$ 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



