results and the correlation between endoscopy and clinical outcome defined as discharge from hospital follow up.

Patients and Methods Retrospective review of clinical databases from June 2015 to July 2019. Only first diagnostic endoscopies were included, subsequent endoscopies and therapeutics endoscopies were excluded. Number of clinics prior and up to 6 months of endoscopies were reviewed and outcomes at 6 months were assessed. Correlation between endoscopy, histology results and outcome at 6 months were calculated using phi correlation

Results 196 children were included, 47.6% were females. Mean (± SD) age 10.9 (± 3.8). Indications were: abdominal pain 33%, diarrhoea 14%, rectal bleeding 9%, suspected coeliac 7.5%, constipation 9%, reflux 12.3% and vomiting 15.1%. 71.3% were upper endoscopies only and 28.7% were upper and lower endoscopies. 64% of all endoscopies were normal and 43.4% of the total were histologically normal. Number of clinics prior to endoscopies were 1.39 (±1.0) and children were seen 2.3 (±1.6) times in the six months after endoscopy. 18.5% of children were discharge from follow up within 6 months of having an endoscopy. There was weak (phi 0.18) but statistically significant ($p<0.05$) correlation between endoscopy and discharge at 6 months. There was also weak (phi 0.2, p 0.006) correlation between histology results and discharge at 6 months. There was a strong (phi 0.46 $p<0.005$) positive correlation between endoscopic appearance and histological results.

All children were day cases and there was no complication identified in the studied population.

Conclusion Paediatric endoscopy appears to be a safe procedure with low risk of complication and most children were discharge on the same day. The majority of endoscopies in children were normal and about half were histologically normal with strong positive correlation between endoscopic and histological results, hence biopsies should not be performed if endoscopy is normal. Endoscopy did not appear to influence discharge from hospital follow up and the majority of children were still under follow up 6 months after having an endoscopy.

P31 MINOR REFORMULATIONS OF INFANT FOOD FOR SPECIAL MEDICAL PURPOSES DUE TO EU REGULATIONS 2016/127 & 2016/128 ARE WELL TOLERATED, ACCEPTED, COMPLIED WITH AND CONTINUE TO SUPPORT GROWTH IN INFANTS & CHILDREN REQUIRING NUTRITION SUPPORT

[1]Kiranjit Atwal, [1]Gary Hubbard, [2]Sarah Trace, [3]Joanne Bartleman, [3]Lucy Upton, [4]Jo Pena, [5]Jo Rayner, [6]Sophie Aubrey, [7]Victoria Steel, [8]Jo Wildgoose, [9]Kathleen Ross, [10]Barbara Cochrane, [3]Steve Kitchen, [2]Heather Norris, [11]Kirsty Jeffreys, [11]Cathryn Tong, [2]Rebecca Newbury, [2]Laura Sealy, [2]Abigail Robotham, [2]Lynsey Francey, [2]Lauren McVeigh, [4]Imogen Clarke, [1]Emily Wong, [1]Benjamin Green, [1]Elysia Hockley, [1]Sean McGlinchey, [1,13]Rebecca Stratton. *[1]Nutricia Ltd, Trowbridge, UK; [2]University Hospitals Bristol and Weston NHS Foundation Trust, Bristol, UK; [3]Birmingham Women's and Children's NHS Foundation Trust, Birmingham, UK; [4]Newcastle upon Tyne Hospitals NHS Foundation Trust, Newcastle, UK; [5]Bedfordshire Hospitals NHS Foundation Trust, Bedford, UK; [6]Barts Health NHS Trust, London UK; [7]South Tees Hospitals NHS Foundation Trust, Middlesbrough, UK; [8]Bradford Teaching Hospitals NHS Foundation Trust, Bradford, UK; [9]NHS Grampian, Grampian, UK; [10]NHS Greater Glasgow and Clyde, Glasgow, UK; [11]Walsall Healthcare NHS Trust, Walsall, UK; [12]Newcastle upon Tyne Hospitals NHS Foundation Trust, Newcastle, UK; [13]University of Southampton, Southampton, UK*

10.1136/flgastro-2021-bspghan.40

Introduction The nutritional compositions of infant foods for special medical purposes (iFSMPs) are governed by the EU, and new regulations (2016/127; 2016/128) were implemented to ensure standardisation and implementation of latest nutritional recommendations, scheduled to take effect by February 2020. Amongst the changes required, nutrient minimum and maximum levels were redefined, as well as mandatory supplementation of docosahexaenoic acid (DHA). Anecdotal evidence from clinical practice suggests that changes to formulations, minor or otherwise, may affect tolerance and acceptance in infants taking iFSMPs, especially those with complex medical conditions and backgrounds. A case-study series was conducted to evaluate iFSMPs reformulated by Nutricia Ltd to understand any possible impact on patient care.

Aim A multi-centre case-study series was conducted in infants and children who took iFSMPs manufactured by Nutricia Ltd for a range of clinical conditions. Gastro-intestinal tolerance, acceptance and compliance were evaluated over 28 days in each case-study.

Methods From 17 paediatric centres across the UK, 44 infants and children were recruited [mean age 16.5 m; range 1.5–87], receiving one of the following iFSMPs prescribed for nutrition support relevant to their clinical condition: Infatrini (n=9), Infatrini Peptisorb (n=3), Neocate LCP (n=9), Neocate Syneo (n=1), Kindergen (n=4), Monogen (n=5), Energivit (n=4), Locasol (n=4), Galactomin 19 (n=1), PKU Anamix Infant (n=4). Mean intake of baseline iFSMP was 683±275 ml (which met 97% of prescribed daily volume), of which n=16 administered iFSMPs via enteral feeding tubes (the remaining orally). The managing Dietitian determined the prescribed daily volume of the reformulated iFSMP. Medical history was recorded at baseline, and growth, gastrointestinal tolerance, compliance and acceptance was measured at baseline and end of case-study.

Results Forty patients completed the 28-day evaluation (n=4 did not due to medical and other reasons, days on case-study ranged between 1–17). Gastrointestinal tolerance remained stable in the majority of case studies (n=41 including n=1 drop out), and any deviations were not attributed to the reformulated iFSMPs. For the patients that completed the 28-day evaluation, compliance remained stable (n=33), and any reduction was related to increased complementary feeding or medical reasons. Mean intake of reformulated iFSMP was 579±254 ml (which met 91% of prescribed daily volume), where the majority of patients directly transitioned onto the reformulation (n=41). No deterioration in medical conditions or growth were reported as a result of using the reformulated iFSMPs during any of the case studies. Furthermore, caregiver and HCP satisfaction was positively recorded in 89% of case studies.

Conclusion This multi-centre, case-study series demonstrates that the minor reformulation of iFSMPs manufactured by Nutricia Ltd in line with the Commission Delegated Regulations (2016/127; 2016/128) to amend nutrient levels and include DHA are well tolerated, accepted and complied with in infants and children with various medical backgrounds. Furthermore, the reformulated iFSMPs continued to support growth and achieved positive caregiver and HCP satisfaction which is paramount to patient care. The reformulated iFSMPs used in this case study series have since been implemented into clinical practice in the UK, with support from Nutricia Ltd, and are now widely accepted.