study was to determine the effect of the CCK1 receptor antagonist, dexloxiglumide, on GE of a nutrient releasing meal, in lean and obese subjects.

**Methods** Ten obese (BMI; 47 kg/m² ±7) and 10 non-obese (BMI; 22 kg/m² ±2) patients ingested the CCK1 receptor antagonist, dexloxiglumide, or placebo. An hour later, 500 ml of skimmed milk containing \(^{13}\)C-acetate was consumed. A \(^{13}\)C-acetate breath test was used as a proxy measure for the rate of GE.

**Results** GE of skimmed milk was slower in obese subjects when compared to lean subjects in both placebo (p = 0.013) and dexloxiglumide conditions (p = 0.017). When compared to placebo, dexloxiglumide accelerated GE of skimmed milk in both lean (p = 0.054) and obese subjects (p = 0.022), however, the percentage increase in GE rate with dexloxiglumide vs placebo was greater in obese compared to the lean subjects (p = 0.017). There was a direct relationship between the rate of GE and BMI in both placebo (p = 0.00), and dexloxiglumide conditions (p = 0.04).

**Conclusion** These results demonstrate that the response to dexloxiglumide does not appear to be reduced, but rather increased in obese subjects, suggesting that sensitivity to CCK is not impaired in obesity. These results also suggest an overall slower rate of GE in obese compared to lean subjects, which could be a contributing factor in the pathogenesis of obesity.

**Competing interests** None.

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**PTh044 POOR SLEEP QUALITY IN IRRITABLE BOWEL SYNDROME: A COMPARISON WITH HEALTHY ADULT CONTROLS**

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**Introduction** Irritable bowel syndrome (IBS) is a common disorder resulting in a wide range of abdominal and bowel symptoms which often have an impact on quality of life (QOL). Poor sleep quality also affects QOL and is a recognised feature of inflammatory bowel disease as well as other medical and psychiatric disorders.

**Methods** Consecutive patients with a diagnosis of IBS attending the outpatient gastroenterology department of Kings College Hospital were recruited. Healthy controls were recruited from hospital staff and students on a voluntary basis. All patients and controls gave informed consent. Two different sleep disorder, in inflammatory bowel disease or other significant health problem that may affect sleep (IBS was excluded from the control group). All patients completed the a health and life style questionnaire and a PSQI which gives a quantitative sleep quality score from 1 to 21 with a higher score representing a worse sleep quality. Cases and controls were compared using the Mann–Whitney U test in Stata 8 statistical software.

**Results** A total of 90 subjects, 63 patients and 27 controls were recruited. The mean PSQI was 9.6 and 4.4 in IBS and control subjects, respectively (CI 8.6 to 10.7 and 3.5 to 5.4). Poor sleep quality appears to be yet another manifestation of the multi-organ involvement of the disease and may add further to the reduced QOL seen in IBS.

**Competing interests** None.

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