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CATEGORIES OF SEXUAL ABUSE IN ITALIAN FEMALE PATIENTS WITH SEVERE FUNCTIONAL DISORDERS.

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This study had two aims: a) to investigate the prevalence of sexual abuse among female patients seen in a tertiary-care gastroenterologic clinic having refractory and multiorgan functional complaints; b) to investigate whether any difference in the sexual abuse type resulted in a case control comparison. Method: thirty consecutive women (37±14 years, range 20-60 years) complaining of functional g.i. symptoms fulfilling the Rome criteria for bowel disorders associated to symptoms referable to functional conditions of at least two further systems, in particular at reumatologic, neurologic and gynaecologic level, were asked to complete the Italian version of the Drossman's questionnaire for sexual abuse (Ann Intern Med 1990; 113: 828-833). During the third visit, after having signed consent, they filled in anonymous self-administered questionnaire: this had to be put into an envelope and then into a sealed box which was transparent so that patient could verify it was full of identical envelopes. Since they were alone in a private room, they could decide to not answer without the Authors knowing that. A case control design with individual matching was used: 38 healthy women (39±11 years, range 20-60 years) were recruited between the university campus visitors: all accepted the procedure according to the same previously described setting. Results: 29 patients and all the controls completed the questionnaire. Some type of sexual abuse were reported by 17/29 and 21/38 respectively patients and controls (58% vs 55%; n.s.); 12/17 and 14/21 respectively gave positive score during childhood, i.e. < 13 years, (70% vs 66%, n.s.). On the contrary, 7/17 patients (41%) replied yes to the question E (*has anyone ever tried forcefully or succeeded to have sex when you didn't want this?*) vs only 1/21 of control subjects (4.7%): $p < .009$, Fisher's 2 by 2 Exact Test. Whether we consider the positive scores for contact sexual abuse (item C and D), excluding question E, patients were 6/17 vs 6/21 controls (35% and 28%, n.s.). Finally, 4/17 patients and 14/21 controls experienced only not contact sexual abuse, having answered yes only to item A and B (23% vs 66%, $p < .001$, Fisher's 2 by 2 Exact test). Conclusion: 1) prevalence of sexual abuse histories is high in the Italian population; 2) patients with multiple functional disorders differ from healthy for higher prevalence of "rape" sexual abuse, more than if the sexual exposure occurred during childhood or adulthood; 3) sexual harassment characterize more the abuse categories in general population.

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THE INFLUENCE OF MOTILIDES ON THE FUNCTION OF THE GASTROINTESTINAL TRACT AND EXPERIMENTAL ULCEROGENESIS.

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The aim of the study: the investigation of effects of erythromycin and oleandomycin on the gastrointestinal motility, gastric emptying gastric acid secretion and experimental ulcerogenesis. The methods: in chronological experiments on dogs with gastric and small intestine fistula, we investigated the effect of motilides erythromycin and oleandomycin on gastric acid secretion, stimulated by pentagastrin, histamine and carbacholin, and on periodical and food gastric and small intestine and colon motility by balloographic method and also on gastric emptying of chyme by the method of drainage of small intestine fistula. Furthermore, we investigated the influences of erythromycin on the damage of gastric mucosa in rats induced by immobilization stress. The results: It was established that erythromycin and oleandomycin evoked periodical motor activity of stomach, small intestine and colon. Erythromycin also enhanced the food motility of the gastrointestinal tract and speeded up gastric emptying from chyme. Contrary oleandomycin didn't influence on food motility of the stomach and small intestine. Erythromycin diminished gastric acid secretion stimulated by carbacholin and pentagastrin on 84-85%, stimulated by histamine - on 70%. The same results were received for secretion of pepsin. Erythromycin diminished gastric acid secretion stimulated by histamine on 70%, debit of pepsin of histamine gastric secretion on 35%. Compared to control rats, erythromycin decreased of gastric mucosal damages (hemorrhages, lesions, ulcers) evoked by immobilization stress. Summary: our data will probably lead to new clinically useful motilides.

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A MULTICENTER, GENERAL PRACTICE COMPARISON OF ISPAGHULA HUSK WITH MACROGOL 4000 IN THE TREATMENT OF CHRONIC IDIOPATHIC CONSTIPATION.

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AIMS: To evaluate the clinical efficacy and tolerability of Ispaghula husk in comparison to Macrogol 4000, in adults suffering from chronic idiopathic constipation. METHODS: A multicentric clinical trial was set up in general practice according to an open-label comparative design. 120 patients, were enrolled by randomization into 2 parallel treatment groups: Ispaghula (n = 61) or Macrogol (n = 59). During a 1-week baseline period, the patients were assessed for their symptomatology of constipation without any treatment: number of stools and colonic transit time. All patients were then treated up to 21 consecutive days during which they kept daily records of their stools. In patients showing a reduced colonic transit time at baseline, a second measure was performed at the end of the 3-week treatment. RESULTS: The primary criteria of efficacy was the evolution of the mean number of stools per week during the treatment period. Both treatments showed significant efficacy for this criteria: evolution from 4.0 stools per week at baseline to 5.9 at endpoint for Ispaghula group ($p = 0.001$) and evolution from 4.0 to 7.7 for Macrogol group ($p = 0.001$). The significant higher mean number of stools noted with Macrogol (intergroup analysis $p = 0.006$) corresponded to an important frequency of patients with a high number of stools (35.6% had more than 8 stools a week compared to 14.8% with Ispaghula husk). These efficacy results were associated with a good tolerability of the two treatments. There were no serious adverse events and no significant change in laboratory tests. Nevertheless, 3 patients (all treated with Macrogol) prematurely discontinued the treatment because of diarrhea. CONCLUSIONS: Ispaghula husk and Macrogol 4000 demonstrated similar efficacy for chronic constipation treatment and showed similar lag-time for onset of action.

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ACTIVATION OF MULTIPLE CORTICAL AREAS FOLLOWING ANORECTAL STIMULATION AT DIFFERENT SITES - A FMRI STUDY.

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We assessed brain activation by means of BOLD fMRI in 8 healthy volunteers following electrical stimulation of the anal canal, and the distal (+ 10 cm) and mid rectum (+ 20 cm) by applying 1 Hz and 2 Hz stimuli in successive runs per location, and with intensities above perception, but below pain/discomfort. A block design was chosen for each recording, with 5 epochs recorded during baseline/no stimulation and 5 epochs during which stimulation was performed. During each epoch, 16 axial slices with 0.1 mm interslice gap in the anterior-posterior commissure plane covering the brain volume above the temporal pole were generated by a 1.5 Tesla Siemens Vision MRI system (Siemens Magnetom, Erlangen, Germany) using standard echoplanar imaging and radiofrequency head coil. Voxel size was 3.12 x 3.12 x 5.5 mm. Data analysis used a fixed effects model representing a case study of 8 cases on SPM96 software. After realignment, spatial normalization and smoothing with 8 mm Gaussian kernel, group activation maps were calculated by pooling the data for each condition across all subjects, and only voxels passing a threshold of $z = 0.01$ and a cluster of 10 voxels were considered significant. Results: Besides SII activation, the insular cortex, the medial cingulate cortex, and the inferior posterior parietal cortex (ipp) are activated under all conditions. With higher stimulation frequencies, the anterior cingulate cortex becomes activated in addition, and with increasing intensity, the activated areas of the cingulate cortex shift cranially. Area 6 and Broca were activated only with distal rectum stimulation. Conclusion: Visceral afferent information processing involves - besides the SII cortex - deeper brain structures as well. It seems that specifically the cingulate cortex plays a major role in both topographic and intensity-coded information processing from different compartments of the pelvic floor. This is of major relevance in our understanding of normal and abnormal perception generated in the lower gastrointestinal tract, such as in irritable bowel syndrome. (Supported by grants from Deutsche Forschungsgemeinschaft, En 50/18-1 and SFB 194 A16).

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EFFECTS OF LIPID ADMINISTRATION IN THE DUODENUM AND JEJUNUM ON VISCERAL SENSITIVITY AND GASTRIC TONE IN HEALTHY SUBJECTS.

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Duodenal lipid administration exaggerates the sensory response to gastric distention. Enteral feeding with a tube placed distal to the Treitz' ligament has been proposed as an alternative to intraduodenal feeding. Our aim was to compare the effects of duodenal and jejunal lipid infusions on gastric perception and tone in healthy subjects. Methods: 13 healthy volunteers (age 18-61; 4 females) participated on two different study days. A feeding tube was placed fluoroscopically in the descending duodenum and in the proximal jejunum, in random order, on the two occasions. A gastric balloon-catheter, connected to a barostat was placed in the proximal stomach. Sensory thresholds for first sensation, gas or fullness, bloating