The clinical impact of lower gastrointestinal tract involvement in systemic sclerosis will be illustrated by case presentations. This will describe problems including pseudo-obstruction, severe malnutrition, and electrolyte imbalance and anorectal disease. The interplay with comorbidities such as cardiac scleroderma will also be described. Potential therapeutic strategies for these different complications will be introduced through these cases.

Disclosure of Interest: None declared

Gastrointestinal tract manifestations of systemic sclerosis are common and represent a high burden of the disease. Whilst some aspects can be treated the lower bowel involvement is especially challenging. The midgut is affected with dysmotility and functional impairment including the consequences of impaired absorption and exocrine pancreatic insufficiency. Midgut hypomotility can lead to stagnation of bowel contents and small intestinal bacterial overgrowth that contributes to bloating, diarrhea and malnutrition. Colonic involvement contributes to chronic constipation and anorectal disease is a major non-lethal burden leading to incontinence. This has enormous impact on quality of life. The end result is a constellation of symptoms and clinical problems that require integrated management to ensure appropriate investigation and treatment. Strategies that can be helpful include broad spectrum antibiotics to address small intestinal bacterial overgrowth and prokinetics to address issues of pseudo-obstruction. The latter is best managed conservatively. Occasionally patients develop nutritional failure that requires parenteral nutrition. This can be successfully delivered as part of a home care programme and is generally parenteral supplementation, for example with overnight feeds, rather than total parenteral nutrition. Constipation and diarrhea require opposite strategies for treatment and often a high degree of patient self-management. Recent trials of techniques to improve anorectal incontinence have been promising for strategies such as posterior tibial nerve stimulations and this may represent useful option in some cases.

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Pain is a dimensional experience, and chronic ongoing pain may have wide-ranging social and psychological implications. A biopsychosocial model of understanding is generally considered to be the best pain model, and it is well-established that interdisciplinary pain management is the most effective treatment approach. Psychological management plays an important role in such treatment. This lecture will cover the link between psychological factors and pain as well as psychological pain management.

Disclosure of Interest: None declared

There is wide acknowledgement in medical literature that CRPS is a very painful condition that can be severely debilitating and adversely affect quality of life. In an attempt to assist the many highly caring, gifted and dedicated clinicians who want to understand what this actually means from the perspective of those who live with the condition relentlessly day by day, I shall attempt to bring such a statement to life. I shall speak mainly from my own journey of learning to live with CRPS since 2001, but shall also draw on the experiences fellow sufferers have shared with me, and humbly contribute some key messages for the clinicians who come into contact with patients pre or post diagnosis.

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