Material and methods Data on faecal output, March 2018 to September 2019, were collected for patients with SBS-IF and a high faecal output, despite treatment with antimotility and antisecretory drugs, who received liraglutide to reduce ostomy output.

Results Ten patients received liraglutide at a standard dose. Small bowel length was <140 cm. Pretreatment faecal output was 3230 mL/day. Two patients did not respond to treatment, while the remaining eight patients (80%) achieved a post-treatment faecal output of 1983 mL/day, with an average reduction of 1402 mL/day (-43%) after 8 weeks of therapy. One patient discontinued therapy following intestinal recanalisation, while therapy is ongoing in seven patients. Liraglutide was well tolerated and all patients reported an improvement in quality of life.

Conclusion and relevance Liraglutide seems to have a place in the limited treatment armamentarium available for patients with SBS-IF, who have a significantly impaired quality of life.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

4CPS-004

EVALUATION OF THE USE OF HYDROCORTISONE, VITAMIN C AND THIAMINE FOR THE TREATMENT OF SEPTIC SHOCK

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Background and importance The combination of thiamine/vitamin C/hydrocortisone has recently emerged as an adjunctive therapy for patients with septic shock (SS)

Aim and objectives To evaluate the use of the combination as a complementary treatment for SS.

Material and methods A retrospective, observational, cohort study was carried out in critically ill patients diagnosed with SS in an ICU between January 2018 and September 2019. Patients were divided into two cohorts: cohort A (had received standard therapy of intensive fluids, empirically broad spectrum antibiotics, prevention of vein thrombosis and norepinephrine as vasopressor therapy) and cohort B (in addition had received intravenous treatment with the combination). Demographic variables (age, gender) and clinical variables (comorbidities, SAPS-III, origin of sepsis, need for invasive mechanical ventilation (IVM) and extracorporeal membrane oxygenation (ECMO), baseline procalcitonin, acute renal failure and blood culture positive) were collected. Dosage and duration of combination treatment were collected in cohort B. Hospital mortality, length of stay (LOS), duration of IVM, requirement for renal replace technique (RRT) and duration of vasopressor treatment were assessed. Comparisons between the groups were performed with STATA V.14.2

Results A total of 115 patients with SS were included (59 in cohort A; 56 in cohort B). All demographic and baseline clinic characteristics were not significantly different between the groups except for immunosuppression (41 vs 28, $p=0.048$). Patients in cohort B received the combination a

median of 3 (1–26) days at doses: vitamin C 1.5 g/6 hours (62.5%), 1 g/6 hours (16.1%), 1 g/24 hours (16.1%) and 0.5 g/24 hours (5.3%); thiamine 200 mg/12 hours (55.4%), 100 mg/24 hours (26.8%) and 100 mg/12 hours (17.8%); and hydrocortisone 50 mg/6 hours (53.6%) and 100 mg/8 hours (46.4%). Twenty-one patients received decreasing dose regimens. In 23 patients in cohort A, steroid treatment was necessary. The combination was prescribed on admission in 80.7% of patients, and in 11 patients the prescription was delayed for a median of 7 (2–16) days. No differences in mortality were observed (24 vs 21, $p=0.450$). Patients in cohort B required more IVM than those in cohort A (31 vs 19, $p=0.014$) for more days (19.42 vs 2.17, $p=0.055$), more RRT (27 vs 16, $p=0.019$) and LOS (10.64 vs 6.37, $p=0.02$).

Conclusion and relevance According to our results, it cannot be concluded that adding hydrocortisone/vitamin/thiamine to standard treatment reduces mortality, LOS or duration of vasopressors. However, there was a tendency to treat the most vulnerable patients (immunosuppressed patients, refractory sepsis and RRT). Variable dosage was used, and as a result of the study, a protocol was developed in the unit to standardise the use of the combination.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-005

RISK FACTORS FOR PERSISTENCE AND TOLERANCE OF COW'S MILK ALLERGY

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Background and importance Cow's milk protein allergy (CMPA) is universally the most common food allergy in the first years of life, and the incidence has increased over the past few years. The presence of CMPA has important repercussions for patients and their families as it diminishes their quality of life.

Aim and objectives Our aims were to characterise our population of children with CMPA and to identify predictive factors for the persistence of this allergy.

Material and methods This was a retrospective observational study in 168 children diagnosed with CMPA at the gastroenterology and nutrition unit undergoing treatment with special formulas for the management of CMPA, between 1 January and 31 March 2017, at the University Clinical Hospital of Santiago de Compostela. Clinical variables and complementary tests, perinatal and nutritional factors, symptoms and type of hydrolysed formula used was recorded. Children were followed-up to 2 years of age. A logistic regression analysis was used to investigate independent predictive factors for the persistence of CMPA beyond the age of 1 year of age.

Results A total of 88 males (52.4%) with a mean age at diagnosis of CMPA of 3.27 ± 2.82 months were studied: 31% did not have a differentiated diagnosis; 89.3% were born after 37 weeks' gestation; 20.2% by caesarean section; 46.4% were breastfed; 36.1% were fed artificially; 17.5% had mixed feeding; and 47.1% had a first or second degree family history.

Patients who began with gastrointestinal and/or cutaneous symptoms were observed to take longer to acquire tolerance