Methods We chose 50 cases at random from the dietician led Coeliac clinic, 25 patients were diagnosed prior to 2002 and 25 cases selected after 2002. We focused our audit on the time from diagnosis to 4 years follow up. Date of diagnosis ranged from 1976 to 2010. Age, symptom control, antibody, duodenal pathology, body weight, haemoglobin, vitamin D level, DEXA T and Z scores, fracture history, calcium and bisphosphonate prescriptions were all recorded.

Results Average age at diagnosis was similar, 42.5 (SD 19) (pre 2002) and 45.9 years (SD 18.6) (post 2002). Females accounted for 64% and 84% respectively. Antibody results were available in 48% and 76%, positive in 92% and 100% respectively. Diagnostic duodenal biopsies were available in 52% and 84% respectively. Body weight was recorded in 52% and 92% and haemoglobin levels recorded in 56% and 85%. Weight, symptoms and Haemoglobin improved in both groups. Initial bone densitometry was performed in 28% and 64% and repeated at 4 years in 50% and 67% respectively. Bone density reduced slightly over the 4 year follow up. Vitamin D levels were measured in 20% and 50% at the time of diagnosis and levels increased over a 4 year period (pre 2002: 17.8 (SD11.6) to 25.4 (SD 8.8); post 2002: 16.9 (SD 12.6) to 24.3 (SD 10.3)). Bisphosphonates were prescribed appropriately in 33% and 100% in the respective groups. Fractures were present in 10% of all patients.

Conclusion A Dietetic led service has led to favourable changes in practice. Disease response measured by symptoms, weight and haemoglobin improved in both groups; in the post 2002 cohort, more data is available and this may indicate improved clinic attendance at the Dietetic led clinic. The fracture incidence of 10% is comparable to the general population incidence, much lower than studies of previous UK and South American Coeliac cohorts. This low fracture incidence may be to be due the judicious use of bone density assessment and treatment with calcium and vitamin D. Vitamin D is not in the BSG 2010 guidelines, the low fracture incidence in this cohort may partly be reflected by the correction of vitamin D levels. This raises questions whether routine measurement vitamin D should be advocated?

Competing interests None.

Keywords BSG guidelines, Coeliac Disease, DIETICIAN CLINIC, vitamin supplementation.

PTU-048 CHANGES IN PRACTICE WITH A COELIAC DISEASE DIETICIAN LED CLINIC OVER A 30 YEAR PERIOD, SHOULD WE BE MEASURING VITAMIN D?

doi:10.1136/gut.2011.239301.176

R R Keld,[1*] E Shuttleworth,[1] S Burden,[2] S Campbell[1] *[1]Department of Gastroenterology, Manchester Royal Infirmary, Manchester, UK; [2]Dietetic Department, Manchester Royal Infirmary, Manchester, UK*

Introduction Morbidity surrounding Coeliac disease is usually a consequence of malabsorbtion of minerals and vitamins leading to anaemia and metabolic bone disease. In January 2002 a Dietetic led clinic was introduced at Manchester Royal Infirmary to improve patient care. We conducted an audit to compare the practice of the initial management of Coeliac disease to assess the introduction of the Dietetic led clinic. Practice was compared to the current 2010 BSG guidelines.