Conclusion Children on HETF in our study maintain and had improvement of their micronutrient status after start of HETF. Six monthly blood test monitoring may only be necessary in special circumstances (refeeding syndrome, frankly deficient or toxic micronutrient levels at start of HETF) and may not significantly enhance the overall nutritional monitoring and management of all children on HETF.

Competing interests None declared.

DDF plenary session

OC-041 | **IL28B HAPLOTYPES AND IP-10 PREDICT TREATMENT RESPONSE FOR RECURRENT HCV POST TRANSPLANT**

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Introduction Hepatitis C virus (HCV) recurrence post liver transplant (LT) is universal. Sustained virological response (SVR) rates post LT with pegylated interferon (PEG-IFN) and ribavirin (RIB) range between 26% and 50% and are associated with significant side effects. Single nucleotide polymorphisms (SNPs) rs12979860 near the IL28B gene predict response to treatment. Strong immune T helper type 1 responses towards HCV determine also play an integral role in the outcome of infection. Interferon γ inducible protein 10 (IP-10) has been shown to correlate with treatment response in HCV mono-infection and HIV co-infected patients but limited data are available for patients in the post LT period. Our aim was to investigate whether SNPs near IL28B gene rs12979860 and pre-treatment plasma levels of IP-10 can predict treatment response in patients with recurrent HCV post LT.

Methods Pre-treatment plasma samples were studied in HCV patients post LT. Plasma levels of IP-10 (pg/ml) was measured by ELISA. rs12979860 were tested by direct sequencing. All patients were treated with PEG-IFN α 2a and weight based RIB for a minimum of 48 weeks irrespective of genotype. Virological response was divided into SVR, null-response (NR) and responder relapse (RR). All results are presented as medians (range).

Results 41 patients (34 male) with recurrent HCV (49% genotype one disease) were treated at a median time of 43 months (3—133) post LT. 71% of patients were maintained on tacrolimus monotherapy. Nine patients had been treated previously with PEG-IFN and RIB. Median baseline HCV viral load was 2.35E6 IU/ml. 78% of patients were commenced on a low accelerated dosage regimen (median dose PEG 135 μg, median dose RIB 800 mg). Rs12979860 haplotype CC was present in 24% (8×SVR, 2×RR), CT 59% (10×SVR, 9×NR, 5×RR) and TT in 17% (1×SVR, 6×NR). SVR was achieved by 19 patients (46%), 15 patients were NR (37%) and 7 were RR (17%). Baseline IP-10 levels correlated with serum AST (r=0.48, p=0.003), ALT (r=0.36, p=0.05), fibrosis score (r=0.33, p=0.04) and necro-inflammatory score (r=0.54, p=0.001). IP-10 levels were lower in those who achieved a SVR (116 vs 490, p<0.0001). IP-10 levels were higher in the NR group compared to the SVR and RR groups (545 vs 116 vs 320, p<0.0001). AUROC analysis identified IP-10 to be a significant predictor of SVR (0.84, 0.71—0.97, p<0.0001). CC haplotype and IP-10 <154 pg/ml had a 100% PPV for SVR.

Conclusion Our data demonstrates that patients with a lower baseline IP-10 level are more likely to achieve a SVR. The IL28B CC haplotype in conjunction with a low IP-10 level predicts treatment success in recurrent HCV post LT.

Competing interests None declared.

OC-042 | **THE BURDEN OF MALNUTRITION IN GENERAL PRACTICE**

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Introduction Although most malnutrition exists in the community, there is a lack of information about its burden in General Practice (GP). The aim of this survey was to establish the prevalence of malnutrition in GP and its relationship to use of nutrition support, health outcomes and healthcare use (infections requiring antibiotics, frequency of wounds and GP visits). The dataset represents an extension of information obtained from a preliminary study.[1]

Methods Of a total of 1130 consecutive individuals attending nine GPs in the Southampton area (November 2010—December 2011), 65% (n 738) agreed to participate (main reason for non-participation was fear of missing their appointment). After excluding 160 people who were accompanying friends/relatives or carers, 578 patients visiting the GP or nurse formed the survey population. Subjects had their height and weight measured and provided information about unintentional weight loss, infections requiring antibiotics, wounds, GP visits, dietetic input, and use of any form of oral nutritional support, during the preceding 6 months. The risk of malnutrition according to the "Malnutrition Universal Screening Tool" ("MUST") was established.

Results Patients had a mean age, weight and Body Mass Index (BMI) of 43.1 (SD±18.7) years, 73.6 (SD±17.0) kg, and 26.2 (SD±5.3) kg/m^2 respectively. The overall prevalence of malnutrition was 11.1% (95% CI 8.8% to 13.9%), comprising of 6.7% at medium risk and 4.4% at high risk. Compared to people at low risk of malnutrition, those "at risk" (medium + high risk) had significantly more infections requiring antibiotics (17.1% vs 28.1%, RR 1.643 (95% CI 1.063 to 2.539); p=0.025), a significantly higher frequency of wounds (2.1% vs 9.4%, RR 4.381 (95%CI 1.667 to 11.443); p=0.003) and more GP visits in the previous 6 months (59.3% vs 68.8%, RR 1.159 (95% CI 0.968 to 1.387); p=0.109). None of the subjects identified as "at risk" of malnutrition were receiving dietetic input or any form of oral nutritional support.

Conclusion This survey has established that the prevalence of malnutrition among people visiting their GP in the Southampton area is 11.1% (95% CI 8.8% to 13.9%). The results indicate that those "at risk" of malnutrition have more infections, wounds, and tend to visit their GP more frequently. Furthermore, malnutrition is under-detected and under-treated in this setting.

Competing interests None declared.

REFERENCE

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OC-043 | **CONTROLLED TRIAL OF IMMUNOABLATION AND AUTOLOGOUS HAEMOPOETIC STEM CELL TRANSPLANTATION IN CROHN'S DISEASE: INTERIM REPORT ON BEHALF OF THE ASTIC TRIALISTS**

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Introduction The Autologous Stem Cell Transplantation International Crohn's Disease (ASTIC) Trial is a randomised controlled evaluation of the proposition that immunoablation and hemopoietic stem cell transplantation improves the course of Crohn's disease.