

**PWE-238** IMMUNISATION PRACTICES IN PATIENTS WITH IBD—A WAKE UP CALL

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**Introduction** Patients with inflammatory bowel disease on immunosuppressant therapy may have an increased risk of opportunistic infections. We reviewed our practice in 150 consecutive patients attending our IBD clinics to see if our practice was in line with recommendations by the European Crohn's and Colitis Organisation and the American College of Gastroenterology.

**Methods** Patients were considered immunosuppressed if they were on doses of prednisolone >20 mg/day or equivalent for 2 weeks or more, ongoing treatment with effective doses of 6-MP/Azathioprine, Methotrexate, Infliximab and Adalimumab or had these agents discontinued within 3 months. Data were collected from electronic records, clinical case notes and pathology results database review. Up to date and childhood immunisations including previous history of Varicella and Zoster infections was obtained from the primary care physicians.

**Results** 150 IBD patients (Crohn's disease n=80, Ulcerative colitis n=70) were included; 79 were female. The median age was 51 and median disease follow-up was 23 years. 29 patients (19.3%) were not on any treatment at the time of the audit, 19 (65.5%) out of these 29 patients had therapy with glucocorticoid, thiopurine or biologics previously. 52 patients (34.7%) were on a 5 ASA and 71 patients (47.3%) were on effective immunosuppression as defined above. These included 26 patients on thiopurines (36.6%), 3 on Methotrexate (4.2%), 13 on Infliximab (18.3%), 12 on thiopurines + Infliximab (16.9%), 1 on Methotrexate + Infliximab (1.41%), four patients on Adalimumab (5.6%), 3 on Adalimumab + thiopurines (4.2%), 7 on glucocorticoids alone (9.9%) and 2 on Infliximab + Prednisolone (2.8%). Immunisation history was taken in 29 out of the 150 patients (19.3%). Among the patients on immunosuppressive therapy 29 (40.8%) had chest radiographs performed, 16 (22.5%) were tested for Hepatitis B, 16 (22.5%) for Hepatitis C, 5 (7.0%) for HIV and 4 (5.6%) were tested for varicella titres. Cervical smears were performed in 14 (19.7%) out of 25 women above the age of 25. Of the 71 patients on immunosuppressants, 31 (43.7%) had no screening tests. Immunisation was carried out for influenza in 42 patients (59.1%), 30 (42.3%) for tetanus, 25 (35.2%) for diphtheria, 12 (16.9%) for pneumococcus, 7 (9.9%) for meningococcus, 5 (7.0%) for Hepatitis B, 4 (5.6%) HPV and 11 (15.5%) for MMR.

**Conclusion** Our current practice was not in line with recent recommendations and probably reflective of experience at other centres. IBD physicians must work in collaboration with primary care providers to ensure appropriate screening and vaccination in this vulnerable group. We have taken appropriate steps to ensure prompt screening of patients through a newly designed proforma.

**Competing interests** None declared.

**PWE-239** THE ACCURACY OF PRE BONE MINERAL DENSITY FRAX SCORES IN PREDICTING NEED FOR TREATMENT IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE AT RISK OF OSTEOPOROSIS

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**Introduction** Patients with Inflammatory Bowel disease (IBD) are at increased risk of Osteoporosis. Dual-Emission x-ray absorptiometry

(DEXA) scans are frequently used to assess for osteoporosis and guide the need for preventative therapy. The WHO fracture risk assessment web tool can be used with or without bone mineral density (BMD) to calculate a FRAX score (10-year probability of major osteoporotic fracture and hip fracture). Patients are assigned, based on their pre-BMD FRAX outcome into low, intermediate (requiring BMD measurement) and high (requiring preventative therapy) risk groups in accordance with guidelines from the National Osteoporosis Guidelines Group (NOGG). Our study aimed to assess the accuracy of Pre-BMD FRAX scores in predicting need for preventative therapy in an IBD cohort.

**Methods** We conducted a retrospective review of 95 patients who had undergone an index DEXA scan while attending IBD clinics at our hospital between 2007 and 2011. Clinical data including demographics, disease characteristics and therapy were obtained from case note and electronic patient record review. Pre and post-BMD FRAX assessment scores were calculated retrospectively. All IBD patients were considered to have secondary osteoporosis as a risk factor for FRAX calculation. Fifteen patients were excluded as they had previously received bisphosphonates. Pre-BMD FRAX risk status was compared with Post-BMD FRAX outcome to identify patients requiring and not requiring therapy.

**Results** 80 patients (female 56) with a median age of 53.8 and mean disease duration of 14.1 years were analysed. 52 (65%) patients had Crohn's disease, 27 (34%) patients ulcerative colitis and one patient had IBD-type unclassified (IBDU). Pre-BMD FRAX risk status (low and intermediate/high risk) had a sensitivity of 100% (95% CI 87.9 to 100), in correctly identifying 28 out of 28 patients as needing treatment. Specificity was low at 31% (95% CI 19.9 to 44.3) identifying only 16 out of 52 patients as not needing treatment. The positive predictive value was low (44%; 95% CI 32.3 to 55.9) with 28 out of 64 patients correctly identified as needing treatment but the negative predictive value was high (100%; 95% CI 80.6 to 100) as all 16 patients were correctly identified as not needing treatment. Specificity and PPV results were influenced by the intermediate risk Pre-BMD FRAX sub-group of which 33 (73%) required lifestyle advice and 12 (27%) required preventative therapy following post-BMD FRAX assessment.

**Conclusion** In IBD patients, pre-BMD FRAX risk status is sensitive at predicting need for osteoporosis treatment and can help guide clinical decision making potentially avoiding DEXA scanning in IBD sub-groups.

**Competing interests** None declared.

**PWE-240** INCIDENTAL DIAGNOSIS OF INFLAMMATORY BOWEL DISEASE IN A BRITISH BOWEL CANCER SCREENING COHORT: A MULTI-CENTRE STUDY

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**Introduction** The UK Bowel Cancer Screening Programme (BCSP) was launched in 2006 and rolled out in successive waves covering the entire population of England and Wales. It screens individuals aged 60–69 years with a Faecal Occult Blood test (FOBT) followed by a screening colonoscopy if FOBT positive. Our study aimed to quantify the incidental diagnosis of Inflammatory Bowel Disease (IBD) through BCSP and patient outcome in this cohort.

**Methods** We conducted a retrospective review of BCSP outcomes at our centres from launch in February 2007 until September 2011. Screening data included the number of patients invited, number screened (FOBT outcome "normal" or "abnormal") and number of