Introduction  Patients with CBD (Common Bile Duct) stones require high risk interventions. Around 10–20% patients with symptomatic gallstones have CBD stones. Where the initial clinical, biochemical and ultrasound examinations failed to correctly predict CBD stones in a patient with gall stones, one should resort to either MRCP or EUS (Endoscopic Ultrasound) depending on the local expertise. Without the availability of either national or local proposed strategy for these investigations we feel either test may be inappropriately used. Our aim was to study the clinical details of patients undergoing MRCP for the suspected CBD stones and assess for their appropriateness.

Methods  We randomly selected 45 patients who underwent MRCP for suspected CBD stones in the last one year. We assigned the risk of cholecodolithiasis based on ASGE (American Society Gastrointestinal Endoscopy) guidelines and compared with their suggested management strategy. Finally we assessed their appropriateness based on the predictive factors and MRCP findings.

Results  There were 28 females and 17 males. The age range was 21 to 91 years (mean 63.7 yrs). Based on the ASGE guidelines we assigned 24 (53.33%) patients to intermediate, 16 to low (35.55%) %) and 5(11.11%) to high likelihood of cholecodolithiasis based on clinical predictors. Only 6 patients (13.33%) had cholecodolithiasis on MRCP three in high risk (3/5), 3(3/24) in intermediate risks and none (0/16) in low risk group.

Conclusion  Our audit suggests inappropriate use of MRCP in patients with low predictable group (35%). We feel those patients with high predictability should be carefully considered directly for ERCP. Currently we are extending this audit and also plan to reaudit after formulating local guidelines for the use of MRCP in suspected bile duct stones. We feel with careful clinical judgement, MRCP can be used selectively in those patients where it is going to be more useful and saving these radiological slots for more needy patients in a busy DGH.

Disclosure of Interest  None Declared.

REFERENCES
2. The role of endoscopy in the evaluation of suspected cholecodolithiasis: ASGE Guidelines GI Endoscopy Vol 71, No 1 2010

PTH-128 THE FRAX ALGORITHM IS OF LIMITED UTILITY IN PREDICTING OSTEOPOROSIS IN COELIAC DISEASE

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Introduction  Osteoporosis is the commonest complication of coeliac disease yet no reliable scoring system exists to guide patient selection for bone density measurement. The FRAX tool has been developed by the World Health Organisation to estimate fracture risk based on clinical factors and incorporates causes of secondary osteoporosis such as coeliac disease (1). We have analysed the utility of FRAX in identifying osteoporosis in a cohort of patients with coeliac disease.

Methods  170 patients were recruited from coeliac clinics between October 2011 and 2012. 17 patients in whom bone mineral density results were not available were excluded, yielding a final study population of 153. Information on clinical risk factors for osteoporosis were collected by questionnaire. Two-tailed independent student t-tests, Mann Whitney U test or Chi-square tests were applied as appropriate. Statistical analysis was performed on SPSS.

Results  Abstract PTH-128 Table 1

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Controls (n = 130)</th>
<th>Osteoporotic Patients (n = 23)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at DEXA, mean (IQR)</td>
<td>52.4yrs (22.2)</td>
<td>69.6yrs (13.36)</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Sex (Female)</td>
<td>91 (70%)</td>
<td>17 (73.9%)</td>
<td>0.895</td>
</tr>
<tr>
<td>Weight, mean (IQR)</td>
<td>67.9kg (16)</td>
<td>60.4kg (12.2)</td>
<td>0.001</td>
</tr>
<tr>
<td>Height, mean ±s.D.</td>
<td>166cm ± 8.36</td>
<td>162cm ± 7.78</td>
<td>0.023</td>
</tr>
<tr>
<td>Family history of osteoporosis</td>
<td>27 (20.9%)</td>
<td>5 (21.7%)</td>
<td>1.000</td>
</tr>
<tr>
<td>History low trauma fracture</td>
<td>7 (5.5%)</td>
<td>4 (17.4%)</td>
<td>0.067</td>
</tr>
<tr>
<td>History of glucocorticoid use</td>
<td>5 (3.9%)</td>
<td>4 (18.2%)</td>
<td>0.034</td>
</tr>
<tr>
<td>Alcohol, &gt; 3units/week</td>
<td>10(7.8%)</td>
<td>1 (4.3%)</td>
<td>0.567</td>
</tr>
</tbody>
</table>

The prevalence of osteoporosis in our cohort was 15% (23/153). The distribution of risk factors used in the FRAX algorithm are shown in table 1. Factors significantly associated with osteoporosis in our cohort included increasing age, reduced height, weight and history of glucocorticoid use. The median 10 year risk of major osteoporotic fracture was 6.7% (interquartile range 8.5). A ROC analysis of FRAX as a predictor of osteoporosis yielded an area under the curve of just 0.614.

Conclusion  The FRAX algorithm is not a reliable predictor of osteoporosis. A screening threshold of > 10% 10 year risk of major fracture gives a sensitivity of 43% and specificity of 73% for detection of osteoporosis. A lower threshold of 5% 10 year risk only increases sensitivity to 78% at a cost to specificity of 59%. Further work in constructing specific risk predictors for osteoporosis in coeliac disease is required.

Disclosure of Interest  None Declared.

REFERENCE

PTH-129 DEVELOPMENT AND ASSESSMENT OF A PATIENT INFORMATION LEAFLET RELATING TO THE HARMFUL EFFECTS OF EXCESSIVE ALCOHOL CONSUMPTION. A PROSPECTIVE SURVEY FROM A DISTRICT GENERAL HOSPITAL

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Introduction  Alcohol abuse is a major cause of preventable liver disease world wide. Alcohol related liver disease and associated death is rising at an alarming rate whilst all other causes of death are falling in the UK1. 38% of men and 16% of women (aged 16–64) misuse alcohol in England1. It is estimated that there are 7.1million hazardous or harmful drinkers and 1.1million dependent drinkers in the UK. The East Cheshire NHS Trust was not utilising an effective patient information leaflet relating to the harmful effects of excessive alcohol consumption. Such leaflets can be vital in effective patient/public education, patient management and in aiding with altering health related behaviours.

Methods  A working group was established to develop the leaflet. Alcohol Related Disease: Meeting the Challenge of Improved Quality of care and Better Use of Resources, produced by the BSG, was the source of much of the statistics and data used in the leaflet1. Questionnaires were distributed and results were collated prospectively.

Results  49 questionnaires were returned: 34 female and 15 male. 53% of people reported they had never seen a leaflet like this before, with 63% stating that they were surprised by the extent of the

Disclosure of Interest  None Declared.

REFERENCE
1. None Declared.
social, economic and health implications of excessive alcohol consumption. 51% stated that reading this leaflet would alter their alcohol consumption, with 92% stating they would pass the leaflet on to friends and family. 60% of people described the information as very easy to understand. 89% reported that the drink calculator was helpful in calculating their weekly alcohol consumption.

**Conclusion** Patient information leaflets play a vital role in patient education and altering health behaviours.

Our leaflet appears to convey the relevant information well and will allow for effective education, together with behaviour modification and may assist in the management of patients with alcohol related liver disease.

Larger prospective surveys are required to assess the impact of such leaflets and how they influence the long term management of such patients.

We propose an electronic campaign in the form of an information leaflet for the dissemination of information which would be cost effective, efficient and can be distributed reaching a wider population.

**Disclosure of Interest** None Declared.

**REFERENCES**
1. Moriarty, K et al. Alcohol Related Disease: Meeting the Challenge of Improved Quality of care and Better Use of Resources. A joint position paper on behalf of The British Society of Gastroenterology, Alcohol Health Alliance UK and British Association for Study of the Liver. 2010.

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**Introduction** The standard medical therapy for haemochromatosis is removal of iron by regular phlebotomy. Current EASL guidelines recommend that blood taken from uncomplicated haemochromatosis patients should be made available through national blood transfusion services. However, this practise varies widely across Europe and is often hindered by administrative difficulties. Here, we aim to describe a pilot facilitating the process of blood donation amongst haemochromatosis patients in the UK.

**Methods** A dedicated haemochromatosis clinic was established. At this clinic, patients with uncomplicated haemochromatosis interested in becoming blood donors were offered a simple information leaflet. One page provided information about eligibility; the second page was designed to be countersigned by the responsible physician. Upon receipt of referral, patients were contacted by members of the local Blood Service. Data on clinical characteristics including genotype, alcohol consumption, BMI, co-morbidities and previous blood donation was collected.

**Results** Patients attending (n=101) since the introduction of this service (Aug 2011) are included. The median age was 57 (22–82) and the majority 70 (69%) were male. Most (89%) were C282Y homozygotes; the remainder were H63D/C282Y compound heterozygotes. The majority (91%) had uncomplicated haemochromatosis; however many were ineligible for blood donation by virtue of age (20%), co-morbidity (17%), or induction therapy (15%). Prior to the introduction of this service, there were 3 regular blood donors. Since the introduction of this service, of those potentially eligible (n=40) 25 (58%) showed interest in blood donation, 20 (50%) applied, 17 (43%) are eligible and have registered. In total, there are now 13 regular blood donors, including 10 new who have donated 27 pints of blood (median 2[1–6]).

**Conclusion** There is an interest and willingness to donate blood through NHS Blood and Transplant amongst uncomplicated haemochromatosis patients undergoing therapeutic phlebotomy. Since the introduction of this facilitation process, we have significantly increased the number of regular blood donors amongst this cohort. If this process was undertaken nationally or more widely across Europe, this could have a significant impact on the availability of this precious resource.

**Disclosure of Interest** None Declared.
PTH-129 Development and Assessment of a Patient Information Leaflet Relating to the Harmful Effects of Excessive Alcohol Consumption. A Prospective Survey from a District General Hospital

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