Patient demographics, clinical presentation, findings at DBE and subsequent follow up data were recorded. The majority of patients had a number of investigations, including radiology, prior to DBE without a firm diagnosis. 83.3% had CE prior to DBE. SPSS V18 was used to analyse the data.

Results A total of 358 DBE procedures were carried out during the year. 52% of patients (n = 189) were female and the average age at the time of diagnosis was 58 years (SD±12 y). Indications for performing DBE included iron deficiency anaemia 44.4%, overt bleeding 27.8%, abnormal radiology 22.2% and abdominal pain 5.6%. Of those who had prior CE, CE was positive in 93.3% (14/15) of patients with the presence of a mass lesion (50%), stricture or ulceration (35.7%) or the presence of blood alone (14.3%). Anterograde DBE was performed in 88.9% whilst the remaining number had DBE via the retrograde route. Tumour was successfully identified at DBE in 78% (n = 14) of patients, where tattoos were placed and histology obtained. Of the 4 patients where DBE failed to reach the lesion, the diagnosis was confirmed by laparotomy in 3 patients and intra-operative endoscopy in 1 patient. The final histological diagnosis of tumours identified is shown in Figure 1. Tumours were located in the jejunum, 27.8% in the ileum and 11.1% in the distal duodenum. DBE influenced ongoing management in all patients that achieved a diagnosis from the procedure.

Conclusion DBE plays a valuable role in the investigation pathway of patients with suspected small bowel tumours. The step wise approach of CE followed by DBE allows efficient use of small bowel resources.

Disclosure of Interest None Declared.
7.5%. Case load per hospital: One; 18; Two; 20; Three; 24; Four; 21; Five; 17; Six or more cases; 32 hospitals. Length of stay for index admission, mean [sd]: 7.5 [16] days. Re-admissions (within 6 months): None; 53.7%; 1–3; 38.1%; 4+, 8.1%. Range: 36 (0–36) admissions. Total NHS bed days within 6 months of index admission: 7,138. 1 in 5 were not discharged to their usual residence (e.g. transfer to psychiatric unit). Mortality: 2.7% at 30 days; 3.3% at 1 year.

Conclusion Patients with AN are admitted to acute hospitals with a diverse array of physical complications and co-morbidities with high re-admission rates and significant mortality. Annual caseload per hospital varies widely but is mostly very low. This diffuse pattern of care is unlikely to provide the best model for providing high quality care. These unique data should inform the implementation of MARSIPAN and the commissioning of services.

REFERENCE


PTH-145 COMPARISON OF PERCUTANEOUS ENDOSCOPIC GASTROSTOMY, MEGESTROL ACETATE AND NASOGASTRIC FEEDING IN PATIENTS WITH CYSTIC FIBROSIS

1S Shabbir*, 1M Zaidi, 1L Mughal, 2RJ Bright-Thomas, 1RB Jones. 1Gastroenterology, University Hospital of South Manchester, Manchester, UK; 2Manchester Adult Cystic Fibrosis Centre, University Hospital of South Manchester, Manchester, UK

Introduction Malnutrition remains an important and common problem in cystic fibrosis (CF) patients and weight loss associated with poor lung function is considered a predictor of mortality, although weight loss has also been found to be an independent predictor of mortality.1,2

Our aim was to compare changes in weight and FEV1 in CF patients receiving one of 3 interventions to prevent weight loss at 6 and 12 months: i) Percutaneous Endoscopic Gastrostomy (PEG), ii) oral steroid therapy (megestrol acetate- MA) or iii) nasogastric (NG) tube feeding.

Methods We retrospectively collected data from hospital record of patients attending the Manchester Adult Cystic Fibrosis Centre (MACFC) between June 1998 and June 2012 including all living patients on any of the interventions.

Results 53 patients fulfilled criteria at 6 months: 18 MA, 14 NG and 21 PEG. There were significant increases in weight from post-intervention time 0 for MA (mean 3.0 kg, 95% CI: 1.16, 4.85) and NG (mean 2.9 kg, 95% CI: 0.84, 4.97), but not for PEG (mean 1.0 kg, 95% CI: 0.64, 2.73). There were no significant changes in FEV1 from time 0 for any of the 3 interventions at 6 months; although the ratio of change in FEV1 (6 months:time 0) showed small reductions for all 3 interventions; MA (ratio 0.987, 95% CI: 0.882, 1.104), NG (ratio 0.996, 95% CI: 0.876, 1.133) and PEG (ratio 0.925, 95% CI: 0.836, 1.024).

50 patients fulfilled criteria at 12 months: 16 MA, 13 NG and 21 PEG. There were significant increases in weight from time 0 for MA (mean 2.6 kg, 95% CI: 0.38, 4.78), NG (mean 3.2 kg, 95% CI: 0.73, 5.67) and PEG (mean 2.5 kg, 95% CI: 0.60, 4.46). There were no significant changes in FEV1 over 12 months for any of the 3 interventions although the ratio of change in FEV1 (12 months:time 0) showed small changes for MA (ratio 1.030, 95% CI: 0.923, 1.150), NG (ratio 0.957, 95% CI: 0.840, 1.092) and PEG (ratio 1.041, 95% CI: 0.944, 1.147).

Conclusion All 3 interventions appear to be equally effective means of improving nutritional status as measured by weight gain, and possibly stabilise lung function. Our study is the first which to compare these 3 different interventions but is limited by the small sample size and lack of a control group. Robust prospective studies comparing interventions to improve nutritional status in these patients are required.

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Disclosure of Interest None Declared.
Implications For Marsipan
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