acute alcohol withdrawal; enable continued monitoring of vulnerable patients in a controlled OP environment. There is a need for a paradigm shift of offering AD in AC setting rather than IP treatment. Further patients are beibng recruited into an ongoing study.

REFERENCES
Public Health England, Alcohol Treatment in England 2012-13
Alcohol Concern, www.alcoholconcern.org
Barry *et al*., Alcohol Inpatient Detox: Withdrawing the burden of inpatient management. Gut, 2013

Disclosure of Interest None Declared.

OC-059 LOW DOSE AZATHIOPRINE AND ALLOPURINOL IN AZATHIOPRINE INTOLERANT PATIENTS: IS IT TOLERATED AND IS IT EFFECTIVE IN IBD?

HE Johnson*, SA Weaver, SD McLaughlin. *Gastroenterology, Royal Bournemouth Hospital, Bournemouth, UK*

10.1136/gutjnl-2014-307263.59

Introduction Despite the advancement and introduction of new biological therapies, thiopurines remain effective treatment options for the maintenance of remission for both ulcerative colitis (UC) and Crohn's disease (CD). Once tolerated and therapeutic, thiopurines have many advantages over biologics for long-term maintenance therapy. However, it has been documented that intolerance and adverse events are common. We have previously published our 36 month follow-up data reporting that 56.5% of our patients stop thiopurines due to side effects, abnormal liver function tests (LFTs) or therapeutic failure.

Low dose azathioprine and allopurinol (LDAA) co-therapy is a well proven treatment option for patients who develop side effects or hepatotoxicity with standard dose azathioprine. LDAA has been used at our institution since 2010.

Aim to report the safety, tolerability and therapeutic outcome at 12 months, for LDAA in patients who have failed standard dose azathioprine.

Methods We maintain a prospective IBD data-base. After starting LDAA we monitor full blood count and LFTs weekly for 8 weeks. 6-Thioguanine (6-TGN) and 6-Methyl-mercaptopurine (6 MMPN) nucleotide levels are checked at 4–6 weeks. We searched our database for patients who started LDAA and had a minimum of 12 months follow-up. We recorded the indications for therapy, metabolite levels, and blood monitoring and clinical outcomes.

Results 62 patients were started on LDAA. 25 (40%) were male. Mean age was 47 (range 16 – 77). Disease type was UC, 21; CD, 35; IBD(U), 6. Reasons intolerant to standard dose azathioprine were: drug side effects (nausea and arthralgia) 24; hepatitis (ALT 2x upper limit normal) 20; Hypermethylation (TGN: MMPN ratio >11), 12. Gout 4; High TPMT 2.

At 12 months 44 (70%) remained on LDAA and were in clinical remission (HBI <1 for CD), (stool frequency <4 and no bleeding for UC) with therapeutic 6TGN levels on LDAA, of these 7 (11%) required additional treatment with biologic therapy.

Of the remaining 18 (29%) patients, 3 (5%) were lost to follow up and 1 (2%) chose to stop LDAA. 1 patient (UC) required a colectomy. 3 (5%) stopped LDAA to conceive.

10/62 (16%) remained intolerant and treatment was stopped.

One patient developed myelosuppression WCC <3 and stopped therapy. No patients developed abnormal LFTs on LDAA.

Conclusion LDAA is well tolerated and effective in patients who failed standard dose azathioprine due to drug side effects and hepatotoxicity. This therapy results in resolution of hepatotoxicity and will allow more IBD patients to achieve clinical remission.

Disclosure of Interest None Declared.

Endoscopy section research symposium

OC-060 PERFORMANCE CHARACTERISTICS OF UNSEDATED ULTRATHIN VIDEO ENDOSCOPY IN THE ASSESSMENT OF THE UPPER GASTROINTESTINAL (GI) TRACT: SYSTEMATIC REVIEW AND META-ANALYSIS

[1]SS Sami*, [2]V Subramanian, [1]J Ortiz-Fernández-Sordo, [1]A-H Saeed, [3]S Singh, [3]PG Iyer, [1]K Ragunath. *[1]Digestive Diseases Centre and NIHR Biomedical Research Unit, University of Nottingham, Nottingham, UK; [2]Institute of Biomedical and Clinical Sciences, University of Leeds, Leeds, UK; [3]Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN, USA*

10.1136/gutjnl-2014-307263.60

Introduction Unsedated ultrathin endoscopy has been proposed as a cost-effective and accurate alternative to standard endoscopy (SE) in screening for oesophageal varices, Barrett's oesophagus and upper GI neoplasia. However, reports on performance of this technique (both via the transnasal [TNE] and transoral [TOE] routes) are conflicting. We aimed to estimate the technical success rate, tolerability, acceptability and patients' preference for TNE and TOE alone and in comparison to SE.

Methods A systematic review and meta-analysis was performed of all primary studies reporting the outcomes of interest. Electronic databases (Cochrane library, MEDLINE, EMBASE) were searched from 1980 to September 1st 2013. Articles not published in English language were excluded.

Detailed data on study characteristics and endoscopic procedures was extracted. Study quality was assessed using the Cochrane Collaboration's tool for assessing risk of bias. Sources of heterogeneity were investigated using meta-regression and subgroup analysis.

Results 34 studies met the inclusion criteria with 6,659 patients in total. The pooled proportion of technical success rate was slightly lower for TNE (0.94; 95% confidence interval [CI]: 0.92, 0.96; 30 studies) compared to TOE (0.98; 95% CI: 0.96, 0.99; 16 studies). The difference in proportion of success for TNE compared to SE was -0.03 (95% CI: -0.13, -0.48; 18 studies), however, there was no significant difference in success rate between TNE <6 mm in diameter and SE (-0.14; 95% CI: -0.32, 0.05; 9 studies). Similarly, There was no significant difference between TOE and SE (0.03; 95% CI: -0.12, 0.17; 10 studies).

The standardised difference in mean tolerability scores was not significant for both TNE vs. SE (0.036; 95% CI: -0.435, 0.508; 11 studies) and TOE vs. SE (0.004; 95% CI: -0.417, 0.424; 7 studies). Proportion of patients willing to undergo the procedure again in future (acceptability) was high for both TNE and TOE (0.85; 95% CI: 0.79, 0.90; 16 studies and 0.89; 95% CI: 0.82, 0.93; 10 studies, respectively). The pooled difference in proportion of patients who preferred TNE over SE was 0.63 (95% CI: