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Disclosure of Interest None Declared.

OC-074 NUTRITIONAL OPTIMISATION AND PANCREATIC ENZYME SUPPLEMENTATION IN CHRONIC PANCREATITIS: ARE WE GIVING OUR PATIENT'S ENOUGH ADVICE?

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Introduction There is a significant risk of malnutrition in patients with Chronic Pancreatitis (CP) with evidence to suggest that good dietary counselling for a balanced homemade diet is as good as commercial food supplements to improve nutrition. Pancreatic enzyme replacement therapy (PERT) is associated with improved absorption of nutrients as well as relief of GI symptoms. Proton pump inhibitors (PPI) improve the bioavailability and efficacy of PERT. Data regarding PERT compliance and education is lacking. We aim to determine the prevalence of exocrine insufficiency and compliance to PERT in patients with CP.

Methods Prospective study of consecutive patients with CP attending a tertiary clinic between October and December 2013. They were invited to participate in a face-to-face questionnaire study. Faecal elastase (FE) results were collated and the Malnutrition Universal Screening Tool (MUST) score was calculated.

Results A cohort of 86 patients identified were predominantly male (67%), White British (62%), median age 58 years (range 18–90), of socio-economic class (SEC) 8 (21% never worked/long-term unemployed) with educational level (EL) 1 (29% degree or equivalent). Aetiologies included alcohol (29%), idiopathic (25%), autoimmune (22%) and gallstones (11%). Median follow up was 27.5 months (range 0–151) from index appointment. 69 patients underwent routine measurement for FE, 61% (42/69) of whom were deficient (<200 µg/g) and 49% (34/69) severely deficient (<100 µg/g) suggesting exocrine insufficiency of the pancreas. 60% (25/42) of patients with confirmed exocrine insufficiency had active prescriptions for PERT, however only 40% (17/42) had PPI co-prescribed. Compliance and correct administration of PERT was observed in 56% (14/25) of patients. In those who were non-compliant or incorrectly administering PERT, nil patients (0/11) had undergone dietitian review within the previous 12 months and more than 50% (6/11) of these patients had MUST score ≥1 (conferring medium to high risk of malnutrition).

Conclusion Exocrine insufficiency is under-recognised in patients with CP and compliance with PERT is poor. Our data shows that the majority of patients who are not compliant with PERT are at medium to high risk of malnutrition. This highlights the need for structured dietetic involvement in the management of patients with CP in the clinic environment including biochemical testing of exocrine function, education about the natural history of CP, PERT administration and concomitant acid suppression.

Disclosure of Interest None Declared.

Poster presentations

Education and training

PTU-001 OVERUSE OF PROTON PUMP INHIBITORS AND STRATEGIES TO REDUCE INAPPROPRIATE PRESCRIBING

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Introduction Proton pump inhibitors (PPIs) are widely used but commonly over-prescribed.¹ A range of adverse effects are associated with their use, including susceptibility to *C. difficile* infection, fractures, pneumonia and electrolyte disturbances.²

Methods We investigated the extent and appropriateness of PPI prescribing at a university teaching hospital, and the impact on this of guideline implementation alongside formal teaching of junior doctors. A point-prevalence survey of PPI prescribing for in-patients across medical and surgical specialties was performed. Data collected included PPI prescription, whether this was initiated in hospital or the community, whether an evidenced-based indication was identifiable, and if the prescriber had documented an intended duration for its use. A local guideline was developed in line with current evidence, and national and international guidance. This was circulated to all prescribers by email and the hospital intranet, as well as face-to-face presentation to junior doctors alongside discussion around potential adverse effects. A further point-prevalence survey was undertaken after implementation.

Results A total of 274 patients were included in the first point-prevalence survey, and 264 in the second cycle. Initially, 52.7% of inpatients were prescribed a PPI; of these, 38.1% were commenced in hospital. An appropriate indication was documented in 34.7% and duration in 8.2%. Following introduction of a guideline and a programme of education, the proportion of inpatients receiving PPI therapy fell to 40.8% ($p = 0.008$), of which 28.4% were started in hospital ($p = 0.08$), 38.5% had an appropriate indication recorded, and 4.6% the duration.

Conclusion PPI prescribing rates among inpatients are high, and frequently not evidenced-based. There is also lack of consideration given to review of therapy and limiting provision to short courses. A combined approach of a focused guideline and educational strategies can reduce inappropriate over prescribing, but had restricted impact on the quality of documentation and specification of duration of therapy.

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PTU-002 ERCP CANNULATION; EVALUATION OF A WIRE-LED TECHNIQUE FOR BILIARY ACCESS IN A TRAINING CENTRE

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