remission. The potential for immunosuppression to increase the risk of opportunistic infection was recognised early with the publication of ECCO Consensus guidelines on prevention diagnosis and management of opportunistic infections in IBD. Has this permeated to the grass roots of clinical care or are we still “top-heavy”? We reviewed vaccination practices in a large primary care cohort.

Methods Data was obtained from primary care in the Fylde and Wyre CCG from electronic patient records maintained on EMIS Web. 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 Thiopurines, Methotrexate, Infliximab and Adalimumab or had these agents discontinued within 3 months. We identified patients treated with these drugs between September 2012 and August 2013. Vaccination practices were reviewed in line with ECCO consensus. Data on biologic therapy and steroids was not available.

Results A total patient population of 93,240 (adult population of 75,952) from 13 practices was thus audited. A total of 594 patients were prescribed IM therapy [Azathioprine (AZA) 135, Methotrexate (MTX) 446, 6MP 13]. The data on vaccinations is shown in Table 1. Vaccination rates were significantly higher in the non IBD cohort as compared to the IBD cohort, for influenza vaccine $p < 0.001$, 95% CI (-0.17 ± 0.1) and pneumococcal vaccine $P < 0.001$ 95% CI (-0.177 ± 0.103) .

Conclusion The practice of immunisation was poor and probably reflective of disparate practices elsewhere. Mere existence of guidelines is insufficient for quality improvement, which must take into account and remedy barriers to implementation. These include clinician awareness, concerns regarding safety and side effects and ambiguity regarding responsibility. Gastroenterologists must provide a clear line of communication to primary care physicians. We are taking necessary steps through a dedicated proforma to ensure vaccination uptake.

Disclosure of Interest None Declared.

PTU-061 INFLIXIMAB OR CICLOSPORIN: PATIENTS' TREATMENT PREFERENCES AND THE IMPACT OF ULCERATIVE COLITIS (UC) ON THEIR LIVES

A Seagroave*, F Rapport, J Williams. *Swansea University, Swansea, UK*

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Introduction The qualitative element of CONSTRUCT, a randomised controlled trial comparing clinical and cost effectiveness of infliximab and ciclosporin in steroid resistant UC, contributed to the specific trial objectives of examining quality of life (QoL) across the two groups. The qualitative element concentrated on patient and professional perceptions, and we describe patients' opinions about treatments and other UC therapies.

Methods Semi-structured telephone interviews with patients three and 12 months after admission with acute severe UC and randomisation. Thematic analysis was conducted by three qualitative researchers, followed by group analysis by seven members of CONSTRUCT. This abstract concentrates on the three month data.

Results 20 interviews were completed. Length of disease duration varied but similar stories emerged about living and coping with UC, the physical, mental and emotional impact of the disease, treatment options and concerns and hopes for the future. The main issues were:

- Patients favour infliximab because they perceive a more positive treatment outcome, easier treatment regime and fewer side effects
- The dramatically debilitating symptoms that impact on patients' QoL, their family and friends, are particularly noticeable in this disease
- Patients live with the ongoing unpredictability of symptoms and treatment, making it particularly difficult for patients and healthcare professionals to manage care
- Unlike other chronic diseases, UC is considered embarrassing, making it an isolating and awkward experience for patients and difficult to manage work and life routines
- The lack of visibility of symptoms or outcomes impacts on patients' ability to share and discuss openly with others
- Surgery is feared but most patients experience relief and subsequent recognition of health benefits following surgery
- Patients would like to understand what causes UC, its links to stressors and diet and would welcome more extensive information provision
- Ready access to IBD Nurses was considered important.

Conclusion Study findings indicate that UC patients live with constant, unpredictable symptoms, where a flare-up becomes socially isolating along with anxieties of deteriorating health. Patients need support to manage the impact of UC on their lives, consider prompt diagnosis to be important, and need relevant treatment provided quickly. Patients clearly prefer infliximab because of the easier treatment regime and fewer side effects. The views of patients after surgery were generally positive, but more research is required into surgical treatment of UC to support those facing surgery and as an alternative to medical treatment. The profile of UC should be raised to destigmatise the disease and thus the embarrassment felt by sufferers and those living with the outcomes of surgery.

Disclosure of Interest None Declared.

PTU-062 CROHN'S DISEASE-ASSOCIATED ESCHERICHIA COLI CAN TOLERATE LOW NUTRIENT, LOW PH AND HIGH CHEMICAL STRESS ENVIRONMENTS ENCOUNTERED WITHIN THE PHAGOLYSOSOME OF MUCOSAL MACROPHAGES

A Tawfik*, JM Rhodes, BJ Campbell. *Gastroenterology, Institute of Translational Medicine, Liverpool, UK*

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Introduction Mucosa-associated adherent, invasive *E.coli* (AIEC), found in increased number in Crohn disease (CD) ileal and colonic mucosa, can replicate within host mucosal macrophages^{1,2} Other pathogens, known to survive within macrophages (e.g. *Mycobacteria* and *Salmonella*), possess stress-response inducible systems that allow them to tolerate environmental stress. Here we aimed to establish whether CD AIEC are better able than non-AIEC *E.coli* to tolerate low pH, high nitrosative and oxidative stress conditions, that mimic the environment within the macrophage phagolysosome.

Methods CD AIEC isolates possessing ability to replicate intracellularly in J774-A1 macrophages (ileal isolate LF82 and 3 colonic isolates HM427, HM605 and HM615; range 4.5 to 9-fold replication) were compared to *E.coli* strains killed by macrophages (XL1 and EPI300). Bacterial cultures were grown at 37°C in Luria-Bertani (LB) medium to OD_{600nm} 0.1 and diluted in 10-fold steps in 0.9%w/v saline. Samples were spotted onto LB agar containing one of the following stress agents: 100mM 4-Morpholine ethanesulfonic acid (MES) pH5, 100mM MES