data heterogeneity and the shortage of applicable studies precludes any firm conclusions being made for clinical practice. Future trials with improved study design (including prospective data collection and consideration of verification bias) may help to further clarify the role of MRI in the assessment and treatment response monitoring of perianal fistulas (particularly in patients with Crohn’s disease).

Competing interests None declared.

PTU-119 THE IMPACT OF VARIOUS FACTORS ON BONE LOSS IN IBD PATIENTS TREATED WITH ORAL STEROIDS

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Introduction Many factors can contribute to bone loss in Inflammatory bowel disease (IBD) patients treated with oral steroids. We conducted a retrospective study on 50 patients with ulcerative colitis (UC) and 40 patients with Crohn’s disease. BMD of lumbar spine and femoral neck were measured by axial dual-energy x-ray absorptiometry scan (DEXA) in 57 patients, and that of forearm by peripheral DEXA scan in 33 patients.

Results 60% of all patients (n=55) had low BMD (3.8% were osteoporotic, 51% were osteopenic). The osteoporotics were predominantly (75%) patients with CD and were smokers. On the other hand, 63% of osteopenics had UC and 28% were smokers. Although most of males (80.7%) had low BMD (73.3% were aged 50 years), only one third of females below the age of 45 years had low BMD. 40% of patients who were on steroid sparing agents had low BMD. 40% of patients who were on steroid sparing agents had low BMD. Of patients who were followed up after IPAA at a single centre was retro-

Conclusion The high prevalence of bone loss in IBD patients treated with oral steroids is multifactorial. Disease type (CD), site of the disease (TI), disease severity (requiring oral steroids and surgical intervention) and low BMI seems to be the major variables and early bone protection is recommended especially in young men.

Competing interests None declared.

PTU-121 COMPLIANCE WITH GUIDELINES ON VIRAL SCREENING AND VACCINATION OF PATIENTS WITH INFLAMMATORY BOWEL DISEASE (IBD)

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Introduction ECCO recommends screening IBD patients for immunity to or infection with varicella zoster virus (VZV), hepatitis B (HBV) and potentially HIV, hepatitis C virus (HCV) and tuberculosis (TB) to allow monitoring or treatment if patients require immunomodulatory therapy. Patients should be offered vaccination against VZV, HBV, human papillomavirus (HPV), pneumococcus and influenza where appropriate. We audited screening practice and the reported prevalence of prior exposure and vaccination in our IBD population.

Methods In 2010, IBD patients in our general gastroenterology clinics completed a questionnaire regarding prior VZV disease, HBV infection or vaccination, influenza, pneumococcal and HPV vaccination. Results for screening tests were checked.

Results Patient characteristics: 91 patients returned questionnaires. 46 were male; median age was 43 years (range 19–71). 61 had a diagnosis of ulcerative colitis, 30 of Crohn’s disease. Current drug therapy included none in 13 patients, 5-aminosalicylic acid (5-ASA) drugs in 42, systemic corticosteroids in 6, purine analogues, anti-metabolites or calcineurin inhibitors in 25 and biological agents in 5.

Questionnaire responses: see Abstract PTU-121 table 1. Screening: 70 patients were screened for VZV immunity and 10 had complete HBV screening (surface antibody, antigen and anti-core antibody). Levels of screening for HCV, HIV were low (18 and 3 patients respectively). TB screening was more comprehensive; 47 had chest x-rays and 2 had y interferon release assays. Those on biological agents were more likely to have been screened for TB. Four patients reporting prior VZV disease had no evidence of immunity (out of 48 who were tested). Nine of the 15 reporting prior VZV disease had no evidence of immunity (out of 48 who were tested). Nine of the 15 reporting prior VZV disease had no evidence of immunity (out of 48 who were tested).

Conclusion Overall compliance with ECCO guidelines was low and sporadic among our population. Other groups have reported similar...