low rates. Low levels of patients are taking advantage of existing immunisation programmes. Patient recall of previous vaccination may not be sufficient to imply immunity. A systematic process for assessing patients' vaccination status and active encouragement of vaccination programmes should be undertaken in the outpatient setting.

Abstract PTU-121 Table 1 Questionnaire responses

n = 91	VZV disease	HBV infection or vaccination	Pneumococcal vaccine	Influenza vaccine	HPV vaccine (n = 45)
Yes	63 (69%)	15 (16%)	8 (9%)	28 (31%)	0 (0%)
No	10 (11%)	58 (64%)	78 (86%)	61 (67%)	37 (82%)
Unknown	18 (20%)	17 (19%)	4 (4%)	2 (2%)	7 (16%)
No answer	—	1 (1%)	1 (1%)	—	1 (2%)
Complete screening	70 (77%)	10 (11%)	NA	NA	NA

Competing interests None declared.

PTU-122 A TRIAL WITH MERCAPTOPYRINE FOLLOWING AZATHIOPRINE INTOLERANCE IS A SAFE TREATMENT STRATEGY FOR THE MAJORITY OF PATIENTS WITH IBD

doi:10.1136/gutjnl-2012-302514c.122

E B Rhatigan, N A Kennedy,* I D Arnott, C L Noble, A G Shand, J Satsangi, C W Lees. *Gastrointestinal Unit, Molecular Medicine Centre, Western General Hospital, Edinburgh, UK*

Introduction Azathioprine intolerance (AZA-I) leads to withdrawal of therapy in up to 30% of patients with IBD. Smaller case series demonstrated that mercaptopurine (MP) could be a well tolerated alternative in selected patients.¹ This study aims to further assess its tolerability, in a larger cohort of AZA-I patients, over a longer period of time, and to re-evaluate potential factors predictive of tolerance.

Methods A retrospective audit was made of 137 patients with IBD (78 women, median age at diagnosis 32 years, 78 with CD, 59 with UC) who had been intolerant of AZA and then subsequently treated with MP.

Results MP was tolerated by 58% of AZA-I patients (median follow-up 937 days, median dose 0.91 mg/kg). Tolerance was highest in patients with AZA related gastrointestinal intolerance (66%) and hepatotoxicity (61%), and lowest in patients with AZA related flu-like illness (40%). The number of patients with AZA induced neutropenia and pancreatitis were too small to draw firm conclusions (see Abstract PTU-122 table 1). Age at diagnosis was significantly associated with tolerability. Patients intolerant of MP were

younger (28 vs 33 yro; $p=0.024$) and of those under the age of 40 only 55% tolerated MP compared with 69% of those aged 40 years or over ($p=$ Azathioprine-intolerant patients, subsequently treated with mercaptopurine (AZA-I/MP) grouped by azathioprine intolerance

Conclusion Consistent with previous data, this, the largest series to date, with substantial follow-up, has shown that MP is a safe alternative for up to 60% of AZA-I patients, including some with a previous major intolerance. Patients with previous gastrointestinal intolerance or hepatotoxicity may be more likely to tolerate a trial of MP.

Competing interests None declared.

REFERENCE

1. Lees, et al. *Aliment Pharmacol & Ther* 2007;27:220–7.

PTU-123 ACUTE SEVERE ULCERATIVE COLITIS: THE LAST 12 YEARS IN EDINBURGH

doi:10.1136/gutjnl-2012-302514c.123

N A Kennedy,* J E Van Ross, N C Hare, G-T Ho, H E Drummond, A G Shand, I D Arnott, C W Lees, J Satsangi. *Gastrointestinal Unit, Molecular Medicine Centre, Western General Hospital, Edinburgh, UK*

Introduction Acute severe ulcerative colitis (ASUC) remains a common reason for urgent colectomy, yet there are relatively few large cohort studies exploring prognosis and outcome.^{1–3} This study aims to examine presentation and management of ASUC in the Western General Hospital, a tertiary referral centre in Edinburgh and to identify prognostic factors.

Methods Patients were identified from a large database of participants in genetic studies in Edinburgh, as well as from two previous small cohorts of ASUC studied in Edinburgh. More recent cases were found from minutes of a weekly IBD meeting. Cases were included if they met the standard clinical, radiological and pathological criteria for ulcerative colitis and required an admission for 3 days or more requiring intravenous corticosteroids and/or colectomy. Two cohorts were analysed, one with full clinical detail (97 admissions in 86 patients) and one with more basic detail (444 admissions in 323 patients).

Results Overall colectomy rate was 31.8%. Haemoglobin, C reactive protein and albumin at days 0 and 3 were significant predictors of colectomy in both cohorts ($p<0.05$ in each case), while in the detailed cohort day 3 but not day 0 stool frequency was predictive ($p<0.001$ and 0.81 respectively). A simple score was derived to predict colectomy at admission based on disease extent, albumin and CRP. Scores of 0, 1, 2 and 3 corresponded to risks for colectomy

Abstract PTU-122 Table 1

Type of azathioprine intolerance	n	Proportion with mercaptopurine tolerance (%)	Type of mercaptopurine intolerance						Proportion of patients where intolerance of mercaptopurine same as for azathioprine (%)
			GI Intolerance	Flu-like illness	Hepatotoxicity	Neutropenia	Pancreatitis	Other	
GI Intolerance*	67	44/67 (66%)	14	2	0	5	2	0	14/23 (61%)
Flu-like illness	35	14/35 (40%)	4	10	3	2	0	2	10/21 (48%)
Hepatotoxicity	18	11/18 (61%)	1	1	2	2	0	1	2/7 (29%)
Neutropenia	4	3/4 (75%)	0	0	0	1	0	0	1/1 (100%)
Pancreatitis	3	2/3 (67%)	0	0	0	0	1	0	1/1 (100%)
Other†	8	6/8 (75%)	0	0	0	0	0	2	2/2 (100%)
Unknown	2	0/2 (0%)	1	1	0	0	0	0	NA

*Nausea, vomiting, abdominal pain, diarrhoea.

†Rash, Alopecia, Headaches, Itch, anaemia and acute kidney injury, acne.