Introduction Although current guidelines recommend Small-Bowel Capsule Endoscopy (SBCE) for the evaluation of patients with obscure gastrointestinal bleeding (OGIB), its role in investigating patients with iron deficiency anaemia (IDA) alone is still unclear.

Aim To evaluate the diagnostic yield (DY) of SBCE in patients with IDA due to reduced bone mineral density (BMD). Patients with CD have a higher incidence of osteopenia (24%) or osteoporosis (32%). Of the remaining patients (45%), nine had normal DEXA, five had osteopenia and 11 had osteoporosis. Comparing these two groups of patients the timing of DEXA scan (1 year of diagnosis) was not statistically significant in terms of outcome (p value—1.0000). However 80% of patients over the age of 70 years had osteoporosis. There was no record of BMI, history of weight loss or other risk factors for osteoporosis prior to DEXA request.

Conclusion Our practice of DEXA scan did not adhere to the BSG guidelines. There was great variability in timing of DEXA scans in CD patients. There was marked absence of record keeping in terms of BMI, history of weight loss and other risk factors to guide DEXA requests. A large proportion of patients (80%) with CD over age of 70 had osteoporosis. The timing of the DEXA scan did not significantly affect the T score. The lack of adherence to guidance could be because of its poor evidence base and also there is no clear recommendation on repeat DEXA scanning following initial assessment. We would recommend clearer guidance on the assessment of osteoporosis in CD.

Competing interests None declared.

PTU-147 STRUCTURED GASTROENTEROLOGICAL EVALUATION AND IMPROVED OUTCOMES FOR PATIENTS WITH CHRONIC GASTROINTESTINAL SYMPTOMS FOLLOWING PELVIC RADIOTHERAPY

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dation Trust, Salford, UK; 4University Hospital of South Manchester NHS Trust, Manchester, UK; 5Pennine Acute Hospitals NHS Trust, Manchester, UK; 6Tameside Hospital, Ashton under Lyne, UK

Introduction 17 000 patients are treated with radical pelvic radiotherapy per year in the UK. 50% will develop chronic gastrointestinal (GI) symptoms that adversely affect quality-of-life, which have been shown to persist at the same level of severity for at least 3 years following treatment. Despite this, fewer than 20% are referred to a gastroenterologist. We aimed to determine if structured gastroenterological evaluation improves symptoms this patient group.

Methods 60 patients with GI symptoms ≥6 months after radical pelvic radiotherapy were identified from oncology clinics. Those requiring urgent investigation via the 2-week wait pathway were excluded. They were assessed at baseline using patient-reported symptom-based questionnaires: inflammatory bowel disease questionnaire (IBDQ); Vaizey incontinence questionnaire (VIQ); and the Common Terminology Criteria for Adverse Events (CTCAE) pelvis questionnaire. Participants were then referred to and managed by gastroenterologists using an algorithmic approach, which involves the identification of all GI symptoms and investigation for all potential causes for these symptoms. Further assessments were made at 3 and 6 months using the questionnaires.

Results 20 men and 36 women were included, with a median age of 58.5 years (range 26.9–81.8). Median time from radiotherapy to baseline gastroenterological assessment was 3.0 years (range 0.6–18.7). Median IBDQ score improved from 168 at baseline to 195