PMO-013 LACK OF AWARENESS OF NICE GUIDELINES ON ALCOHOL PRESENTATIONS AMONG PHYSICIANS INVOLVED IN THE MEDICAL TAKE AT A LARGE DISTRICT GENERAL HOSPITAL

doi:10.1136/gutjnl-2012-302514b.13

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Introduction NICE have provided a framework to assess and manage alcohol related admissions and alcoholic hepatitis. The study aimed to assess the knowledge of, and compliance with these guidelines in a busy district general hospital.

Methods All physicians (f1 to consultant) involved in the medical take were sent an email survey via the website http://www.surveymonkey.com in January 2011. Six questions were posed to assess appreciation of the new guidelines with regards to the assessment of the alcohol withdrawal syndrome, correct prescription of parenteral thiamine and risk stratification, recognition and the specific management of alcoholic hepatitis. Free text and multiple choice questions were used. 39 doctors completed the survey; 15 were consultants and 24 junior doctors.

Results 100% of respondants correctly identified three symptoms or signs of the alcohol withdrawal syndrome. However only 13% recognised that the correct length of prescription of parenteral thiamine was at least 5 days in suspected Wernike's encephalopathy. Only 40% identified the Maddrey score as a risk stratifier for alcoholic hepatitis and just 10% realised how high the mortality of the condition was during an acute admission. 49% appreciated that the specific medical management of alcoholic hepatitis was steroids or pentoxyphylline. 21% of respondants would have discharged a patient with severe alcoholic hepatitis (Maddrey 32) from hospital. Results of responses from Consultants alone were broadly similar to the above pooled results.

Conclusion The burden of alcohol-related health problems on the NHS cannot be understated. National statistics report over a million acute admissions where an alcohol-related disease, injury or condition was the primary reason for hospital admission or a secondary diagnosis, in 2009/2010—this is over double the number in 2002/2003. The results raise concern about the awareness of the management of alcohol related conditions among general physicians, especially the specific management of alcoholic hepatitis. Such patients thus suffer delays in diagnosis and management, possibly even increased morbidity; these delays lead to increased length of stay and repeated, expensive inpatient attendances. The role of the Gastroenterologist may be to be pro-active, rather than reactive in co-ordinating education, and service provision in this field. A guideline is in development locally that will be available to acute physicians via the intranet; it aims to simplify the managemet of alcohol-use disorder presentations. We aim to audit these presentations after introduction of the guideline and expect to show a significant improvement in standards.

Competing interests None declared.

REFERENCE

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PMO-014 AN INNOVATIVE MODEL FOR IMPROVING ACCESS TO AND UPTAKE OF TESTING AND TREATMENT FOR PATIENTS WITH CHRONIC HEPATITIS C IN THE SUBSTANCE MISUSE COMMUNITY

doi:10.1136/gutjnl-2012-302514b.14

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Introduction There is a poor level of uptake of HCV/HIV testing in the UK particularly in the substance misuse community.[1] This patient group employ a non-health centric paradigm with poor attendance to standard hospital outpatient appointments and engagement in health professional orientated screening programmes. Traditional testing requires venous access which can be difficult psychologically and practically in this group due to previous/ongoing IVDU. In addition the delay of up to 1 week for results has limited the success of improving access to services and subsequent follow-up for this patient group.

Methods New testing technology employing mouth swab testing with results available within 30 min were developed (OraQuick HIV/HCV testing kits, OraSure Technologies). Key workers from substance misuse agencies were selected and trained in blood-borne virus awareness, consent, harm minimisation and in the use of the point of care testing for HIV/HCV. These "Champions" who have daily contact with the substance misuse community offered screening for HCV/HIV. This model differed from previous attempts to engage this community in that it was not dependent on trained health care professionals for accessing and testing this community. Supervision of all "Champions" was shared between the DAAT manager, BBV nurse consultant and the relevant service managers.

Results In this pilot study 4 Champions tested 200 service users in comparison to 80 in the previous year using a non-Champion nurse based structure. Of the 200 patients screened, 32 were reactive for HCV infection. Of these 28 were HCV-PCR positive. 7/28 (25%) are currently undergoing a course of standard treatment. 19/28 (67.8%) are engaged in alcohol reduction or drug rehabilitation with a view to future treatment for HCV. 1/28 (3.6%) has moved out of area and only 1/28 (3.6%) was lost to follow-up.

Conclusion This innovative model has significantly improved access to testing and treatment for patients with HCV in the substance misuse community. Training selected key workers as champions allowed them to facilitate access to services for patients with substance misuse. Local Commissioners have further extended the scope of this project to allow training of six "champions" in the Asian community to improve access to testing and treatment for HCV in this community with a high prevalence of HCV.

Competing interests None declared.

REFERENCE

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PMO-015 WHAT IS THE CLINICAL RELEVANCE OF A MILDLY ELEVATED FAECAL CALPROTECTIN DETECTED IN NEW REFERRALS TO THE GASTROENTEROLOGY CLINIC?

doi:10.1136/gutjnl-2012-302514b.15

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Introduction Analysis of faecal calprotectin (FC) is a non-invasive method for differentiating IBS from IBD. As a screening test, a normal FC has been employed to support a diagnosis of IBS, thereby avoiding invasive endoscopy in the patient cohort. We sought to investigate the diagnostic yield on subsequent colonoscopy in patients with mildly elevated FC and lower GI symptoms.

Methods Between November 2009 and November 2010, all patients with a FC value of 50–100 μg/g of stool (normal <50) were identified from our FC database. All of the stool samples were prepared and analysed according to the manufacturer's instructions (Bühlmann calprotectin ELISA kit). Patients were excluded from analysis if they were outwith the age range 16–50, had previous faecal calprotectin levels >100 ug/g stool, were known cases of IBD, had a history of NSAID intake, positive stool cultures, or any "alarm" GI

symptoms. A similar cohort was identified with age & sex matched controls with FC values <50 μg/g. All the patients who did not go on to have a complete colonoscopy were removed from further analysis. Patients' records were analysed electronically using the NHS Great Glasgow & Clyde Clinical Portal.

Results 216 patients were identified with a FC of 50–100 μg/g. After exclusion criteria, 158 patients remained. Of these 82 underwent complete colonoscopy (mean age 36.7, M:F 1:2.2) which was abnormal in only six cases (three cases of a single adenoma<10 mm, one diverticulosis, one helminth infection & one non-specific acute inflammation). 280 patients were identified with a FC<50 μg/g. After exclusion criteria, 176 patients remained. Of these 65 underwent complete colonoscopy (mean age 36.6, M:F 1:2.3) which was abnormal in only eight cases (six cases of non-specific acute inflammation, one adenoma <10 mm & one diverticulosis). The colonoscopy outcome data, as expected, demonstrated that the pathology rate was very low in both groups. There was no difference in the rate of pathology detection between to two groups (p=0.3) and an FC<100 μg/g has an NPV of 88% to exclude any pathology or 100% for significant pathology (IBD, advanced adenoma or colonic carcinoma).

Conclusion In our population, the diagnostic yield of colonoscopy in patients below the age of fifty with new lower GI symptoms and a mildly elevated FC is very low. If our data can be replicated in a prospective manner, we suggest that invasive colonoscopy can be safely avoided in this cohort and interval FC analysis may be more appropriate.

Abstract PMO-015 Table 1

Any pathology			IBD, advanced adenoma or carcinoma		
	Diagnosis +ve	Diagnosis −ve		Diagnosis +ve	Diagnosis −ve
FC 50–100	6	76	FC 50–100	0	82
FC <50	8	57	FC <50	0	65
Sensitivity	42.9		Sensitivity	0	
Specificity	42.9		Specificity	44.2	
PPV	7.3	χ^2 test	PPV	0	
NPV	87.7	p=0.3	NPV	100	

Competing interests None declared.

PMO-016 BIG BROTHER IS WATCHING YOU! IS DATA FROM THE BSG COLONOSCOPY AUDIT PERIOD A TRUE REFLECTION OF NORMAL PRACTICE?

doi:10.1136/gutjnl-2012-302514b.16

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Introduction The "Hawthorne Effect" is the phenomenon in which subjects modify practice as a consequence of the knowledge that they are being observed. This is a potential confounder during periods of national endosocopy audit and may result in spuriously improved outcome reporting during audit periods. We aimed to investigate whether the Hawthorne Effect influences colonoscopy practice. We also aimed to ascertain if the national colonscopy audit could result in a change in practice, and whether any such change was maintained.

Methods The Unisoft endoscopy database at Whipps Cross University Hospital was interrogated to determine patient demographics, sedation rates, quality of bowel preparation, diagnoses and therapeutic interventions during 5 2-week time periods; The national colonoscopy audit period (t), t−1 year, t−2 weeks, t+2 weeks and t+3 months. Results were compared to determine whether there was a statistically significant difference in measurable indices of clinical practice that may be due to the Hawthorne Effect. Time periods following the audit period were included to establish whether there was any evidence of a "washout period" of improved outcomes following the national audit—that is, if the process of observed audit results in a lasting improvement in clinical practice. The null hypothesis was suggested that all periods would be similar, and tested to a 95% confidence level.

Results Colonoscopies performed during the national colonoscopy audit period (t) were compared with 2-week periods t−1 year, t−2 weeks, t+2 weeks and t+3 months. Similar numbers of procedures were carried out during the five time periods. Basic patient demographics were similar, as were the numbers of male and female patients. No statistically significant differences were found in the sedative dose, ceacal or TI intubation rates between the audit period and any other time period. Moreover, polyp detection and retrieval was likewise also not statistically significantly different when the four time periods were compared with the fortnight of the national colonscopy audit. Small differences were noted in the colonscopists assessment of bowel preparation—there was more likely be a comment on poor bowel preparation during the audit period than any of the other time periods.

Conclusion Data from Whipps Cross University Hospital demonstrate that observation of colonoscopists during the recent BSG national colonoscopy audit does not alter significantly the clinical practice or interpretation of findings when compared to time periods before or after the audit period. This validates the national colonoscopy audt findings; the data are indeed a true reflection of "normal" colonsocopy practice—colonoscopists are apparently not affected by the "Hawthorne Effect".

Competing interests None declared.

PMO-017 PERINATAL HEPATITIS B IN A HIGH PREVALENCE INNER CITY POPULATION: DIRECT ELECTRONIC REFERRAL IMPROVES CARE

doi:10.1136/gutjnl-2012-302514b.17

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Introduction There is little work evaluating perinatal Hepatitis B (HBV) care despite extensive recent guidelines from several sources. Seamless interaction between maternity and specialist clinical services is key to improvement of screening, education and patient care in HBV. We introduced a new electronic patient referral system (EPR) from Midwifery Services to Hepatology. We reviewed care provision and investigated the impact of EPR.

Methods Data were collected from the Kings College Hospital (KCH) Maternity Services Record and Liver Services Database for 6 months before and 6 months after introduction of EPR.

Results The burden of HBV in our patient group is high. Of 6796 women attending antenatal booking during the study, 101 tested positive for HBV exposure (1.5%). Liver services received referrals from Maternity for 84 women during the two time periods. Four women (4.8%) were HBsAg negative, HBcAb positive. The majority of patients were Black African (61%) followed by Chinese (23%) then Eastern European (8%). 66% had no previous Hepatology contact and represent new diagnoses. 11.4% tested eAg positive (n=9) of whom only two had HBV DNA checked antenatally and were started on Tenofovir therapy due to viral loads >10^6 IU/ml.