supplements contained vitamins, A, B1, B2, B6, B12, C, D3, E, nia-
cin, folic acid, iron, zinc, copper and selenium. We analysed 215
samples collected in 2005, from subjects who had taken either supple-
mentation or placebo for a median of 19 (range 14 to 27)
months. Gastric atrophy was determined using pepsinogen 1 to 2
ratio of less than 3.0 using BIOHIT ELISA kits, Helsinki, Finland,
according to the manufacturer’s instructions. Fasting gastric pH
was available on 121 participants. The presence of atrophy was
compared between the intervention and the placebo groups. Other
factors analysed included the effect of HIV infection, age, body
mass index (BMI), smoking, alcohol intake and gastric pH. 

Results Gastric atrophy was found in 8 (7.8%) of 105 subjects on
supplementation, and 7 (6.3%) of 112 on placebo (RR 1.24; 95%CI
0.47–3.3; P = 0.22). HIV infection was diagnosed in 5 participants
with atrophy and 61 without (RR 1.07; 95%CI 0.37–3.2; P = 1.0).

The lack of effect of supplementation on atrophy was not changed
after stratification for HIV status (M-H OR 2.0; P = 0.20). Gastric
atrophy was found to be more prevalent in those above the age of
40 years. In univariate and multivariate analysis, BMI, smoking,
alcohol intake showed no impact on gastric atrophy. Gastric pH and
pepsinogen 1:2 ratio were inversely correlated (Spearman’s r = –0.34;
P = 0.0001).

Conclusion An average of nine months of micronutrient-antioxi-
dant supplementation has no impact on gastric atrophy in Zambian
healthy adults. The high gastric pH seen in HIV patients can not be
attributed to gastric atrophy.

Disclosure of Interest None Declared.

Nutrition

PWE-173 ELIGIBILITY FOR BARIATRIC SURGERY IN ENGLAND
ACCORDING TO NICE GUIDELINES

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Introduction The number of people in England who are poten-
tially eligible for bariatric surgery according to criteria set out in UK
national guidance is not known. We used data from Health Survey
for England (HSE) 2006, representative of the non-institutionalised
English population, to determine the number of people eligible for
bariatric surgery and their socio-demographic characteristics.

The National Institute for Health and Clinical Excellence (NICE)
criteria for eligibility are those with body mass index (BMI) 3540 kg/m²
with at least one comorbidity that could be improved by losing weight,
or a BMI > 40 kg/m². The comorbidities examined were hypertension,
type 2 diabetes, stroke, coronary heart disease, and osteoarthritis.

Methods Of 13,742 adult respondents in HSE 2006, we excluded
participants with invalid data for BMI (N = 2105), comorbidities
(N = 2187) or socio-demographic variables (N = 27), for a final study
sample of 9,425 participants.

Results 374 (4.0%) had BMI 3540 kg/m² with at least one comorbidity
and 179 (1.9%) had BMI > 40 kg/m². 5.9% of the general
adult population therefore fulfilled criteria for bariatric surgery in Eng-
land. Those eligible were more likely than the general population to be
women (60.1% vs 39.9% P < 0.01), retired (22.4% vs 12.8% P < 0.01),
and have no educational qualifications (35.7% vs 21.3% P < 0.01).

Conclusion The number of adults potentially eligible for bariatric
surgery in England (2,346,542 people based on census data) far
exceeds provision. Greater investment may be required to ensure
the National Health Service (NHS) and other health services inter-
nationally have the capacity to meet the needs of all those eligible
for bariatric surgery under national guidance. In doing so, monitor-
ing of implementation is essential to ensure access based on need.

Disclosure of Interest None Declared.

PWE-174 EVALUATION OF A COMMUNITY-BASED NUTRITIONAL
SCREENING AND INTERVENTION SERVICE FOR
NEWCASTLE ELDERLY CARE HOME RESIDENTS: THE
EFFECT ON NUTRITIONAL AND CLINICAL OUTCOMES

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Introduction Malnutrition affects more than 3 million people in
the United Kingdom. Elderly care home residents are at particular
risk. This study aimed to establish the prevalence of malnutrition in
Newcastle elderly care home residents and investigate whether a
community nutritional screening and intervention programme
could be successfully delivered and could improve nutritional and
clinical outcomes in residents who were malnourished or at risk of
malnutrition.

Methods This was a multi-centre community-based cohort study
in five care homes in Newcastle. 205 participants entered the study;
66 males and 139 females (mean age 84.2 ± 8.5 years). Residents
were excluded if they were receiving end of life or respite care, were
in hospital or were uncooperative with measurements. Follow-up
data was available on 175 residents. Residents already taking an oral
nutritional supplement (ONS) were excluded from the interven-
tions. Those with a ‘Malnutrition Universal Screening Score’
(MUST) of 0 were followed up at 12 weeks, but received no active
intervention. Those with a score of 1 received dietetic advice to
increase oral intake and those with a score of 2 or more received
dietetic advice and were prescribed an ONS (220ml, 1.5kCal/ml)
twice daily for 12 weeks.

Body mass index (BMI), ‘MUST’ score, mini nutritional assess-
ment score® and mid upper arm muscle circumference (MAMC)
were recorded at baseline and 12 weeks. Feeling of wellbeing was
assessed using the Geriatric Depression Scale (GDS). Hospital
admission data for the study period were compared to data for the
previous year for each home.

Results Prevalence of malnutrition or risk of malnutrition was
36.6% (95% CI 30.0 to 43.2). Mortality during the study period for
residents with a ‘MUST’ score of 0 or 1 was 7.9% and rose to 50.0%
in those with a score of 4 (P = 0.004). Nutritional status did not
deteriorate in the majority (86%) of residents during the study.
However, there were no clinically significant improvements in
anthropometric measures, including BMI (P = 0.445) and MAMC
(P = 0.256) following any study intervention. There were no signifi-
cant changes in GDS (P = 0.385) or hospital admission rates
(P = 0.537) following any intervention.

Conclusion Malnutrition is common in care home residents and
associated with increased mortality. Nutritional interventions,
including ONS, given over a 3-month period in those with a MUST
score of 2 or more, did not appear to improve nutritional status,
reduce mortality or decrease hospital admission rates.

Disclosure of Interest None Declared.

PWE-175 SIMPLE INTERVENTION IMPROVES OUTCOME IN
DELIVERY OF PARENTERAL NUTRITION

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Introduction Recent report by NCEPOD into hospital care of
patients receiving parenteral nutrition (PN) suggested that only
19% adult patients had PN care that was considered to represent
good practise. An initial audit (retrospective audit over six months)
in our hospital suggested lack of quality control at the point of