**INTRODUCTION**
Iron deficiency anaemia accounts for 4–13% of gastrointestinal referrals occurring in 2–5% of adult men and post menopausal women. Current guidelines suggest that the work up of asymptomatic anaemia remains incomplete and often inappropriate with important diagnoses of malignancy and malabsorption being missed. In an effort to improve our handling of these patients from primary care and reconfigure services, a nurse led clinic was established in 2009 with the aim to provide rapid access to appropriate investigations and management.

**METHODS**
All clinic patients between 01/06/2009–05/07/2010 were included in the study. Patients were triaged into the clinic via the GP referral letter. End points examined were patient demographics, anaemia, microcytosis and iron deficiency, whether oral iron preparations were being used, investigations (OGD/colonoscopy), wait times for investigations and pathology identified. Data were collected using patient notes, pathology results database, clinic letters and endoscopy reports. Anaemia was classified as an Hb of <11.5g/dL.

**RESULTS**
110 patients were included (no exclusions); 81 female and 29 male (73.6%,43.2%). Age range 21–90yrs, mean 57yrs, median 58yrs. 62% were made up of men (29) and post-menopausal women (47); 33% (13) menstruating females with GI symptoms and 46% (21) menstruating females without GI symptoms. 62% were in receipt of oral iron supplementation at referral. 66% of referrals included the blood results revealing 92% anaemic; 54% microcytic; 46% iron deficient. This compared to 68% of patients anaemic bled for reasons of GIT pathology leaving 12% neither anaemic nor on iron supplements. Of those not on iron (42–13men, 29 women) 21% had renal disease (GFR < 60), 12 (29%) were iron deficient, 12 (24%) were iron deficient and anaemic. A total of 61 patients underwent endoscopic investigation (47 post menopausal and male group; 6 menstruating females with GI symptoms and 8 menstruating females without GI symptoms). We identified 4 malignancies; 3 polyps, 3 colitics, 9 upper GI pathologies (GAVE, varices, ulcers, small bowel Crohn’s), 2 with Helicobacter pylori infection and 5 with celiac disease. 12 had gynaecological symptoms. We identified 4 malignancies; 3 polyps, 3 colitics, 9 upper GI pathologies (GAVE, varices, ulcers, small bowel Crohn’s), 2 with Helicobacter pylori infection and 5 with celiac disease. 12 had gynaecological symptoms.

**CONCLUSION**
Of the cohort a total of 55% (61) underwent endoscopic investigation with an overt GI pathology yield (deemed causative for the anaemia) in 26 (42%). The nurse led clinic has facilitated a decreased copy with an overt GI pathology yield (deemed causative for the anaemia) in 26 (42%). The nurse led clinic has facilitated a decreased copy with an overt GI pathology yield (deemed causative for the anaemia) in 26 (42%). The nurse led clinic has facilitated a decreased copy with an overt GI pathology yield (deemed causative for the anaemia) in 26 (42%). The nurse led clinic has facilitated a decreased copy with an overt GI pathology yield (deemed causative for the anaemia) in 26 (42%). The nurse led clinic has facilitated a decreased copy with an overt GI pathology yield (deemed causative for the anaemia) in 26 (42%). The nurse led clinic has facilitated a decreased copy with an overt GI pathology yield (deemed causative for the anaemia) in 26 (42%). The nurse led clinic has facilitated a decreased copy with an overt GI pathology yield (deemed causative for the anaemia) in 26 (42%).

**DISCLOSURE OF INTEREST**
None Declared.

**REFERENCES**
1. Alcohol-use disorders: preventing the development of hazardous and harmful drinking, NICE Public Health Guidance 24, June 2010

**INTRODUCTION**
Transnasal endoscopy (TNE) is performed with an ultrathin endoscope via the nasal passages. It has been available for over a decade and is widely used in Japan but use is variable in Europe and there is very little data on extent of use in the UK. It is recognised to have superior patient tolerability and satisfaction and there is emerging evidence that it causes significantly less cardiovascular upset. Anecdotally we perceive this method to be rarely used in our region and we performed a survey to assess extent of its use.

**METHODS**
This survey was to assess the availability of and opinion of TNE in the Northern region. The survey was circulated via email to the lead endoscopist in each of the 10 hospital trusts in the northern region. Opinion was sought on quality of views and biopsy samples and also perceived advantages and disadvantages of TNE.