standards and concrete formulation of action plans. All found UGIB-DOPS feasible to use and the rating scale more transparent than currently used DOPS.
Conclusion Creation of the UGIB-DOPS has for the first time introduced defined assessment standards in UK UGIB management facilitating formative assessment leading to a feasible improvement in workplace training. A larger pilot is now required to determine the reliability of UGIB-DOPS prior to considering its use as part of the summative assessment of endoscopist's competence.
Disclosure of Interest None Declared.

Inflammatory bowel disease section symposium "Treatment and care – where we're at"

OC-051 SIBLINGS OF CROHN'S DISEASE PATIENTS EXHIBIT A BIOLOGICALLY RELEVANT DYSBIOSIS IN THE MUCOSAL MICROBIAL COMMUNITY: A 16S RRNA GENE PYROSEQUENCING STUDY

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Introduction Reduced mucosal *Faecalibacterium prausnitzii* predicts disease recurrence in Crohn's disease (CD) patients. Siblings (SIBS) of CD patients have elevated risk of developing CD and share aspects of CD phenotype including faecal dysbiosis. [1] No study has compared mucosal microbiota in CD SIBS to unrelated healthy controls (HC).
Methods Phenol/chloroform DNA extraction from rectal biopsies of 21 patients with quiescent CD, 17 of their healthy SIBS and 19 unrelated HC, and PCR amplification of the V1-V3 region of the bacterial 16S ribosomal RNA gene were performed. Microbiota composition was resolved by 454 pyrosequencing.
Results For each group, mucosal microbiota were classified into common/abundant (core) vs. infrequent/rare.[2] In terms of both microbial diversity (Shannon-Wiener and Simpson's indexes of diversity) and species richness, core microbiota of both SIBS and CD patients were significantly less diverse than HC. The rare microbiota diversity was lower in CD compared with HC, but was not different between SIBS and HC. Metacommunity profiling (Bray-Curtis (S_{BC}) index of similarity with unweighted pair group averages) showed core microbial metacommunity of SIBS to be more similar to CD (S_{BC}=0.70) than to HC, whereas the rare microbial metacommunity of SIBS was more similar to HC (S_{BC}=0.42). As in CD patients, the species that contributed most to the dissimilarity of healthy SIBS vs. HC was *F. prausnitzii*, Table 1.
Conclusion This is the first in depth case-control study of the mucosal microbiota of SIBS of CD patients. Dysbiosis in SIBS was characterised by reduced diversity of core microbiota and lower abundance of *F. prausnitzii*. This dysbiosis in otherwise healthy, but at-risk people implicates microbiological processes in CD pathogenesis and risk.

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Disclosure of Interest None Declared.

Liver section symposium "Organ dysfunction in the cirrhotic"

OC-052 UNIVERSAL SCREENING FOR ALCOHOL MISUSE IN ACUTE MEDICAL ADMISSIONS IS FEASIBLE AND IDENTIFIES PATIENTS AT HIGH RISK OF LIVER DISEASE

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Introduction The 2013 NCEPOD report into deaths from Alcohol Related Liver Disease (ARLD) highlighted missed opportunities for detecting alcohol misuse in recurrent hospital admissions. Universal screening of medical patients was advised but little is known of the achievability of this or its efficiency at detecting high risk cases. In 2011, Portsmouth Hospitals NHS Trust introduced a 7-day Alcohol Specialist Nursing Service (ASNS) coupled with universal screening of medical patients using a novel electronic data capture system. We present data on the feasibility of unselected screening and the resulting alcohol profiles of over 28,000 medical

Abstract OC-051 Table 1 Similarity of Percentages analysis of bacterial community similarity (Bray-Curtis) between whole metacommunities. The 9 species with the greatest contribution to dissimilarity are shown

	Siblings mean abundance (%)	Healthy mean abundance (%)	Average dissimilarity (%)	Contribution to dissimilarity (%)
Faecalibacterium prausnitzii	23.4	30.0	10.4	18.9
Escherichia fergusonii	9.6	3.9	5.8	10.6
Sutterella wadsworthensis	5.8	8.6	5.2	9.4
Shigella flexneri	6.9	3.5	4.6	8.4
Bacteroides vulgatus	7.3	7.9	4.6	8.4
Eubacterium rectale	6.1	9.5	3.9	7.0
Oscillospira guilliermondii	7.6	8.1	3.9	7.0
Bacteroides dorei	5.5	0.0	3.0	5.4
Ruminococcus gnavus	4.7	4.0	2.2	4.1

admissions in a large acute hospital serving a catchment of 650,000.

Methods From July 2011 to December 2012, all admissions via the Acute Medical Unit (AMU) were screened using the VitalPAC clinical observation system with a VitalPAC Alcohol Assessment Score (VPAAS) based on the Paddington Alcohol Test. At-risk patients (VPAAS of 6 or more) were referred to the ASNS and an Alcohol Use Disorders Identification Test (AUDIT) performed. Data analysis was performed on patient demographics, unit consumption, diagnosis, mortality and previous ED attendances and admissions.

Results There were 29,361 admissions of whom 28,098 (96%) completed VPAAS alcohol screening. Mean AMU population age was 67.4 years, 52.3% female. Of 1,123 high risk cases, 770 were seen by the ASNS and 636 defined as dependent (AUDIT >20). Compared to the general AMU cohort, the at-risk group had more ED attendances (7.8 vs. 2.9) and hospital admissions (4.8 vs. 3.1) in the previous 3 years and a lower age of death (58.3 vs. 81.5). Dependent women had fewer recurrent attendances and admissions than men but had a higher mortality rate and lower age of death (52.2 vs. 62.4). The maximum AUDIT score of 40 was recorded in 41% of cases seen by the ASNS and this subgroup had a mean age of death of 52.7 with 6.2 admissions and 10.8 ED attendances previously. The most frequent primary diagnoses in those with a VPAAS of 6+ were liver disease, mental health disorders and GI bleeding.

Conclusion Our analysis of over 28,000 admissions demonstrates that screening of all medical patients for alcohol misuse is achievable. We successfully identified a cohort of high risk patients with recurrent admissions and ED attendances, high unit consumption and an elevated risk of liver disease and early death. This cohort can be targeted with interventions to reduce the burden of alcohol related harm.

Disclosure of Interest P. Meredith: None Declared, P. Schmidt Conflict with: Unpaid research advisor to The Learning Clinic Ltd that created and licences use of VitalPAC, S. Atkins: None Declared, P. Greengross Conflict with: Part-time Medical Director of The Learning Clinic Ltd that created and licences the use of VitalPAC, G. Westwood: None Declared, R. Aspinall: None Declared.

OC-053 RESULTS OF THE UK MULTI-REGIONAL AUDIT OF BLOOD COMPONENT USE IN CIRRHOSIS

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Introduction Cirrhosis is a complex acquired disorder of coagulation with a recent paradigm shift in understanding to consider cirrhosis as a pro-thrombotic disorder. It is a frequent indication for transfusion of blood components, both for prophylaxis and for treatment of bleeding, although indications and patterns of blood use are poorly characterised.

Methods All NHS trusts with representation on the BSG membership list were invited to take part in a national audit. Data were collected prospectively on conseutive admissions with a confirmed diagnosis of liver cirrhosis over a 4 week period, with follow up to discharge/death/day 28. Specific information was requested on use of blood components, including indication, type of component and laboratory indices prior to transfusion. Standards were defined against guidelines on the use of red blood cells (RBCs), fresh frozen plasma (FFP), platelets and cryoprecipitate.

Results Data on 1313 consecutive patients with cirrhosis (mean age 58 years, 65% male) were collected from 85 hospitals. The predominant aetiology was alcohol (70%; 921/1313); 74% of admissions were for features of decompensation; and 21% (275/1313) cases had a positive septic screen. 30% (391/1313) of all admissions were transfused a blood component; in 61% (238/391) this was for treatment of bleeding and in 39% (153/391) for prophylaxis. In patients transfused for bleeding (81%, 192/238 for gastrointestinal bleeding), 92% (220/238) received RBCs, 32% (77/238) FFP, 14% (34/238) platelets and 4% (10/238) cryoprecipitate; in patients with bleeding who received RBCs, the Hb threshold was >8 g/dL prior to RBC transfusion in 31% (69/220) cases. For prophylaxis the majority (61%, 94/153) received transfusion in the absence of a planned procedure. In patients transfused for prophylaxis prior to a procedure (59/153): 19% (3/16) received FFP at an INR ≤1.5 for high risk procedures and 33% (6/18) received FFP at an INR ≤2 for low risk procedures; 36% (9/25) received platelet transfusion at a platelet count >50 prior to a procedure. The most frequent procedures resulting in prophylactic transfusion were paracentesis (18/59), surgery (15/59) and endoscopy (10/59). In-hospital venous thromboembolism was documented in 2% (29/1313) cases. Case fatality during follow up was 10% overall (128/1313) with decompensated cirrhosis (41%; 52/128) as the most frequent cause of death.

Conclusion Patients with cirrhosis are frequently transfused during hospitalisation. This audit highlights areas where greater scrutiny of blood component use is required, particularly in the group transfused for prophylaxis of bleeding. Further work is needed to improve patterns of blood use in cirrhosis to ensure patients are not exposed to unnecessary transfusion and its attendant harms.

Disclosure of Interest None Declared.

BSG nurses' association/GIN "Education Day"

OC-054 THE VALUE OF A WARD LIAISON NURSE TO IMPROVE ENDOSCOPY FOR IN-PATIENTS

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Introduction Endoscopy Inpatients are challenging as they tend to be the sickest patients who require procedures urgently. The numbers fluctuate and there is little provision for capacity in a busy day-case endoscopy unit. At the Royal Liverpool there are >2000 in-patient endoscopic procedures per annum and which are served by 9 per week dedicated in-patient lists. However, these lists were poorly utilised at <50% of time this was due to cancellations and poor scheduling. Waiting times for in-patients were unacceptable. The aim was to improve the in-patient experience of endoscopy and improve efficiency of the in-patient lists.

Methods In February 2013, an In-patient liaison (B6) was appointed to help coordinate in-patient listing for endoscopy.