(TIPS). We aim to evaluate factors influencing provision of the TIPS service and outcome in the region.

Method All cases undergoing TIPS at Freeman Hospital from December 2015 to December 2017 were identified from the interventional radiology register. Electronic records and medical notes of all patients who had TIPS performed for variceal haemorrhage were reviewed retrospectively to collect data regarding clinical demographics, length of hospital stay and outcomes.

Results A total of 46 procedures were performed; 29 for variceal haemorrhage. Two were excluded from further analysis due to non-availability of medical notes. The median age at the time of intervention was 51 (range 21–71) years and 13 (48%) were male. Cases were referred from nine regional hospitals. The majority had alcohol related liver disease (63% alcohol, 26% Non-alcohol), 77% with Child B or C cirrhosis and 85% had MELD score >11. A third of patients had undergone one attempt at haemostatic control with another third having had ≥ 3 interventions prior to referral. 96% and 92% had received antibiotics and terlipressin, respectively. 56% were ITU to ITU transfers with airway protection and 52% had a Sengstaken tube *in-situ* [average duration of placement 17 (4–48) hours]. Average time to transfer from referral was 18.3 hours. 57% had TIPS performed within 24 hours of arrival at the specialist centre. Although the average time to TIPS varied between weekends and weekdays, 46 and 35 hours respectively, there was no significant difference in outcome or survival ($p=0.221$). 22% required inotropic support following TIPS. Average time taken for discharge from ITU after being assessed as fit for stepping down care to the ward or repatriation was 4.45 (0–51) days. The duration of Sengstaken insertion >24 hours did not influence outcome or survival. 67% of patients were alive at 90 days post TIPS.

Conclusion The majority of patients received antibiotics and terlipressin during the bleeding episode consistent with good clinical practice. Time to TIPS was longer in patients admitted at weekends but with no significant difference in survival outcome. The duration of Sengstaken tube placement did not significantly influence outcome. Delays and decisions to repatriation were multifactorial, including non-availability of beds at the referring hospital, family preference to remain in centre and post TIPS complications.

PTH-083 IMPACT OF HOSPITALISATION RATE FOR HCV RELATED LIVER DISEASES IN NORTH OF ITALY

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Background and aims Hepatitis C virus (HCV) epidemiological data in Italy is changing due to the decline of iatrogenic aetiology and the persistence of infection in populations at risk. The incidence and the prevalence of HCV disease have dropped following also the massive commitment of physicians to treat all the infected patients. However, all over the world HCV liver-related disease is the first cause of hospital admission in patients with liver diseases. We analysed the trend of hospitalisation for liver HCV-related disease in Veneto Region, North East Italy, from 2000 to 2016, in order to report the impact of HCV treatment with different therapeutic schedules.

Method This is a retrospective cohort study based on Veneto Region anonymous computerised database of hospital discharges between 2000 and 2016. All Veneto residents discharge records with principal diagnosis of hepatitis (cod. ICD9-CM: 070.41, 070.44, 070.51, 070.54, 070.70, 070.71, 571.5, 571.9) were included in the study. We chose the principal diagnosis because it is considered the primary reason for hospital admission. The Standardised Hospitalisation Ratio (SHR) per five-year age group (ref. pop. Veneto 2008) was calculated and expressed per 100 000 population.

Results In the period considered 36 102 hospital admissions diagnosed with HCV have been recorded. Approximately half of patients were males (56%). Despite their lower age (56.1 ± 7.2 Vs. 65.1 ± 8.3), they had the greatest hospitalisation rate (51.4 Vs. 37.9; OR:1.36; CI95%:1.33–1.39; $p<0.05$). The analysis of the hospitalisation trend shows a 14% increase in the average age of patients (from 57.3 ± 9.5 to 65.1 ± 9.9) and a substantial decrease in hospital admissions (X2 trend: 9210,736; $p<0.05$). Between 2000 and 2016, there has been a 81% decline in hospital admissions (i.e. from 78.9 to 14.8) with a comparable decrease in both genders/sexes (ratio M:F 1.5). In 2012–2014 period we observed a plateau in the curve while in 2015–2016 the decline starts again (figure 1).

Conclusion HCV liver-related disease as cause of hospital admission is in progressive and constant decline related to the different treatment schedules available in each period. Moreover this downward trend reflects the improvement in management of advanced liver disease in outpatient settings. In the last two yrs of observation the decline starts again because of the availability of DAAs with high efficacy also in patients with advanced stage of liver disease.

Abstract PTH-083 Figure 1

PTH-084 THE EFFICACY OF TACROLIMUS AS AN ALTERNATIVE AGENT IN THE TREATMENT OF AUTOIMMUNE HEPATITIS

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Introduction Autoimmune hepatitis (AIH) is a chronic, inflammatory liver condition which, if untreated, can Result in liver cirrhosis. Current BSG guidelines recommend corticosteroids and azathioprine as first line therapy, with the option of switching to mycophenolate if azathioprine is not tolerated. Tacrolimus has been identified as a potential third line treatment strategy. Our aim was to review the outcomes of