should be taken to look for the RF device on radiological imaging when the intact patency device (see figure 1) is not evident. The tags may be confused with surgical clips, IUCDs, metallic items of clothing and jewellery.

PWE-100 CHALLENGES IN ADHERING TO A GLUTEN FREE DIET IN DIFFERENT ETHNIC GROUPS

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Introduction The treatment for Coeliac Disease (CD) is a life-long strict gluten free diet (GFD) to prevent comorbidities. Patients refer to both social and practical challenges with adhering to a GFD (Lerner, 2010). There is very limited research exploring the challenges of a GFD in ethnic populations residing in the UK. This study aimed to determine if the challenges in dietary adherence to a GFD were similar for South Asian (SA) and White Ethnicity (WE) populations with CD.

Methods A combined cross sectional survey using validated questionnaire and CD adherence score (Leffler) and review of clinical and laboratory data was utilised. A score of 13 or less was used to determine the non-adherence (Mooney et al. 2014). 972 (histologically confirmed CD) patients (85% White, 86% Female) were approached through postal route. Semi-structured mixed qualitative and quantitative method telephonic interviews were conducted in 28 patients with CD not adhering to a GFD (SA=7, WE=21).

Results SA (13; 10–19, n=38) and WE patients (13; 10–19, n=375) with CD (13; 10–19, n=375); 52.2% and 52.6% respectively were categorised as adhering to a GFD.

Abstract PWE-100 Table 1 Agreement with statements by South Asian and White ethnicity patients with coeliac disease

	% responses in agreement with the statements		P value ^a
	White ethnicity n=375	South Asians n=38	
I don't understand what foods I can eat	4.5	76.3	<0.001
I don't understand food labelling	3.9	52.6	<0.001
Gluten free foods are unpleasant	57.0	81.6	0.003

^a Chi squared

Interviews with patients not adhering to a GFD highlighted 54% of WE indicated motivation as a challenge compared with 33% of SA, whereas, 77% of SA indicated contamination as an issue compared with 4% of WE patients. Both SA and WE patients found eating out difficult (80% and 86% respectively), with the majority of each group indicating a lack of confidence in the knowledge of restaurant staff (85% and 66% respectively). 85% of SA patients with CD reported not finding GF foods in their local Asian stores

Conclusions Our study highlights that there are substantial issues with the understanding of food labels that impact adherence to a GFD. Furthermore, the absence of GF foods in local Asian stores is likely to reduce adherence. More research is required to quantify the low availability of GF foods in local Asian stores.

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PWE-101 CAPSULE ENDOSCOPY IN OCTOGENARIANS

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Introduction In 2014, our centre reported experience showing a high diagnostic yield (DY) of capsule endoscopy (CE) in octogenarians, although sinister lesions were rare and little change in management was made². Based on our subsequent experience, this study seeks to establish if this still holds true.

Methods A prospectively-maintained CE database of patients who underwent CE from 2005–2017 was interrogated for patients >80 years old. Data were extracted on CE indications, findings and outcomes. The capsule examination was considered to have DY if the findings accounted for the patient's presentation.

Results 164 CE procedures were performed in 150 patients ≥80 years, mean age 84.1 years (range 80.0–96.2, 99F/65M). Indications for CE were iron deficiency anaemia (IDA) (82), obscure gastrointestinal bleeding (OGIB) (63), possible IBD (6), suspected malignancy/lymphoma (4) and others (10). 12 (8%) underwent more than 1 CE. 23 were excluded with incomplete data. 5 patients died of unrelated pathologies over the study period.

The overall DY of CE in this cohort was 75/141 (53.2%). The findings were: angioectasias (46), small bowel masses (10, including polyps and nodular bleeding lesions), portal hypertensive/NSAID/other enteropathies (9), small bowel inflammation (3), small bowel varices (2), GAVE (2), duodenal ulcer (1) and caecal bleeding (1). 59/141 (41.8%) patients had normal CE findings; another 7/141 (4.9%) had findings of unclear clinical significance.

Of the 10 (7.1%) patients with possible small bowel masses seen on CE, 5 were not followed up due to frailty and the presence of more likely causes of IDA/OGIB (e. g. significant gastritis). 2 underwent double-balloon enteroscopy with no lesion found. 1 patient was felt likely to have inflammatory bowel disease and treated. 1 patient had repeat CE with similar benign appearances and was discharged. Only 1 patient had a suspicious-looking obstructive and bleeding lesion; he returned to Australia and underwent follow-up there.

There were 7 patients ≥90 years old. All underwent CE for OGIB/IDA. 3 patients had angioectasias with active bleeding; 2 were treated with APC and one managed conservatively. 1 patient had small duodenal angioectasias of unclear significance. In 2 patients, the small bowel was normal but gastric ulcers/significant gastritis were deemed the likely cause of blood loss. There was 1 oesophageal retention with no further CE.

Conclusion In this age group, 90% (145/162) were referred with IDA/OGIB, with DY 53.2%. Angioectasias were the main significant findings. However, although a gastrointestinal source of blood loss was frequently found, there was rarely a change to management required, advisable or possible based on the CE result.