PWE-027 SELF-MEDICATION WITH ORAL CORTICOSTEROIDS IN AMONGST PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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Introduction Corticosteroid (CS) overuse and dependency has been highlighted as a key clinical outcome in the management of inflammatory bowel disease (IBD) in a recent national audit¹. Whilst data regarding clinician prescribed CS is available², little is known about the magnitude of self-prescribed CS amongst IBD patients, and we therefore aimed to investigate self-prescribing habits.

Methods Patients attending the IBD clinic at a teaching hospital between November 2017 and February 2018 were included in the study and invited to complete an 18-item questionnaire, designed to determine CS self-medication in the previous 12 months. The questionnaire defined: patient demographics, disease behaviour, and CS prescriptions in the last 12 months. A pilot questionnaire was initially administered to ensure validity and robustness.

Results 100 patients participated in the survey. In total, 8 (8.0%) reported self-medicating with CS in the last 12 months, with the majority (n=6) having a diagnosis of ulcerative colitis. All these individuals had been diagnosed with IBD for at least 11 years. In most cases (n=7), CS were remaining from previous medical prescriptions, with 1 patient reporting having purchased CS online. Reasons given for self-medicating included difficulty in seeing a clinician (n=3) and a desire for greater control of their own symptoms (n=3). The self-medicating dosage regimen varied significantly between individuals, from 5 mg to 60 mg prednisolone daily, taken for durations between 5 to 21 days. Of the total patients who participated in the survey, 40 (40.0%) had not suffered with a flare-up in the previous 12 months.

Conclusions Nearly one-tenth of the study population reported self-medication with CS over the past 1 year. These findings underscore the importance of enquiring about CS self-medication in the IBD clinic, which may otherwise go undetected. Self-prescribing may indicate refractory disease and a need for treatment escalation.

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PWE-028 PERSISTENCE OF BIOLOGIC THERAPY AND MAPPING OF SEQUENTIAL BIOLOGICS: RESULTS OF A SINGLE CENTRE COHORT

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Background Biologic therapy has revolutionised the treatment of IBD in the last 20 years. There is limited data on the patient journey through multiple lines of biologics and

mapping this to outcomes. We aimed to establish the prevalence of biologic use in a single tertiary IBD centre and assess outcomes defined by biologic persistence.

Methods Retrospective review of electronic health records (TrakCare) was performed on all patients who have received infliximab (IFX), adalimumab (ADA), vedolizumab (VEDO) or ustekinumab (UST) in Edinburgh from January 1999 to October 2017. We collected data for demographics, phenotyping details and duration of treatment. Kaplan–Meier survival curves and log-rank analyses were used to compare time to either discontinuation or resectional surgery.

Result 841 patients were identified who have had biologic therapy for IBD. Median interval from diagnosis to biologic was 4.9 years (IQR 1.3–11.0). The multiple combinations of biologics used is displayed in Figure 1. 665 CD patients (79.7% of total) were treated with biologics; 486 received IFX (73.1%), 169 ADA (25.4%) and 10 VEDO (1.6%) as first line therapy. Second line therapy was required in 238 patients and consisted of ADA 189 (79.4%), IFX 25 (10.9%), VEDO 18 (7.6%) and UST 6 (2.5%). Third line therapy was required in 57 patients, VEDO 41 (74.5%) and UST 14 (25.5%). 3 (0.5%) patients received fourth line therapy with UST. In the CD cohort persistence of treatment on ADA was longer than IFX when used as first line treatment; median 2373 vs 1430 days (p=0.0189).

Abstract PWE-028 Figure 1

Conclusion Multiple sequential biologic use is becoming increasingly common and this will accelerate with the increasing use of anti-integrin and anti-IL12/IL23 therapies. Mapping the sequence of biologic use and linking this to outcomes is a priority for IBD research.

PWE-029 COMPARATIVE ASSESSMENT OF THE DIFFERENT MANAGEMENT SUPPORT PROGRAMMES AVAILABLE TO IBD PATIENTS AT A DGH

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Introduction Since 2012, a supported, self-help and management programme (SSHAMP) at the Luton and Dunstable University Hospital, has allowed over 950 IBD patients with stable symptoms to be managed safely within the community by encouraging self-management. IBD-SSHAMP is supported by consultants and specialist nurses through telephone clinics,