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

1Marie Jasim*, 2Richard Pollok, 3St George’s, University Of London, London, UK; 4St George’s University Hospitals NHS Foundation Trust, London, UK

10.1136/gutjnl-2018-BSGAbstracts.159

**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 gate self-prescribing habits. CS amongst IBD patients, and we therefore aimed to investigate self-prescribing habits.

**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-medicating 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.

**REFERENCES**


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

1Philip Jenkinson*, 2Nic Plevris, 3Chhaya V, 4Saxon D, 5Cecil I, 6Subramanian V, 7Cucin V, 8Majeed A and 9Pollok RC. University Hospitals NHS Foundation Trust, London, UK

10.1136/gutjnl-2018-BSGAbstracts.160

**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.

**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

1Matt W Johnson*, 2David Wellsted, 3Fiona M Pearce. 1Luton and Dunstable University Hospital, Luton, UK; 2Centre for Health Service and Clinical Research, University of Herfordshire, UK

10.1136/gutjnl-2018-BSGAbstracts.161

**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,