relieving pressures on the hospital based outpatient clinic system. Both IBD-SSHAMP patients and those who continue to be under traditional hospital-based outpatient clinic care, also have access to online support via an IBD web-portal provided by Patients Know Best' (PKB). We were keen to see if the different forms of support provided differences in the perception of their disease control and health-related quality of life (HRQoL).

Method Between 2013 and January 2017, an estimated 575 patients had registered with PKB and 950 were on IBD-SSHAMP. A series of questionnaires were completed anonymously by 260 patients between January – July 2017. Measures included depression, anxiety, health-related quality of life, psychological flexibility and illness perception. Approximately 60% of patients completing the questionnaires receive traditional hospital outpatient care (n=158), with around 30% of those registered for additional online PKB support (n=46) comprising the PKB group and 70% (n=112) not registering for PKB and comprising the control (normal) care group. Of the 40% IBD-SSHAMP patients (n=101), 52% also registered for PKB (n=53) comprising the SSHAMP+PKB group. The remaining patients (n=48) were the SSHAMP only support group. Various univariate comparisons between the normal-care group and the 3 supported groups were undertaken as well as multivariate regression analysis.

Results In this patient cohort, women tended to responded more and there was a higher proportion of Crohn's disease in the females and compared to UC within the men. The proportion of men and women in the different patient groups was similar except that men were slightly over-represented in the normal (OPA)-care group and women in the SSHAMP+PKB group. Women had significantly lower HRQoL scores than men and scored worse on most psychological measures. CD diagnosis correlated with worse overall HRQoL and fatigue measures. The SSHAMP patient group had significantly better overall HRQoL and social-emotional HRQoL scores than the normal-care group. There were no significant psychological differences between PKB web-users and the normal-care group, although high PKB registration was observed amongst the SSHAMP group, particularly by younger female patients with Crohn's disease.

Conclusion High PKB registration by SSHAMP patients and lack of significant difference to the normal-care group by PKB users suggests that SSHAMP patients may be more engaged in their own care and that generally patients, especially women, are effective at seeking additional online support when needed. Psychological differences, including illness perceptions, appear to mediate the relationship between supportive care and HRQoL.

PWE-030 THE NEED FOR REPEATED COURSE OF INTRA-VENOUS IRON IN IBD PATIENTS; A 7 YEAR RETROSPECTIVE REVIEW

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Introduction The current prevalence of IBD in UK is said to be 400/100,000 (0.4%), with rates for Crohn's disease ranging between 26 to 199 per 1 00 000 (<0.2%), whilst Ulcerative Colitis (UC) is found more frequently at 37 to 246 per 1 00 000 (0.25%). Anaemia is a common problem in IBD, contributing to tiredness and lethargy, and has multifactorial

causes. Current ECCO guidelines recommend that all patients with IBD should be assessed for IDA and that intravenous iron should be considered first line in patients with active inflammation. We were keen to assess the need for recurrent courses of IV iron in IBD patients.

Method The Luton and Dunstable University Hospital serves a catchment of 3 30 000 and has a database of 3014 IBD patients (0.9%). This is made up of 186 Proctitis, 1447 UC, 1037 Crohn's, 71 Microscopic colitis, 273 Indeterminate colitis patients. We compiled a 7 year retrospective database of all the IBD patients presenting to the L and D with blood tests confirming iron deficiency anaemia (IDA), using the following definition; haemoglobin level of <13 g/L for men and <12 g/L for women with ferritin of <50 ng/ml (although ECCO suggest <100 ng/ml in acutely inflamed patients). We compared this with a database of all the iron infusions that had been prescribed for IBD patients over that same 7 year period. In this way the demand for recurrent iron infusions was assessed.

Results The prevalence of IBD is high in the local area (almost 1%). Over the 7 year review period, 633 (21%) of our local IBD patients were found to have IDA, with a median Hb level of 118 (130–47) g/L and ferritin count of 16.9 (49.8–2.4) ng/ml. Of these, there were 238 infusions in 128 patients (4.2% of total cohort), with 37 patients (29%) requiring 110 repeated infusions (with a range of an additional 1–17, median 2, mean 3.97). The data set was skewed by 7 patients who between them required 71 additional infusions, due to a range of co-morbidities including 1x acute GU bleed, 1x stricture surgery, 1x haemorrhoidectomy and 4x joint care with haematology. If these 7 patients were removed from the data set, just 39 repeated infusions would have been necessary in 30 patients (23%) over the 7 year period.

Conclusion The BSG have previously highlighted that 50% of IBD patients suffering IDA will redevelop it within 1 year post-correction. Our data suggests that if the patients' IDA is predominately due to their IBD (and not other co-morbidities), then IV iron is a highly effective therapy, with only 23% requiring further infusions over a 7 year period.

PWE-031 RE-EVALUATING INVESTIGATION AND MANAGEMENT OF ANAEMIA IN INFLAMMATORY BOWEL DISEASE

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Introduction Anaemia is the most prevalent extra-intestinal manifestation of inflammatory bowel disease (IBD), affecting up to 66% of inpatients admitted with a flare of IBD. European guidelines published in 2015 define clear management priorities for such patients.¹ Here we present a re-audit of the practice of a large teaching hospital following introduction of a local guideline based on the European consensus.

Methods We retrospectively identified and analysed the casenotes of all patients admitted to North Bristol NHS Trust between 2015 and 2017 presenting with a flare or new diagnosis of IBD. Data collected included patient demographics, admission haemoglobin (Hb) and ferritin levels, and prescription of oral or intravenous iron during admission. These data were compared to a historical dataset from 2014 prior to the local guideline introduction.