

**PWE-038** OUTCOMES OF AN ANAEMIA SERVICE EVALUATION USING THE IBD REGISTRY

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10.1136/gutjnl-2018-BSGAbstracts.170

**Introduction** Iron deficiency (ID) and iron deficiency anaemia (IDA) are frequent complications of Crohn's disease (CD) and Ulcerative Colitis (UC). Assessing iron status in IBD patients can be challenging as tests may be unreliable in the presence of inflammation. European Crohn's and Colitis Organisation (ECCO) guidelines state FBC, CRP and ferritin are the minimum to detect IDA.

The UK IBD audit of inpatient care found 56% of those with IDA did not receive iron, but the standard of care for IBD outpatients is unknown. IBD patients with IDA rarely have an iron deficit of <1000 mg iron and effective treatment for ID/IDA requires correct and sufficient dosing of iron. This project compares current practice with the ECCO guidelines.

Initial pilot data on ID/IDA diagnosis is presented from a Joint Working project using an adapted Webtool with anaemia specific parameters to determine the standard of care for IBD outpatients.

**Methods** 20 consecutive consented patients (10 CD, 10 UC) were recruited at 5 sites and followed for around 12 months.

**Anaemia:** Hb <120 g/L ♀ or <130 g/L ♂

**ID:** MCV <80 fl AND/OR ferritin <30 ug/L if CRP ≤5 mg/L OR ferritin ≥30 ug/L to <100 ug/L if CRP >5 mg/ml AND/OR TSAT <20%

**IDA:** Anaemia and ID

**Results** Baseline data were available for 94 patients: 45 (48%) male and 49 (52%) female, 47 (50%) with CD and 45 (48%) with UC (2 patients with unidentified IBD) mean age 46.5 years.

82 patients had ≥1 recorded haematinic and 18 of these (22%) had 26 anaemic episodes, with 10 (56%, 5 UC and 5 CD) and 14 (54%) of these patients and episodes being IDA. 23 (28%, 8 CD, 14 UC, 1 undefined IBD) patients experienced 34 episodes of ID.

136 Hb results were recorded, but only 78 (57%) were combined with ferritin plus CRP.

**Conclusions** Most cases of anaemia were IDA, and more episodes of ID than IDA were found. An equal number of CD and UC patients had IDA, but non-anaemic ID was more common in UC than CD patients. As only 57% of haematinic tests fulfilled the minimum requirement to detect ID in anaemic IBD patients (Hb combined with ferritin plus CRP) ID/IDA may be significantly underdiagnosed conditions in IBD. However, these findings are limited due to the small, real-world, dataset.

An adapted Registry Webtool may allow easy data collection though there are challenges in completing data input during consultations. Iron status could therefore be better monitored if haematinics were a default part of the IBD Registry dataset, allowing for quality improvement.

**PWE-039** FMT AS A TREATMENT FOR IBD: A NATIONAL SURVEY OF GASTROENTEROLOGISTS IN THE UK

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10.1136/gutjnl-2018-BSGAbstracts.171

**Introduction** Interest in the use of faecal microbiota transplantation (FMT) as a therapeutic treatment in inflammatory bowel disease (IBD) has increased following promising outcomes in patients with *Clostridioides difficile* infection (CDI). To date, 4 double blind randomised control trials have been conducted investigating the efficacy of FMT in patients with ulcerative colitis (UC). Whilst research exploring clinician awareness and attitude towards the use of FMT in CDI has been carried out, data for IBD is currently lacking, despite growing patient and clinician interest in the treatment. The primary aim of this survey was to assess the perceptions of gastroenterologists and current practice relating to FMT as a treatment for IBD in the UK.

**Methods** The survey was developed using Snap Survey software, following literature review and author consensus. It was distributed amongst UK-based gastroenterology trainees and consultants through the British Society of Gastroenterology and British Society of Paediatric Gastroenterology, Hepatology and Nutrition e-newsletters, and at the BSG Conference in June 2017.

**Results** In total, 61 respondents completed the survey including pre-subspecialty trainees, gastroenterology specialists, associate specialists and consultants. Almost all (95%; n=58) respondents stated that they had heard of FMT being used as a treatment for IBD prior to participating in the survey. Based on current evidence, 34% (n=21) of respondents would consider using FMT in patients with IBD, 26% (n=16) would not and 39% (n=24) were undecided. A total of 43% (n=26) respondents said that a patient had expressed interest in FMT and a small proportion (10%; n=6) said that they were aware of a patient that has undertaken FMT on their own without medical supervision. When asked to rank routes of delivery in terms of preference, nasogastric tube was the least preferred route (39%; n=24) and oral capsule was the most preferred route (34%; n=21).

**Conclusions** A clear majority of UK gastroenterologists recognise FMT as a potential treatment for IBD, however uptake is limited. A significant proportion of clinicians would consider FMT in IBD based on currently available evidence and the majority would consider entering patients into clinical trials. Orally-delivered encapsulated FMT is the preferred route of administration and future work should explore the utility and efficacy of this route.

**PWE-040** MICROSCOPIC COLITIS AND PROTON PUMP INHIBITORS – USE OF THE NULL HYPOTHESIS

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10.1136/gutjnl-2018-BSGAbstracts.172

**Introduction** Many studies have shown a strong association with proton pump inhibitor (PPI) usage and the development