PTU-065 PROTON PUMP INHIBITORS AND FRACTURE RISK – A BONE OF CONTENTION AMONG UK GASTROENTEROLOGISTS?

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Introduction Proton pump inhibitors (PPIs) are one of the most commonly prescribed drugs worldwide and their use is often prolonged without clear indication. Although PPIs are widely regarded as safe, meta-analyses of observational studies has suggested PPI use significantly increases fracture-risk. Current guidelines recommend that people over the age of 50 taking PPIs may be considered for fracture-risk assessment, particularly in the presence of other risk factors.

This study aimed to assess the attitudes of UK gastroenterologists towards fracture-risk assessment in PPI users over the age of 50.

Methods A survey of UK gastroenterology consultants was conducted between 17/02/2018 and 17/03/2018 using the Survey Monkey website.

Results Of the 65 UK gastroenterologists who responded, 53.9% believed that PPI use increased fracture-risk. In PPI users aged over 50 years, gastroenterologists rarely (52.5%) or never (42.5%) assessed fracture-risk and infrequently delegated fracture-risk assessment to GPs, rarely or never in 40.0% and 57.5% of cases respectively. All gastroenterologists felt that GPs should take responsibility for assessing fracture-risk in this patient group with roughly half accepting co-responsibility.

Conclusions This study suggests that roughly half of UK gastroenterologists fail to recognise the association between PPI use and increased fracture-risk. Most gastroenterologists neglect fracture-risk assessment in PPI users aged over 50 and only half believe this should be their responsibility despite commonly encountering these patients. There is a need to educate gastroenterologists about the fracture-risk in PPI users aged over 50.

REFERENCES


PTU-066 MANAGEMENT OF HELICOBACTER PYLORI INFECTION IN PATIENTS WITH UPPER GI BLEEDING: COMPLIANCE WITH GUIDELINES

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Introduction Acute upper gastrointestinal bleeding (AUGIB) is a common complication of peptic ulcer disease (PUD) defined as not only peptic ulceration but also erosive gastritis and duodenitis. Helicobacter pylori (H. pylori) infection is the major cause of PUD. NICE guidelines recommend that patients identified with PUD should be tested and treated for H pylori if infected. Post-eradication testing is mandated to confirm successful eradication. The aim of this study was to determine compliance with national guidelines for the management of H. pylori in those with PUD-associated AUGIB.

Methods Retrospective data were collected on all patients presenting to the Royal Free Hospital, London, with non-variceal AUGIB between 1 January and 31 December 2017. Prospective data were collected between 1 February and 1 April 2018. Compliance with guidelines was judged using predetermined criteria and classified as: poor (<67% compliance); moderate (67–75%); good (>75%); or excellent (>90%).

Results A total of 203 patients presented with non-variceal AUGIB during 2017, of whom 148 underwent endoscopy. Sixty-seven of the 55 non-endoscoped patients were tested for H pylori by other means. Overall, 15 (38.5%) of the 39 patients investigated tested positive for H pylori; 14 (33.3%) were prescribed eradication therapy (compliance excellent) while a further five patients were treated empirically. Of the 19 treated patients, only nine (47.4%) underwent post-eradication testing (compliance poor); all however tested negative. Prospective compliance rates in 36 patients exhibited similar poor compliance although samples were small (table 1).

Abstract PTU-066 Table 1 Management of H. pylori and compliance with associated NICE guidelines

<table>
<thead>
<tr>
<th>Management Step</th>
<th>NICE Guideline</th>
<th>Study</th>
<th>Eligible</th>
<th>Performed</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endoscopic detection</td>
<td>Test for H. pylori if evidence of PUD</td>
<td>R</td>
<td>67</td>
<td>35</td>
<td>Poor (52.2%)</td>
</tr>
<tr>
<td>Eradication therapy</td>
<td>Offer those testing positive for eradication therapy</td>
<td>R</td>
<td>15</td>
<td>14</td>
<td>Excellent (93.3%)</td>
</tr>
<tr>
<td>Post-Eradication Testing</td>
<td>Re-test using a C13 urea breath test</td>
<td>R</td>
<td>19</td>
<td>8</td>
<td>Poor (42.1%)</td>
</tr>
<tr>
<td></td>
<td>Retest using a C13 urea breath test</td>
<td>P</td>
<td>2</td>
<td>0</td>
<td>Poor (0%)</td>
</tr>
</tbody>
</table>

R = Retrospective, P = Prospective