OWE-20 SURVIVAL & FUNGAL CATHETER RELATED BLOOD STREAM INFECTIONS IN PATIENTS ON HPN

^{1,2}SM Oke*, ²N Miah, ¹N Fourali, ¹P Khanna, ¹SC Donnelly, ¹M Small, ¹SM Gabe. ¹St Mark's Hospital, Harrow, UK; ²Imperial College London, London, UK

10.1136/gutjnl-2019-BSGAbstracts.330

Introduction Candidiasis is associated with significant morbidity & mortality. Central venous catheters (CVC) are commonly used for home parenteral nutrition (HPN) in patients with intestinal failure (IF) & are commonly linked to development of candidaemia. We aim to describe the long-term survival in patients with candidal catheter related blood stream infections (CRBSI) in the IF population & assess factors that may be associated with poorer outcome.

Methods Clinical records of patients receiving HPN at our unit were reviewed between 1/1/2007 to 1/5/2018. Candidal CRBSI was defined as either: documented or reported positive cultures from the CVC line with negative peripheral cultures, peripheral cultures with time to positivity faster than CVC cultures, paired positive cultures from CVC & peripheral blood with symptoms of sepsis, or positive CVC tip culture following CVC removal.

Demographic data, underlying aetiology, small intestinal length, colonic continuity, long-term survival & cause of death were recorded. Data were also collated on number of candidal CRBSI, candidal species, bacterial co-infection, antifungal resistance together with opiate & immunosuppression use at the time of infection. Differences between groups were analysed using Chi-Squared tests, Kaplan-Meier & Cox's regression model were used to assess factors affecting survival.

Results 66 patients were identified of whom 22 (33.3%) were male. The mean age was 49.4 (SD 16.5). 13 (19.7%) patients had multiple candidal CRBSI. *Candida galbrata* & *albicans* accounted for 32 (48.5%) of the index infections. 8 (12%) patients had candidal species that were resistant to ≥ 1 anti-fungal agent. 48 (72.7%) patients were receiving an opiate at the time of the fungal CRBSI, & 8 (12.1%) were receiving some form of immunosuppression.

25 (38%) patients died during the study period. The 1, 5 & 10 year survival rates were 97%, 67% & 53% respectively. From the time of first fungal CRBSI, the 1, 5 & 10 year survival rates were 85%, 55% & 27%. No difference was seen in survival between patients who had single & multiple candidal infections (log-rank $p=0.669$). On multivariate analysis increasing age (HR 1.08 $p=0.02$), increasing time of HPN prior to index infection (HR 0.45 $p<0.005$), length of residual small intestinal length (HR 0.76 $p=0.06$) underlying aetiology (HR 6.40 $p=0.017$) & opiate use (HR 39.5 $p=0.003$) were all associated with long-term survival.

Conclusion Our data have shown long-term survival after index fungal CRBSI in the IF population are poor. A better prognosis is associated with a small intestinal length of ≥ 150 cm & increasing length of time on HPN prior to first infection. A worse prognosis is associated with underlying aetiology including mesenteric infarction & scleroderma & the use of opiates.

OWE-36 PREVALENCE AND FACTORS ASSOCIATED WITH IMPAIRED FOOD-RELATED QUALITY OF LIFE IN 1223 PEOPLE WITH IBD

¹Wladyslaw Czuber-Dochan*, ¹Trevor Murrells, ¹Myfanwy Morgan, ¹Miranda Lomer, ²James O Lindsay, ¹Kevin Whelan. ¹King's College London, London, UK; ²Barts Health NHS Trust, London, UK

10.1136/gutjnl-2019-BSGAbstracts.331

Introduction Inflammatory bowel disease (IBD) patients often report that dietary intake and the enjoyment of food is affected by their condition. However, the prevalence of impaired food-related quality of life (FR-QoL) and associated factors have not been previously explored. This study aimed to determine the levels of FR-QoL and factors associated with it in a large, nationally representative sample of people with IBD.

Methods A convenience sample of 1576 IBD outpatients ≥ 16 years old were recruited from seven UK centres. Patients consuming the majority of their intake as food completed previously validated questionnaires to capture demographic data, FRQoL-29, quality of life (IBDQ UK), IBD-distress (IBD-DS), IBD-fatigue (IBD-F), and anxiety and depression (HADS). A health professional recorded disease activity (HBI, SCCAI), disease classification (Montreal), blood results, body mass index and malnutrition risk (MUST). FR-QoL was regressed onto the explanatory variables (univariable/multivariable) using the Stata MI (20 imputed datasets) procedure.

Results Data from 1223 patients were available (78% response, 65% CD and 51% female). FR-QoL mean score was 80.1 [SD 26.9] (minimum 29, maximum 145, higher score = better FR-QoL), considerably lower in comparison to previously measured healthy volunteers [123.0, SD 16.5]. The four items rated as the most severe (Strongly agree/Agree) were 'avoiding food and drink I know does not agree with my IBD' (71%), 'being more aware of what I am eating due to my IBD' (70%), 'certain foods have triggered symptoms of my IBD' (69%) and 'enjoyment of a particular food or drink has been affected by the knowledge that it might trigger my IBD symptoms' (67%). Twenty-six factors (demographic, clinical, drug-related, psycho-social) were significantly associated with impaired FR-QoL in univariate analysis. However, in the multivariable regression only lower educational level ($p<0.001$), greater number of IBD flares in last two years ($p<0.001$), more severe symptoms during last flare ($p=.034$), not taking immune suppressants ($p=.026$), greater distress ($p<0.001$), greater fatigue impact on daily living ($p=.025$) and worse IBD QoL ($p<0.001$) remained significantly associated with impaired FR-QoL.

Conclusions In this first large study reporting FR-QoL in IBD, many factors were identified as having a significant negative effect on patients with IBD. Understanding the relationship between IBD and FR-QoL may improve communication between health professionals and patients regarding its impact.