implementing TDM with anti-TNF's was collected. Logistic regression was used to predict factors influencing TDM use.

Results 243 respondents participated (51.6% male) of which 237 respondents met inclusion criteria; treating >5 IBD patients and at least 1 with an anti-TNF per month. Of the total respondents, 45% were Consultant Gastroenterologists (GI), 40% IBD Nurse Specialists (CNS) and 15% GI Specialist Registrars (SPR). Of these 237 respondents, TDM was used by 95.7% for secondary loss of response; 71.4% for primary non-response and 53.6% used TDM proactively. Barriers for TDM use were time lag in receiving results (27.1%), lack of awareness of guidelines (15.6%), and cost (11.9%). Clinicians working at a teaching hospital were more likely to use TDM compared to a district hospital (OR 2.6, 95% CI 0.71–9.8). IBD CNS and GI SPR used TDM more often, when compared to Consultant GI (OR 2.6, 95% CI 0.69–10 & OR 1.5, 95% CI 0.3–7.2 respectively). Clinicians practising for >20 years were more likely to check TDM than less experienced clinicians (OR 4.1, 95% CI 0.4–41.8). Clinicians with large volume IBD practice (>50% IBD patients per month) were more likely to check TDM than those seeing fewer IBD patients (OR 45.6, 95% CI 7.5–275). Proactive TDM was more likely to be used by clinicians working in a tertiary care setting (OR 2.25, 95% CI 0.84–6.05), IBD CNS (OR 1.2, 95% CI 0.6–2.1), clinicians managing large volume IBD practice (OR 10.8, 95% CI 1.2–90) and clinicians with 5–9 years of experience in practice (OR 2.6 & CI 1.04–6.42).

Conclusions Large volume IBD centres with more experience of treating IBD patients are more likely to employ treatment-optimising strategies with TDM. Significant barriers to TDM implementation in the UK are time lag from test to result, lack of awareness of current guidelines and evolving knowledge, cost and less experience. Validation of point of care testing, lower cost assays, and wider dissemination of current evolving paradigms with updated recommendations may further optimise treatment with anti-TNF therapies.

REFERENCE

1. Feuerstein JD, et al. *Gastroenterology* 2017;**153**(3):827–834.

PTH-108 THE HIDDEN BURDEN OF FAECAL INCONTINENCE IN ACTIVE AND QUIESCENT ULCERATIVE COLITIS: AN UNDERESTIMATED PROBLEM?

¹Gaurav B Nigam*, ¹Jimmy K Limdi, ²Shaheen Hamdy, ³Dipesh H Vasant. ¹Pennine Acute Hospitals; ²Salford Royal Foundation Trust; ³Manchester University Foundation Trust

10.1136/gutjnl-2019-BSGAbstracts.167

Introduction Despite advances in Ulcerative Colitis (UC) therapies, many patients suffer refractory defaecatory symptoms in the absence of active inflammation. For this group, treatment remains challenging, with a paucity of research and limited therapeutic options. In this prospective, ongoing study, we aim to determine the prevalence of faecal incontinence (FI) in patients with quiescent UC.

Methods In a cross-sectional study, consecutive patients with UC attending Inflammatory Bowel Disease (IBD) clinics were invited to participate. Patients completed a series of validated questionnaires; including an IBD-specific FI questionnaire (ICIQ-IBD questionnaire), Hospital Anxiety and Depression

Scale (HADS), the Rome IV diagnostic questionnaire, and the IBD-control questionnaire. Participants were requested to return a Faecal Calprotectin (FCP) within 2 weeks of completing questionnaires. Quiescent UC was defined as IBD-control 8 score ≥ 13 and IBD-control-VAS ≥ 85 , and/or FCP levels ≤ 250 (where available, FCP data were used in preference to IBD-control to classify UC activity). Data were compared between active and quiescent groups using chi-square and non-parametric tests.

Results Overall, n=97 UC patients (n=50 males, mean age 48 (range 18–82) participated. ICIQ-IBD data revealed that most patients experience FI (84/97 (87%) during 'relapses'. Interestingly, 58/97 (60%) reported FI when in 'remission', and this group had higher median HADS depression (P=0.0002), poorer QoL scores (P<0.0001), and trend towards higher HADS anxiety (P=0.09) scores, compared to those without FI. Disease activity data (IBD-control and/or FCP) were available for all patients, and based on these 61/97 (63%) had quiescent UC. The prevalence of FI based on ICIQ-IBD did not differ between those with active (22/36, 61%) and quiescent UC (36/61, 59%), P=NS. In those with FI on ICIQ-IBD, median IBD-FI symptom scores, IBD-FI QoL scores and HADS (anxiety: P=0.47, depression: P=0.18) did not differ between disease activity groups. However, within the quiescent group, patients that met the more stringent Rome IV criteria for FI (n=13) had higher median IBD-FI symptom scores (P=0.007) and HADS-depression scores (P=0.05), a trend to worse IBD-FI QoL (P=0.07), but similar HADS-anxiety (P=0.68).

Conclusion This study is one of the first to identify that regardless of disease activity, FI affects most patients with UC, detrimentally impacting patients' psychological wellbeing, impairing their QoL, and should therefore routinely be screened for in clinics. There is an urgent need for further research in the often neglected area of FI and quiescent disease.

PTH-109 FATIGUE IN PATIENTS WITH CROHN'S DISEASE ON LONG TERM VITAMIN B12

¹Rupali Patel*, ¹Eleanor Whittingham, ²Lesley Roberts, ³sukhdev Singh. ¹University of Birmingham, Birmingham, UK; ²University of Warwick, Warwick, UK; ³Good Hope Hospital, Birmingham, UK

10.1136/gutjnl-2019-BSGAbstracts.168

Introduction Some individuals with Crohn's Disease who take long term three monthly Vitamin B12 injections complain of lack of energy and tiredness prior to their next B12 injection. Some have persuaded their General Practitioners to give the B12 injection more frequently than 3 monthly.

Methods We wanted to determine if this was a common experience, and also if seen in other causes of B12 deficiency besides Crohn's Disease.

453 patients on long term B12 in the community were invited to complete a questionnaire, 148 agreed. Most of these patients were elderly with a history of pernicious anaemia. 445 patients completed the questionnaire online. Most of these patients had Crohn's disease. 593 questionnaires were analysed.