Abstract P182 Figure 1 Pooled mean SF-36 scores in patients with AIH vs. controls

Mean SF-36 subscale scores were available in 6 studies (633 patients). Pooled analysis indicated greater patient-control differences in the physical subscales GH and RF (figure 1). PCS scores were reduced more than MCS scores in four studies.

In a case-control study, 11% (n=103) patients with AIH had PHQ-9 scores indicating clinically relevant depression (PHQ-9>10), significantly more than controls (p<0.001). Severe anxiety (GAD-7>15) was more common in AIH vs. controls in this study (p=0.006) and STAI scores were higher (STAI1 p<0.001, STAI2 p=0.04) in another.

Four studies compared disease activity and QoL, one of which found an association. Seven studies looked at association of cirrhosis with QoL, three found impaired physical (not mental) health, with no association in four. In two studies reporting comorbidities, these correlated with worse SF-36 physical subscales (RP, BP, GH). There were associations (one study each) between corticosteroid use and lower EQ-5D-5L Utility Index, with depression (PHQ-9), and with worry scores (CLDQ).

Conclusions Patients with AIH have impaired QoL compared to the general population, in both physical and emotional components. Studies to date are heterogeneous and it is difficult to compare results. Further research is needed to fully explore the impact of AIH on QoL.

P183 SIGNIFICANT TREATMENT SIDE EFFECT BURDEN IN AUTOIMMUNE HEPATITIS EMPHASISES NEED FOR NEW THERAPIES

¹Jessica Leighton*, ²Charlotte Lloyd, ³Lin Lee Wong, ⁴Ann Brownlee, ⁴Penney Gray, ⁵Emma Culver, ^{6,7}Neil Halliday, ⁸Michael Heneghan, ^{1,9}David Jones, ^{1,9}Jessica Dyson. ¹Newcastle Upon Tyne Hospitals Nhs Foundation Trust, Newcastle Upon Tyne, UK; ²Newcastle University Medical School, Newcastle Upon Tyne, UK; ³Royal Devon and Exeter Hospital, Exeter, UK; ⁴AIH Support, UK; ⁵John Radcliffe Hospital, Oxford, UK; ⁶University College London, London, UK; ⁷Royal Free Hospital, London, UK; ⁸King's College Hospital, London, UK; ⁹Newcastle Biomedical Research Centre, Newcastle Upon Tyne, UK

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Introduction Data from the national cohort study for autoimmune hepatitis (UK-AIH) demonstrates reduced health-related quality of life (QOL) for patients with AIH, related to ongoing disease activity and, in particular, corticosteroid treatment¹. To explore those findings, this International AIH Survey on Patients' Views and Experiences was designed to

collect information relating to current and future treatments for AIH.

Methods The survey was co-designed by clinicians caring for patients with AIH and patient representatives. It was distributed electronically and the weblink disseminated to patients by AIH Support, LiverNorth and the British Liver Society, and available to patients in any country. Data was collected anonymously and descriptive analyses were undertaken.

Results There were 270 survey respondents, including 13 post-transplant patients. The median age was 55 [range 17–83 years] and 94% were female. Age at diagnosis was 48 (1–77) years with duration since diagnosis 2.5 (0–67) years. 157 (58%) patients self-reported having another immune-mediated disease and 49 (18%) an overlap syndrome. Overall, 172 (64%) felt they had experienced side effects (SE) from their AIH treatment. Only 107 (42%) recall potential SE being discussed prior to starting treatment. Table 1 summarises the commonest treatments and the associated patient-reported SE. 109/175 (62%) said they would definitely or probably take part in a clinical trial to look for better drugs for AIH.

Abstract P183 Table 1

	Prednisolone	Azathioprine	Budesonide	Mycophenolate mofetil
Currently taking	110 (41)	150 (56)	40 (15)	42 (16)
Ever taken	199 (74)	203 (75)	71 (26)	49 (18)
Experienced SE	112 (56)	73 (36)	19 (27)	9 (18)
Commonest SE (proportion of total reported for medication)	37% cognitive or fatigue 35% cosmetic	32% gastrointestinal 21% cosmetic	54% cosmetic 17% cognitive	23% cosmetic gastrointestinal

Conclusions This survey demonstrates that patients perceive treatment side effects to be a significant problem in AIH. Over half the cohort experienced SE with prednisolone, most commonly attributing cognitive symptoms or fatigue to this medication. The impact of SE is demonstrated by patients' willingness to be involved in trials of novel therapeutics. This should encourage the community to develop further clinical trials and prioritise quality of life for AIH patients.

REFERENCE

1. Wong LL, et al. 2018;**68**(4):1487–97.

P184 THE NEED FOR A MORE HOLISTIC APPROACH TO MANAGING PATIENTS WITH AUTOIMMUNE HEPATITIS

¹Charlotte Lloyd*, ²Jessica Leighton, ³Lin Lee Wong, ⁴Ann Brownlee, ⁴Penney Gray, ⁵Emma Culver, ^{6,7}Neil Halliday, ⁸Michael Heneghan, ^{2,9}David Jones, ^{2,9}Jessica Dyson. ¹Newcastle University Medical School, Newcastle Upon Tyne, UK; ²Newcastle upon Tyne Hospitals NHS Foundation Trust, Newcastle Upon Tyne, UK; ³Royal Devon and Exeter Hospital, Exeter, UK; ⁴AIH Support, UK; ⁵John Radcliffe Hospital, Oxford, UK; ⁶University College London, London, UK; ⁷Royal Free Hospital, London, UK; ⁸King's College Hospital, London, UK; ⁹Newcastle Biomedical Research Centre, Newcastle Upon Tyne, UK

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Introduction Patients with chronic disease often have complex medical and psychosocial needs. Data shows that patients with autoimmune hepatitis (AIH) have impaired quality of life. This