commonly reached following the LFD restriction phase with a 33.3–69.2% reduction seen, which was maintained in the long term. Whether a fructan reduction in isolation would provide symptom benefit should be explored, as less restrictive dietary approaches are needed.

REFERENCE

P279 MALNUTRITION IS HIGH IN PRESURGICAL CROHN’S DISEASE COMPARED WITH OTHER IBD PATIENTS AND HEALTHY CONTROLS

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Background Malnutrition occurs in 20–85% of patients with inflammatory bowel disease (IBD) depending on nutrition assessment criteria and disease activity. Patients with Crohn’s disease (CD) and malnutrition awaiting surgery are at increased risk of postoperative complications compared with patients without malnutrition. This study aimed to assess whether there were any differences in nutrition status between patients without malnutrition. This study aimed to assess whether there were any differences in nutrition status between presurgical CD, active CD, CD in remission, ulcerative colitis (UC) in remission and healthy controls.

Methods Patients with presurgical CD, active CD, CD in remission and UC in remission were recruited from a UK hospital IBD unit. Healthy controls (HC) with a healthy body mass index (BMI: 19–25), matched for age and sex were recruited from staff/students. Anthropometric measurements were BMI, waist circumference (WC), mid-upper arm circumference (MAC), tricep skinfold (TSF) and mid-arm muscle circumference (MAMC). Bioelectrical impedance analysis (BIA) determined fat mass (FM) and fat-free mass (FFM). Muscle strength was assessed using hand-grip strength (HGS). Age and sex specific population reference ranges for malnutrition were ≤5th percentile for MAC, MAMC and TSF and <85% for HGS. Comparisons between groups were made using one-way ANOVA for continuous data and chi-squared for categorical data with significance set at p<0.05. For significant results, post hoc analysis identified which groups differed.

Results A total of 121 patients with IBD and 40 healthy controls were assessed. Malnutrition was identified in 21 (17%) patients using MAC, 6 (5%) patients using TSF, 39 (32%) patients using MAMC and 55 (46%) patients using HGS. Differences between groups (with post hoc analysis) were found for BMI (presurgical CD vs CD in remission, p=0.04), WC (UC in remission vs HC p=0.028), MAMC and HGS (presurgical CD vs CD in remission, p=0.036; presurgical CD vs UC in remission, p=0.001, presurgical CD vs HC p=0.002).

Conclusions Across IBD phenotypes and disease activity groups, nutrition status is most depleted in presurgical CD patients. Nevertheless, clinically significant rates of malnutrition also occur during active disease and in remission. This data may help healthcare services prioritise dietetic provision to IBD patients, specifically for presurgical CD patients.

P270 PHOSPHATE INFUSIONS REDUCE HYPERTONIC LACTATE IN IODINE-DEFICIENT ANAEMIA: IMPLICATIONS FOR IODINE DEFICIENCY ANAEMIA

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Introduction Intravenous (IV) iron is commonly used to treat iron deficiency in patients with severe anaemia or intolerance to oral iron supplements. Ferric carboxymaltose (FCM) is an IV iron known to cause a fall in serum phosphate in up to 70% of patients. Although several isolated patient cases with severe hypophosphataemia-related symptoms post-FCM administration have been published, the clinical significance of this side effect has not been studied in a wider population.

The purpose of this retrospective study was to examine the clinical relevance of IV iron-induced hypophosphataemia in a UK population to inform clinical practice and implement service improvements.

Methods The medical notes of 321 randomly selected patients, who received an FCM infusion at UCLH during the audit period (April 2016–December 2018), were retrospectively examined. After excluding patients without a post-FCM phosphate measurement, the records of 209 patients, who received 224 courses of FCM, were analysed. Of those patients, 162 received FCM as inpatients and 47 as outpatients. A treatment course consisted of one or two infusions depending on the patient’s iron need. If the time interval between two infusions was >4 weeks, each infusion was analysed as a separate course.

Data were separated into two groups depending on whether or not hypophosphataemia (defined as phosphate <0.65 mmol/L) occurred at any time post-FCM.

Results The overall incidence of hypophosphataemia increased from 3.4% at baseline to 27.7% post-FCM. Among the courses reporting hypophosphataemia, 8.1% showed severe hypophosphataemia (defined as phosphate <0.32 mmol/L). IV phosphate was deemed necessary in 24.2% of courses reporting hypophosphataemia, and in 7.4% of courses not reporting hypophosphataemia post-FCM.

A statistically significant drop in the mean phosphate level occurred post-FCM administration. The drop was more substantial in patients with hypophosphataemia post-FCM, where the phosphate level was reduced by ~50% (p<0.001).

Conclusions The incidence of hypophosphataemia following FCM administration was high. Hypophosphataemia was persistent. The incidence of hypophosphataemia at 60 days post-FCM was 40%. Treatment was necessary in 24% of courses reporting hypophosphataemia; an average of 4.4 phosphate infusions were administered per patient. This impacts on the patient and on the utilisation of healthcare resources.

P281 DEDICATED PHYSIOTHERAPY IN INTESTINAL FAILURE IMPROVES PATIENT OUTCOMES AND QUALITY OF LIFE

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Introduction Presurgical IBD patients, specifically for presurgical CD patients.

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Conclusions Across IBD phenotypes and disease activity groups, nutrition status is most depleted in presurgical CD patients. Nevertheless, clinically significant rates of malnutrition also occur during active disease and in remission. This data may help healthcare services prioritise dietetic provision to IBD patients, specifically for presurgical CD patients.
Introduction Patients with Intestinal failure (IF) are at risk of malnourishment and altered body composition particularly at times of acute illness. Loss of muscle mass and poor functional ability are risk factors for deconditioning, extended length of stay and surgical complications. Funding a dedicated physiotherapist for our IF unit was identified as an opportunity to address these risk factors.

Method A full time senior physiotherapist joined the multidisciplinary IF team in June 2019. A prospective service evaluation was undertaken before and after physiotherapy intervention to assess the following outcome measures: hand grip strength (HGS), 6 minute walk test (6MWT), hospital anxiety and depression scale (HADS) and quality of life (using EQ-5D-5L). Physiotherapy intervention included general mobility, strength and balance exercises, exercise bike, weighted exercises and functional tasks (e.g. washing and dressing, walking to shops, brushing teeth, kitchen management).

Results Completed data was collected for 20/28 (71%) IF patients with 45% male and 55% female with a median age of 64 years (range 18 – 80 years). Dominant HGS increased by 44%. 6MWT had a mean improvement of 123 meters (m) with 4 patients who were unable to walk on admission completed between 120 m and 420 m on discharge. HADS showed a reduction in self-perceived depression by a mean of 33% and a decrease in self-perceived anxiety by a mean of 38%. The EQ-5D-5L data demonstrated that the patient’s perception of their mobility had improved or remained the same in 90% of cases whilst their ability to care for themselves also improved or remained the same in 90% of patients. The patients valued their health on admission and discharge using the EQ-5D-5L. The mean value on admission was 52% and on discharge was 70%.

Conclusion Dedicated physiotherapy, as part of a multi-modal approach to managing patients with IF, was associated with improvements in HGS and 6MWT, resulting in improved patient independence. This aided functional ability to self-care, reduced care needs on the ward and improved quality of life. Physiotherapy intervention was also associated with reduced hospital anxiety and depression scores as well as reduced anxiety about managing independently at home following a long hospital stay. The success of this pilot project supports the need for dedicated therapy services to be embedded into multidisciplinary IF teams. There may also be scope for an expanded role particularly in outpatient clinics and community follow up.

REFERENCES

P283 RETROSPECTIVE AUDIT OF MORBIDITY AND MORTALITY FOLLOWING PEG VS RIG INSERTION IN NHS LOTHIAN

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Introduction In the UK approximately 9000 people receive nutrition through home enteral tube feeding and 80% of these people have a gastrostomy. Gastrostomy tubes can be inserted either during an endoscopic procedure (PEG) or by radiological guidance (RIG). Following the NCEPOD report which identified a high mortality rate with PEGs, there has been a move to use gastrostomy tubes in patients only where it is clinically appropriate. RIG insertion is a less invasive procedure, but in many centres PEG is the preferred method. This study was carried out to compare the outcomes of the two procedures in a region where gastrostomy insertion by radiological guidance is the preferred procedure.

Methods A 1-year retrospective audit was performed to establish the morbidity and mortality rate at 30 and 90