patients on PN who have not received NST or dietitian intervention during the period from Mar 2016 – Mar 2017. Energy, protein, and micro-nutrients consumption adequacy were compared between the intervention and control groups. Patients without body weight and nutrition intake records were excluded. Independent t-test and chi-square test were used to compare the variables between both groups. A p-value of <0.05 was considered statistically significant.

Results The patients in the intervention group had a significantly higher energy and protein intake than that of the control group (1279±353kcal versus 934±261kcal; 58±16g versus 43±12g). In terms of nutritional intake adequacy, the percentage of targeted energy and protein requirement achieved is significantly higher in the intervention group (81±21% and 90±28% of their energy and protein requirements respectively), compared to 64±21% and 75±23% in the control group. Adequacy of micronutrient consumption is also significantly higher in the intervention group, 88.6% of patients in the intervention group achieved adequate intake of micronutrients from PN compared to 8.1% of patients in the control group.

Conclusions Nutrition care provided by the NST is promising to ensure the nutrition well-being of hospitalized malnourished patients. This review suggests that NST intervention can improve both macro- and micronutrient intake adequacies in patients on parenteral nutrition support. Further clinical outcomes studies on the benefits of NST are recommended.
stenosis in the future. Pre-endoscopic treatment for AIS has high safety and definite short-term efficacy, which can improve the prognosis and the quality of life of patients. The long-term effect needs to be further followed up.

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**DEVELOPMENT AND VALIDATION OF A NEW ALGORITHM MODEL FOR DIFFERENTIAL DIAGNOSIS BETWEEN CROHN’S DISEASE AND INTESTINAL TUBERCULOSIS**

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**Background** Sometimes it was a great challenge to distinguish Crohn’s disease (CD) and intestinal tuberculosis (ITB); we conducted this study was to identify a simple and useful algorithm for distinguishing them.

**Methods** We retrospectively reviewed the medical history of the patients who were diagnosed as ITB or CD. We firstly identified ITB patients, and then the patients diagnosed with CD were matched by age, sex, and admission time in a 1:1 ratio. Patients who were admitted between May 1, 2013 and April 30, 2019 were regarded as training cohort, and patients admitted between May 1, 2019 and May 1, 2020 were regarded as validation cohort. We used multivariate analysis to identify the potential variables, and then we used R package part to build the classification and regression tree (CART), and validated the newly developed model.

**Results** In total, the training cohort included 84 ITB and 84 CD patients, and the validation cohort included 22 ITB and 22 CD patients. Multivariate analysis showed that positive T-SPOT, ≥4 segments involved, longitudinal ulcer, circular ulcer, and aphthous ulcer, were confirmed as independent discriminating factors. Using these parameters to build the CART model made an overall accuracy rate was 88.64%, with sensitivity, specificity, NPV, and PPV being 90.91%, 86.36%, 90.48%, and 86.96%, respectively.

**Conclusions** We developed a simple and novel algorithm model covering laboratory, imaging, and endoscopy parameters with CART to differentiate ITB and CD with good accuracy.