endoscopy report. We analysed the data by using One-Way ANOVA on SPSS.

Results Total number of hepatology admissions during the study period was 183 patients with 65% (n=119) known to have liver cirrhosis. 74% were male (n=137) of total admissions and only forty-six female patients. Among individuals with liver cirrhosis, twenty-seven patients had Child-Pugh (A) liver cirrhosis with Fifty and forty-two had Child-Pugh (B) and (C) respectively. Admission with decompensated Alcoholic liver Cirrhosis was higher in male patients 69% (n=47) compare to female patients of only 30% (n=21) (p= 0.001). None of the patients had autoimmune or metabolic liver disease as main cause of cirrhosis (p= 0.0001). Oesophageal varices were diagnosed in thirty-one patients (26%) predominantly males (n=22). HCC surveillance with Ultrasound occurred in 85% (n=102) whereas only 73 patients (61.3%) had AFP checked. The ANOVA results suggest the HCC surveillance differs significantly between different stages of liver cirrhosis (Child-Pugh A, B and C) (F3,359 = 6.11, p= 0.003). Male patients had more robust HCC surveillance (M=37.61, SD=23.46, n=13) in comparison to Female patients with liver cirrhosis (M=13.38, SD = 8.60, n = 13). This was statistically significant, t (24) = 2.06, (p= 0.0009).

Conclusion More than two third of Hepatology admissions have liver cirrhosis, however, the study period was during the first COVID-19 wave, yet the adherence to the BSG in HCC surveillance guidelines was achieved in 85% and 61.3% with USS and AFP respectively. Significant improvement is required; hence, we recommend adding checklist and proforma to the patients' record as this may improve our practice.

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P009

BIOLOGIC INDUCED HEPATOTOXICITY IN INFLAMMATORY BOWEL DISEASE (IBD); A SYSTEMATIC REVIEW AND META-ANALYSIS

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10.1136/gutjnl-2021-BASL.18

Introduction Hepatotoxicity and use of biologic drugs have historically been challenging in IBD.¹ We aim to study the prevalence of hepatotoxicity in adult patients using biologic medications.

Methodology With the guidelines described by PRISMA-P, a detailed search strategy for each electronic database were developed based on the one used for PubMed, Medline, and Embase. We include prospective and retrospective RCTs that assessed the efficacy and hepatotoxicity of biologics in IBD patients. Hepatotoxicity was defined as AST and/or ALT >2x upper limit of normal or cholestasis. We used Review Manager 5 (RevMan5) to analyse the data. We calculated the Odds ratio (OR) with a 95% confidence interval (CI). We assessed heterogeneity using the chi2 test and the I2 statistic.

Results We identified 862 records in total. After we had removed duplicates 564 records were left for review. Four

studies did not report on how participants were randomized to treatment groups or how allocation concealment was achieved, we rated these studies at unclear risk of bias for these domains.² All our included trials mentioned adverse effect of biologics on liver which are analysed statistically, and result is summarized in figure 1. They were no presence of any heterogeneity among studies by (Chi2= 2.21, df = 6, P = 0.90, and I2= 0%), when the whole seven studies were involved for analysis. Our meta-analysis was conducted on the fixed effects model, with the (0.770, 95% CI [-0.630, 0.957], and P = 0.02). Hepatotoxicity was not related to any TNF-α antagonist. Thiopurine induced liver injury occurred more frequently within the first months of treatment, 50% of cases within the first 3 months. Although, risk of hepatotoxicity above the third quartile (6-MMPR > 5,300) was 5 times that below the third quartile (11.4%vs 2.3%, P < 0.05).

Conclusion When hepatotoxicity occurred, the treatment was withdrawn in thirty one percent of patients, but an important percentage, forty-four was able to continue full dose of thiopurine once the dose was temporarily adjusted. This group of patients had a dose-dependent hepatotoxicity rather than an immunologic hepatitis.

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P010

END OF LIFE CARE IN PATIENTS WITH CIRRHOSIS: A DISTRICT GENERAL HOSPITAL PERSPECTIVE

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10.1136/gutjnl-2021-BASL.19

End of life care (EOLC) refers to care given to patients with a prognosis of less than one year. Whilst cirrhosis-related death can be unforeseen, it typically concludes a prolonged declining clinical trajectory. Clinical encounters represent key opportunities for EOLC planning in this cohort, yet the limitations of current provision by gastroenterologists are increasingly recognised.¹ We reviewed our practice to identify areas for improvement.

This retrospective cohort study identified patients who died from sequelae of cirrhosis between 1st January 2018–31st December 2019 and had at least one non-terminal cirrhosis-related admission in their last year of life. Electronic records were interrogated for evidence of prognostication assessment, transplant candidacy and gastroenterology input. Discussions regarding end-stage liver disease (ESLD), EOLC and palliative care referral were reviewed.

52 patients were identified for analysis. In their last year of life, patients averaged 1.7 cirrhosis-related admissions and 69.2% had at least one outpatient clinic. 61.5% had no prognostication score documented, including 58.3% (7/12) of Child-Pugh C patients. Interestingly, only 23.6% met >2 poor-prognosis criteria prior to their terminal admission.¹

ESLD was discussed in a quarter of patients in advance of terminal admission, yet EOLC was subsequently broached in only 61.5% (8/13) of these cases. Just 33.3% of Child-Pugh

C patients and 65.3% (17/26) of non-transplantable patients were counselled regarding ESLD. In terms of palliative care provision, 19.2% (10/52) received inpatient palliative care, though 80% of these referrals only occurred during their terminal admission. 62.5% of community palliative care referrals occurred in the context of a Continuing Healthcare Fast Track discharge.

We have highlighted that more needs to be done to resolve the gaps in our patient pathway to ensure ESLD is recognised, patients are counselled appropriately and fitting EOLC is offered. Enhanced EOLC planning in this high-risk group is a priority, as currently palliative care input is mostly limited to a late stage in the patient journey.

Validated prognostication tools can identify those with poorer prognoses yet, without a formal pathway to review this, patients with declining trajectories were not readily recognised. We plan to introduce an inpatient 'discharge bundle' to prompt enhanced follow up of ESLD patients. The goal is to achieve an optimised parallel care model, with earlier EOLC offered alongside ongoing active management in this cohort.

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P011 'FURTHERING THE FIBROSCAN': PROMOTING THE USE OF TRANSIENT ELASTOGRAPHY IN PATIENTS WITH ALCOHOL DEPENDENCE

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10.1136/gutjnl-2021-BASL.20

Early identification of alcohol-related liver disease in patients with alcohol dependence is vital, both to enhance their clinical management and as a potential motivator for abstinence.¹ The current Commissioning for Quality and Innovation (CQUIN) performance target necessitates that at least 20–35% of alcohol-dependent patients are offered referral for transient elastography (Fibroscan) during an overnight admission.² We aimed to assess and optimise our Fibroscan referral rate to ensure we were meeting this CQUIN target in our district general hospital.

Quarterly data from 1st April 2020–31st March 2021 (Q1–4) was retrospectively analysed to determine the Fibroscan

Abstract P011 Figure 1 Run chart data of Fibroscan referral rate in inpatients with alcohol dependence

referral rate for alcohol-dependent inpatients. Those with known fibrosis, cirrhosis or prior Fibroscan within the last year were excluded. Interventions were then implemented via quality improvement methodology PDSA (Plan, Do, Study, Act) cycles. Existing alcohol liaison and Fibroscan referral pathways were simplified in PDSA #1 and #2, whilst PDSA #3 involved promotional educational programmes. Appointment of designated 'nurse champions' is currently underway for PDSA #4.

128 patients met the inclusion criteria for Fibroscan referral. Between Q1 and Q4, the Fibroscan referral rate improved from 16.7% to 46.2% (figure 1). The referral rate for patients admitted via the medical take increased from 19% (4/21) to 55% (11/20). However, for those with simply an overnight admission to the Emergency Department Observation ward before next day discharge, the referral rate increased less markedly from 0% (0/3) to 20% (1/5). Of the patients who underwent Fibroscan, 10.8% (4/37) had a significant finding of bridging fibrosis and were referred to hepatology services.

This project has been a useful tool in highlighting gaps in our assessment of alcohol-related liver disease. We have demonstrated that our existing practice had failed to meet national performance targets, but that simple yet effective interventions have markedly improved Fibroscan referral rates. These are easily reproducible in other trusts, and the implications for both patient care and CQUIN financial payment is clear. Indeed, if current performance is maintained, the trust will receive the maximum £100,000 annual CQUIN payment.² However, there remains scope to continue progressing referral rates, especially in the Emergency Department Observation ward setting, and efforts remain ongoing locally.

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P012 INCIDENCE OF CHRONIC KIDNEY DISEASE IN NORTHERN IRELAND LIVER TRANSPLANT RECIPIENTS- A 10 YEAR RETROSPECTIVE REVIEW

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10.1136/gutjnl-2021-BASL.21

Background and Aims Post-transplant renal dysfunction is one of the most important and common complications experienced by liver transplant (LT) recipients, leading to increased morbidity and mortality. 5-year cumulative incidence of end-stage renal disease (ESRD) is reported as 18%–22%. Risk factors contributing to this include peri-operative events, immunosuppression and metabolic risk factors. There are no specific practice guidelines for chronic kidney disease (CKD) identification and management among LT recipients. Our aim was to review the incidence of CKD, and risk factors for it, in our LT cohort, who are followed up in a single centre in Northern Ireland (NI).

Method An electronic database identified all LT recipients in NI over a 10 year period from 2010–2019. Electronic care