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P014

TREATMENT OF PRIMARY BILIARY CHOLANGITIS (PBC): RETROSPECTIVE REVIEW OF CURRENT THERAPIES IN A DISTRICT GENERAL HOSPITAL

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Introduction We retrospectively reviewed current therapies of patients with Primary Biliary Cholangitis (PBC) at Mid Yorkshire Hospitals NHS Trust (MYHT). MYHT provides hospital services to a population of 530,000.

Methods We undertook a retrospective review of 542 patient records and clinic letters. Information was obtained from electronic patient records and Sunquest ICE system. We included patients who were under outpatient review in both the Hepatology and Gastroenterology services; over a 3 year period from December 2017 to December 2020.

Results 87% (n= 34) of the patient were on ursodeoxycholic acid (UDCA) therapy. Among the patients who were not on UDCA therapy, 75% (n=3) was due to their liver function test being normal and therefore they were undergoing annual monitoring and 25% (n=1) were due to medication side effects (e.g. diarrhoea).

Of the patients on UDCA therapy, 56% (n=19) were on a therapeutic dose (13–15mg/kg/day). 79% (n=27) had achieved a good clinical response; biochemical normalisation in liver function tests (LFTs) with UDCA therapy with the remainder having a suboptimal biochemical response. No patient had been started on Obeticholic acid (OCA); however, 50% (n=4) of patients who have failed or intolerant to UDCA therapy were being considered for OCA therapy. Our audit showed that all patients with diagnosed PBC and abnormal LFTs had been offered and started on UDCA therapy. No patients were on fibrate therapy.

Discussions The standard recommended by the British Society of Gastroenterologists (BSG) is that 90% of patients receive a therapeutic dose of UDCA and documented if tolerant. Therefore, there is still room for improvement in our current practice. It is also essential to ensure diagnosed patients be started on UDCA therapy earlier and to be referred early for OCA therapy if they fail UDCA therapy. Bezafibrate or fibrate therapy should be considered as add-on therapy for

patients with incomplete response or intolerance to UDCA therapy.^{1 2}

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P015

RETROSPECTIVE ANALYSIS OF FOLLOW UP IN PRIMARY BILIARY CHOLANGITIS (PBC) IN A DISTRICT GENERAL HOSPITAL

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Introduction We performed a retrospective audit on improvement needed for follow up among patients with Primary Biliary Cholangitis (PBC) at Mid Yorkshire Hospitals NHS Trust (MYHT) from the perspective of symptom, treatment and follow up in comparison with the recommendation from British Society of Gastroenterology.

Methods Retrospective analysis of patient records and clinic letters. We included patients who are currently having follow up with the Hepatology and or Gastroenterology services and reviewed their medical records for the past 3 years. We will be summarising the improvement needed in follow up to achieve the standards recommended by the British Society of Gastroenterology.

Results With regards to the symptom management, 28% (n=11) complained of itching, but only 4% (n=2) of the 28% have been prescribed first-line agents such as cholestyramine and 28% (n=11) of them has complained of fatigue as a symptom. This was usually attributed to being multifactorial but there was no structured approach in quantifying fatigue and its impact.

In terms of therapy, there was clear documentation on whether Ursodeoxycholic Acid has been started and the reason if it was not or it has been stopped. However, only 56% (n=19) were on the therapeutic dose.

46% (n=18) have not had an up to date bone density scan (DEXA scan) and the reason was not documented in the clinic letter.

The standards recommended by the British Society of Gastroenterology (BSG) involve 90% have the presence/absence of symptoms recorded in the notes and have suggested tools to quantify symptom such as tiredness.¹ It is also recommended that 90% of patients receiving therapy at adequate dose.¹

Discussions All the patient with diagnosed PBC and deranged liver function tests had been offered UDCA therapy and clear documentation when they were not. Improvement is still needed to ensure that patient is on the therapeutic dose of UDCA therapy. Documentation of symptom needed in each review to assess the impact of the disease on quality of life using multi-domain PBC-40 QOL measure¹. To achieve the goals set out by BSG, we have designed and implemented a clinical proforma to be used during clinical follow up with patients. We intend to perform a re-audit in a year time to ensure improvement in care for patients with PBC.

Abstract P014 Table 1

	Number of patients (n=39)
UDCA therapy	
Ongoing	34
Not on treatment	5
Dosage of UDCA therapy	
Therapeutic	19
Subtherapeutic	15