aspects of care that can be optimised to reduce peri-procedure complication and mortality. Our 30-day mortality rate 3% is well below compared to the national level. As a result, we recommend use of traffic light system with unsedated, seated TNE as the method of choice for PEG insertion on high risk MND patients.

PTH-10 SAFETY OF ARTIFICIAL ENTERAL FEEDING IN PATIENTS WITH ACUTE-ON-CHRONIC LIVER FAILURE AND PRESENCE OF VARICES

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Introduction Enteral nutrition through tube feeding forms part of the established treatment for patients with acute on chronic liver failure (ACLF) who are unable to meet their nutritional demands orally. There are concerns among gastroenterologists that nasogastric tube insertion may provoke upper gastrointestinal bleeding in this patient group, and literature in this field is lacking.

Methods We retrospectively identified 69 patients with ACLF admitted to our unit between December 2017 and February 2020 who underwent nasogastric feeding (NG) by comparing dietetic and electronic records. Epidemiology data and complications post NG insertion were collected. Multivariate analysis were calculated and a two-tailed p value of ≤ 0.05 was considered significant.

Results Patients were predominantly male (n=38, 54%), with alcohol related liver cirrhosis (n=54, 78.3%). Varices were known at time of admission in 28 patients. Four patients (5.8%) were considered to have had gastrointestinal bleeding post NG insertion, defined as new melaena (n=1), haematemesis (n=2), or a fall in haemoglobin accompanied by a urea rise (n=1) within 72 hours. There were no differences in rate of bleeding between patients with pre-existing varices and patients without varices (p=0.84). In all cases bleeding was

managed conservatively without endoscopy, and it had no effect on outcomes (transfusion and mortality). Only elevated INR (p=0.04) was associated with bleeding, with an INR <2 showing a trend to significance for decreased relative risk of bleeding (RR 0.38, 95% CI 0.20-0.76, p=0.09).

Conclusions NG tube insertion in patients with ACLF is safe but carries a small risk of gastrointestinal bleeding, associated with progressively deranged clotting parameters. This should be factored into clinical decision making.

Abbreviations UGIB, upper gastrointestinal bleed; NGT, nasogastric tube; BMI, body mass index; INR, international normalized ratio; PLT, platelet count; L, litre

PTH-11 DIETETIC PROVISION FOR ADULTS WITH COELIAC DISEASE IN THE UK

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Introduction Coeliac disease (CD) is estimated to affect 1% of the global population, it is associated with chronic inflammation of the small intestine and malabsorption of nutrients. Dietitians have a key role within the management of CD helping patients to exclude all gluten from their diet. The provision of dietetic service is varied and inequalities of access may be present. The study aimed to provide comprehensive description of the dietetic service provision to adults with CD across the UK.

Methods An online and paper survey was promoted to UK dietitians during 2018/19, before the coronavirus pandemic. Eighty-eight department responses were received. Ethical approval was granted (Reference: LSC 19/258).

Results The majority of departments (60%) offered individual appointments for newly diagnosed adults with CD while 33% departments offered group sessions. The predominant reasons for group sessions was peer support and reduce wait time for dietetic contact. Only 5% of departments offered pre-recorded online content, whilst telephone and online video consultations were not available. Three quarters of dietetic departments

Abstract PTH-10 Table 1 Patients who experienced an UGIB within 72 hours from NGT insertion

	UGIB within 72h	No UGIB within 72h	
n	N=4	N=65	
Age (years)	53.25 $\pm$ 14.6	58.2 $\pm$ 11.6	0.42
Male, n (%)	3 (75)	1 (25)	0.41
Etiology, n (%)			
Alcoholic	2 (50)	52 (80)	0.55
Non-Alcoholic	2 (50)	13 (20)	
Alcohol	43.7 $\pm$ 71.8 (0-150)	69.2 $\pm$ 89.3 (0-300)	0.62
BMI (kg/m ²)	22.6 $\pm$ 4.4 (18-28)	24.1 $\pm$ 6.1 (14-43)	0.69
INR	2.5 $\pm$ 0.5 (1.8-2.8)	2.0 $\pm$ 1.0 (1.0-8.2)	0.04
PLT (x10 ⁹ /L)	113 $\pm$ 62 (59-189)	156 $\pm$ 95 (33-450)	0.43
Varices (%)	2 (50)	26 (40)	0.84

Abstract PTH-11 Table 1

	Individual (in person)	Individual (telephone)	Group session	Other formats*
Type of review appointment offered by dietetic departments	62% n=51	12% n=10	9% n=7	17% n=14
Reason for mode of delivery				
To meet national guidelines	61%	40%	57%	50%
Patient preference	31%	60%	43%	36%
To offer peer support	0	0	100%	0
Reduce wait time	1%	30%	57%	43%
Insufficient dietetic time	2%	20%	57%	43%
Do they include the following as per national guidelines				
Collect height and weight values	88%	80%	29%	65%
Review symptoms	94%	100%	57%	86%
Review coeliac serology	82%	70%	43%	79%
Assess dietary adherence	90%	100%	43%	71%
Discuss long term complications	73%	70%	57%	29%
Review related co-morbidities	59%	70%	0%	21%