absent drug levels were positive for HLA-DQA1*05 with Hazzard Ratio (HR) for development of anti-Infliximab antibodies of 4.54 (95% CI 1.73-11.89) and for antibodies with absent infliximab drug levels 9.86 (95% CI 2.43 -40.01). Higher proportion of HLA-DQA1*05 patients required dose escalation (78% vs 31%, $p=0.001$). After adjusting for age, initial infliximab dose and concomitant immunomodulator use, there was no difference anti TNF persistence in patients with HLA-DQA1*05 variant (HR 2.36, 95% CI 0.89-6.25, $p=0.06$).

Conclusions Determination of HLA-DQA1*05 status may identify patients at higher risk of anti-infliximab antibodies in ulcerative colitis. Early intervention with dose optimisation and concomitant immunomodulation may avoid loss of response and facilitate treatment persistence.

Liver

HWE-1 LONG-TERM OUTCOME FROM ALCOHOLIC HEPATITIS: SURVIVAL, READMISSION RATES AND ATTENDANCE AT OUT-PATIENT CLINICS

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Introduction Alcoholic hepatitis (AH) is recognised for its acute presentation and high short-term mortality. Relatively few studies have looked at the longer term outcome of AH patients, although achievement of abstinence from alcohol is associated with better survival. The aim of this study was to review the long-term outcome of patients with AH and in particular note their subsequent use of medical services.

Methods All patients recruited to the STOPAH trial from hospitals within NHS Greater Glasgow and Clyde (NHS GGC) were assessed. They were recruited between March 2011 and February 2014. Hospital admissions in the 2 years prior to admission were noted and for those who survived their STOPAH admission, subsequent gastroenterology/hepatology out-patient clinic (OPC) and in-patient episodes were recorded. Kaplan-Meier, Spearman's correlation and Odds Ratio analyses were undertaken: results are presented as medians and 95% confidence intervals. Censorship was until 1/10/2020 for survivors.

Results 140 patients were recruited to STOPAH from NHS GGC; with a median follow-up of 667 days (390 -1195) until censorship or death, survival was 22%. 108 (77%) survived their index STOPAH admission. 89 patients with no liver-related admissions in the 2 years prior to their index STOPAH admission had a hospital survival of 73%; the hospital survival of those with previous liver-related admissions was 84% ($p=0.16$). For 106 survivors of the index STOPAH admission for whom information was available, the median follow-up until censorship was 1261 days (823-1883). Their survival was 28%, with 20% survival for those with a prior liver-related admission and 34% for those with no such admission in the preceding 2 years ($p=0.057$). 92% of index admission survivors had a further hospital admission and of these 64% had a liver-related reason for first readmission. Median time to readmission after discharge was 101.5 days (56-161) and median number of subsequent admissions was

Abstract HWE-1 Figure 1

4.5 (4-5). 59% of readmitted patients did so prior to an OPC consultation. There were records of OPC appointments offered to 92 patients (87% of survivors): 79 patients attended at least one OPC appointment, the first being a median of 86 days (68-108) after discharge. The median attendance rate at OPCs was 70% (51-79%). Correspondence from the first OPC after index admission indicated no alcohol use in 56%, continued alcohol use in 24% and no record of alcohol intake in 20%. Those attending $\leq 50\%$ OPC appointments had a lower survival (19%) compared with those attending $>50\%$ (38%; $p=0.02$; Figure 1). There was a correlation between time to first OPC appointment and subsequent attendance rate with those attending sooner after discharge more likely to attend ($\rho = -0.367$; $p=0.0009$).

Conclusions With long-term follow-up, less than a quarter of patients with AH survive. Most patients were readmitted prior to an OPC consultation, but those who did attend $>50\%$ of offered OPCs had a better outcome. Documentation of alcohol use at OPC review was inadequate in a fifth of cases. Prompt and more assertive OPC follow-up might benefit this cohort of patients to improve long-term survival.

HWE-2 RECIDIVISM POST LIVER TRANSPLANTATION: A 7 YEAR FOLLOW UP

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Liver transplantation offers patients with end stage liver disease the prospect of significantly improved mortality and quality of life (Poynard et al., 1999). Alcohol related liver disease (ALD) has become a widely accepted indication for liver transplant, and outcomes compare favourably against transplant for non-alcohol related liver disease (Neuberger et al., 1997). However, concerns exist regarding the risk and implications of alcohol recidivism post-transplant (Neuberger et al., 1998).

The purpose of this study was to assess post-transplant outcomes of all patients transplanted for ALD since the inception of the Scottish Liver Transplant Unit, particularly identifying the rate and risk factors for recidivism within this cohort.

A retrospective case-note review was carried out of all patients transplanted between 1st November 1992 and 31st