Abstract PMO-21 Table 1

	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20
No. of tests with complete prescribing data	66	67	70	66	72	71	45	55	71	56
No. on CI	30	38	36	35	33	33	20	31	35	16
% of tests	45.5%	56.7%	51.4%	53.0%	45.8%	46.5%	44.4%	56.4%	49.3%	28.6%
Thiopurine specifically	24	24	26	24	22	25	17	22	27	14
% of tests	36.4%	35.8%	37.1%	36.4%	30.6%	35.2%	37.8%	40.0%	38.0%	25.0%
Non standard dosing	33	30	37	37	34	39	19	32	43	28
% of tests	50.0%	44.8%	52.9%	56.1%	47.2%	54.9%	42.2%	58.2%	60.6%	50.0%
Proactive TDM	42	50	39	42	43	48	31	34	40	31

Results 639 TDM tests fulfilled the inclusion criteria. Comparing data after March 2020 to data before March 2020; no clear change was observed in the prescribing of CI or thiopurine, or the use of proactive TDM strategies. Early indications may suggest an increase in non-standard dosing after March 2020. This data is expanded in table 1.

Conclusions Our data suggests prescribing practices remain largely static. However July 2020's drop in CI prescribing may be an early indicator of decreased use. The small rise in non-standard dosing may be due to COVID-19 strategies employed to reduce hospital attendances and requires further review. While the nature of our data will not convey the complete COVID-19 impact, it highlights the need for stringent review of post-COVID-19 clinical practices, patient outcomes, and updated clinical guidance as our understanding of the COVID-19 impact on IBD develops.

REFERENCES

- Shields S, et al. Frontline Gastroenterology Published Online First: 30 September 2020. doi: 10.1136/flgastro-2020-101563
- Ungaro RC, et al. Gut Published Online First: 20 October 2020. doi: 10.1136/gutjnl-2020-322539

PMO-22 INVESTIGATING IRON DEFICIENCY ANAEMIA IN THE INFLAMMATORY BOWEL DISEASE POPULATION IN LOTHIAN, SCOTLAND

¹Rachel Walters*, ²Ian Arnott, ^{2,3}Gareth-Rhys Jones. ¹University Of Edinburgh Medical School, Edinburgh, UK; ²Edinburgh IBD Unit, Western General Hospital, Edinburgh, UK; ³Centre for Inflammation Research, The Queen's Medical Research Institute, University of Edinburgh, Edinburgh, UK

10.1136/gutjnl-2021-BSG.161

Introduction Iron deficiency anaemia (IDA) negatively impacts the quality of life of patients with Inflammatory Bowel Disease (IBD) and is commonly undertreated. Many patients with IBD do not attend secondary care and the frequency of IDA in this group is unknown. We aimed to investigate the incidence of anaemia and IDA amongst the Lothian IBD population comparing those known to secondary care (IFU) and those not (NIFU).

Methods The Lothian IBD registry is a rigorously validated prevalent IBD cohort that has been shown to be c95% complete for the ~1 million population of Lothian, Scotland. Data were extracted on prevalent IBD patients for the period 01/01/15 – 31/12/18. Anaemia was defined as a reduced sex-age appropriate haemoglobin and IDA if anaemia with a corresponding ferritin <20mg/dL within 4 weeks was recorded.

Secondary Care follow-up (IFU) was defined by attendance at a secondary care outpatient appointment between 01/01/15 – 31/12/18, with those not categorised not in follow-up (NIFU). Median age was calculated on 01/01/2017; the midpoint of the study. Data were analysed in SPSS, using *Levene's test* ($p>0.05$) to detect equality of variance, followed by an independent sample *t* test ($p<0.05$) or Welch's *t* test ($p<0.05$). Cohen's *d* effect size was also calculated.

Results Of the 7396 prevalent IBD patients, 1289 (17.43%) did not have a full blood count (FBC), equating to 19.58% of total patients IFU (632/3228) and 15.67% of total patients NIFU (657/4168).

2607 (1425 male, 1182 female) of the 6107 patients (42.69%) with at least one FBC were diagnosed with anaemia at least once in the study period. 1394 patients had Ulcerative Colitis (UC), whilst 1107 had Crohn's Disease and 106 had another IBD sub-type. Median age was 55. 1443 (55.35%) were IFU. 1439 of the 3228 patients IFU (44.56%) had at least one episode of anaemia, compared to 1165 of the 4168 NIFU (27.95%).

1466 of the 2607 anaemic patients (56.23%) had a corresponding ferritin, with 926 (63.17%) IFU. 564 (264 male, 300 female) patients with a corresponding ferritin (38.47%) were diagnosed with IDA. 281 patients had UC, whilst 237 had CD and 46 had another IBD sub-type. Median age was 48. 424 (75.18%) were IFU. 424 of the 3228 patients IFU (13.10%) had at least one episode of IDA, compared to 140 of the 4168 NIFU (3.36%).

Conclusions We report that IDA is common in the Lothian IBD population. The frequency is higher in patients IFU, although IDA is still present in those NIFU; indicative of ongoing active IBD. Assessment of IDA remains inadequate. As a result, IDA amongst the IBD population in Lothian is likely underestimated and further work should be performed to identify patients that are living with undetected IDA.

PMO-23 TREATMENT PERSISTENCE RATES WITH TOFACITINIB IN A REAL-WORLD COHORT OF ANTI-TNF REFRACTORY ULCERATIVE COLITIS PATIENTS

¹Thomas Conley*, ¹James Colclough, ²Eleanor Liu, ¹Violeta Razanskaitė, ¹William Jakobek, ²Jimmy Limdi, ¹Paul Flanagan, ¹Sreedhar Subramanian. ¹Liverpool University Hospitals NHS Foundation Trust, Liverpool, UK; ²Pennine Acute Hospitals NHS Trust, Manchester, BL97TD

10.1136/gutjnl-2021-BSG.162

Introduction Tofacitinib is a pan-Janus kinase (JAK) inhibitor that is approved for the treatment of both biologic naïve and