

REFERENCE

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THREE YEAR FOLLOW-UP EVALUATION OF THE MANAGEMENT OF PRIMARY BILIARY CHOLANGITIS IN ANEURIN BEVAN UNIVERSITY HEALTH BOARD

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Introduction In May 2017, a service evaluation of the management of primary biliary cholangitis in Aneurin Bevan University Health Board was performed. The evaluation identified three groups of patients: 1) non-responders to optimal ursodeoxycholic acid (UDCA), 2) patients on sub-optimal UDCA (<15 mg/kg) with persistent alkaline phosphatase (ALP) elevation and 3) patients intolerant of UDCA with persistent ALP elevation. This follow-up evaluation in January 2020 reviews how these patients have been managed since and whether their disease has progressed.

Methods Of 112 patients evaluated in 2017, 30 were identified for review of their management. 11, 15, and 4 patients were in groups 1, 2, and 3 respectively.

Clinical letters, weight, medications, and liver biochemistry results of these 30 patients were reviewed again in January 2020. Treatment response to UDCA was assessed using the Toronto criteria (ALP of >1.67 the upper limit of normal). Optimal UDCA therapy was considered to be ≥ 15 mg/kg based on most recent patient weight available.

Results

UDCA-non-responders (n=11)

3 did not have information available since 2017; 1 since deceased and 2 did not attend follow-up. Of the 8 reviewed 5 now have an ALP <1.67 ULN within the last 12 months. 1 is now on OCA but still has an elevated ALP. 1 has only recently been contacted and started on UDCA. 1 is on an optimal dose of UDCA with an elevated ALP, they could be eligible for OCA. Median UDCA dose was 14.6 mg/kg (12.2–19.3). Median ALP was 187 (96–283).

Sub-optimal UDCA patients (n=15)

2 did not have information available since 2017, both deceased. Of the 13 reviewed, 8 had an ALP <1.67 ULN (all within the last 12 months except 1). 5 still had an elevated

ALP. 2 need an increased dose of UDCA to ≥ 15 mg/kg. 2 have been unable to tolerate increased doses of UDCA and could be eligible for OCA. 1 is now on optimal UDCA but still has an elevated ALP and could be suitable for OCA. Median UDCA dose was 13.7 mg/kg (7.3 – 17.9). Median ALP was 200 (8–380).

Patients intolerant to UDCA (n=4)

2 patients have since died, and 1 was discharged due to old age and frailty. 1 patient would be eligible for OCA if pruritus resolves.

Discussion Of the 22 patients that were reviewed, 13 now have an ALP <1.67 ULN, 3 need UDCA optimisation, 1 patient is on OCA and 5 further patients could be suitable for OCA.

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FACTORS ASSOCIATED WITH HBSAG-POSITIVE STATUS IN PRIMARY CARE IN ENGLAND: DATA FROM THE OXFORD-ROYAL COLLEGE OF GENERAL PRACTITIONERS RESEARCH (RCGP) AND SURVEILLANCE CENTRE (RSC) NETWORK

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Introduction Mapping the epidemiology of HBV infection informs effective control policies. We report the characteristics of the primary care population with recorded HBsAg-positive status across England.

Methods We retrieved records from people aged ≤ 80 years held by the RCGP RSC, which collects data from >500 GP practices throughout England. Factors associated with a recorded HBsAg positive result were explored by multivariable logistic regression analysis among all patients recorded in the database between Jan 2008 and Jul 2019.

Results Among 6,975,119 patients, 8,065 (0.12%) had a recorded HBsAg positive status. HBsAg-positive people had a median age of 44 years (IQR 37–54) and 48% were females. Ethnicity comprised 31% white, 25% Asian, 24% black, and 20% mixed/other. Regional breakdown comprised 46% London, 22% South of England, 19% North of England, and

Abstract P6 Table 1 Results of literature review and analysis

Paper no.	First author	Year	No. biopsy readings	Average NIA kappa score	Average fibrosis kappa score
1	Goldin, R.	1996	100	0.31	0.76
2	Bedossa, P.	1994	300	0.33	0.78
3	Rammeh, S.	2014	118	0.35	0.86
4	McElroy, M.K.	2011	60	0.57	-
5	Benlloch, S.	2009	122	-	0.75
6	Petz, D.	2003	200	0.29	0.81
7	Westin, J.	1999	285	0.28	0.37
8	Baris, Y.S.	1997	180	0.19	0.31
<i>Analysis of all papers</i>					
Range of NIA kappa scores		0.19-0.57	Range of fibrosis kappa scores		0.31-0.86
Mean NIA kappa score		0.33	Mean fibrosis kappa score		0.66
Weighted mean NIA kappa score		0.30	Weighted mean fibrosis kappa score		0.63