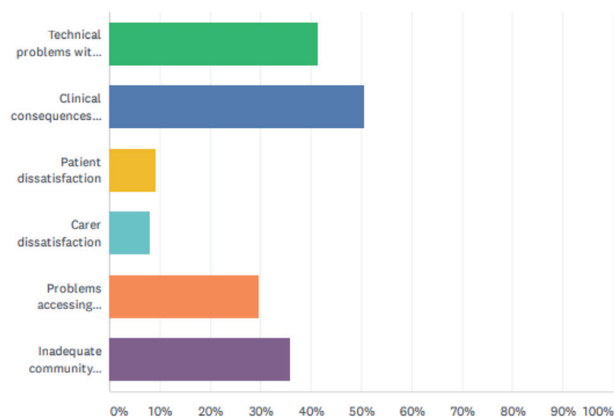

Abstract P169 Figure 1 Problems reported by respondents (n=162) during use of LTAD in advanced cirrhosis

Results The survey was completed by 210 respondents over 16 weeks with 99% completion rates for all questions with quantitative endpoints. Respondents included Hepatologists (36.8%,) specialist nurses (24.4%,) gastroenterologists (16.3%) and trainees (15.3%.) Ninety-six percent of respondents looked after patients with RA and 70% had experience of using LTAD. All respondents had access to large volume paracentesis, 86.1% to TIPSS, 67% to LTAD and 6% to the Alpha pump. The commonest deterrent to use of LTAD was infection risk (90%), followed by community management of LTAD in these complex patients (56.5%). Patient/carer dissatisfaction (as reported by clinicians) did not seem to be a major cause of concern. Figure 1 summarises the complications reported by respondents during use of LTAD.

Additional themes emerged which included: lack of clear guidance on use of LTAD in advanced cirrhosis, the role (if any) of human albumin solution, monitoring of renal function and funding.

Conclusions This national survey of clinicians managing RA in the setting of advanced cirrhosis shows that the majority would be willing to consider LTAD, the main deterrent being infection risk. Additional concerns identified were: lack of training, funding concerns and absence of clear guidelines on community management of LTAD. Our survey highlights the need for a robustly designed randomised controlled trial to assess palliative interventions for the management of RA in advanced cirrhosis.

REFERENCE

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P170 ALCOHOL DETOXIFICATION: WHAT FEATURES PREDICT LONG TERM ABSTINENCE? A PROSPECTIVE QUESTIONNAIRE STUDY

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Introduction Alcohol detoxification management requires improvement. This study aimed at identifying patient characteristics associated with better outcomes. The West Midlands Poisons Unit (WMPU) approach has been chosen as the gold standard by NHS England for alcohol detoxification.[1]

Methods Patients undergoing a hospital-based alcohol detoxification programme with WMPU were given a 14-question pre and post detoxification questionnaire called the Alcohol Dependence Consequences Questionnaire (ACDQ) which quantifies quality of life. Patient characteristics, alcohol intake, mental health assessment, Clinical Institute Withdrawal Assessment for Alcohol (CIWA) score, requirement for benzodiazepines, liver function tests and length of stay were also recorded. Follow up was until relapse or abstinence for more than 1 year.

Results 35 patients (24 males) were admitted between September 2017 and February 2019. 33 patients were admitted electively and 2 patients on an emergency basis. The median age of admitted patients was 47 years (range 29–61), with a median weekly alcohol intake of 150 units (62–315). The median pre-detoxification median ACDQ score was 26 (range 15–58) and post-detoxification 54 (range 25–69). All patients had an improvement in ACDQ scores, with a median improvement of 27 (range 6–48). 24 patients relapsed following a median abstinence period of 3 months (range 1–12 months). 11 were abstinent for a period greater than one year.

Using the Spearman-Rank Order Correlation statistical test there was a trend to increased rates of abstinence > 1 year ($p=0.078$) with more recent year of detoxification (more recent patients did better) and in those with lower Gamma Glutamyltransferase on liver function tests ($p=0.898$).

Younger patients had the poorest ADCQ score pre-detoxification but had the best improvement ($p=0.005$) post detoxification. However, there was no relation between improved ACDQ score with abstinence rates ($p=0.28$). There was a trend for patients with higher CIWA scores to benefit less ($p=0.06$).

Conclusions Recent changes, including the expansion of the WMPU team and increased specificity of outpatient appointments, have improved outcomes with patients increasingly likely to maintain abstinence following detoxification. Younger patients benefitted most in terms of improved quality of life. Targeted, resource-specific approaches are required to improve long-term abstinence rates.

P171 IMPROVED OUTCOMES POST ORTHOTOPIC LIVER TRANSPLANT, THE IRISH EXPERIENCE

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Introduction Orthotopic liver transplant (OLT) is a life -saving intervention for patients with both acute and chronic liver failure. OLT was first performed in St Vincent's University Hospital, Dublin in 1993.

Since 1993 there have been significant developments to improve prognostication in chronic liver disease, as well as advances in critical care and multidisciplinary approach to management. Our aim was to study our outcomes from 1994 to 2013 inclusive to see if these changes had resulted in improved five year survival outcomes.

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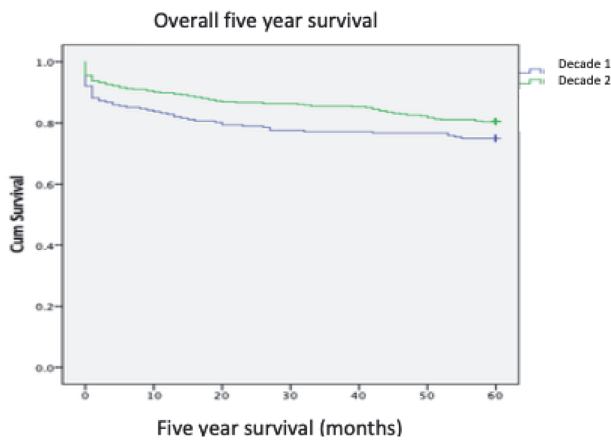

Abstract P171 Figure 1

Methods Data was obtained from the National Liver Transplant Registry and analysed using SPSS. Patients were divided into decade one (01/01/1994–31/12/2003) and decade two (01/01/2004–31/12/2013). Each patient was followed up for five years. Primary outcome was survival at five years.

We also created a subgroup analysis of emergency OLT and studied outcomes within this.

Results 704 transplants in total were performed over twenty years, 228 in the first decade and 476 in the second. We saw a trend towards improved survival outcome in the second decade [p 0.034] as five year survival increased from 74% to 81%, shown on Kaplan Meier curve below.

We found that we are performing more transplants for emergency indications than previously. Our numbers transplanted for acute liver failure increased from 40 in decade 1 to 53 in decade 2. Paracetamol overdose (POD) has become our commonest indication for emergency OLT [p0.004]. The five year survival for POD OLT has improved [p 0.005] from 17% to 83%.

Conclusions We have seen increases in the numbers of patients transplanted.

Long term survival following liver transplantation improved in Ireland 1994–2013. These improvements may be due to careful screening of prospective patients for comorbidities during OLT workup, and close monitoring post operatively for evidence of adverse effects of immunosuppression such as the metabolic syndrome, chronic kidney disease, and de novo malignancy.

Our outcomes in transplants for POD are significantly improving, this is most likely due to our increasing experience in terms of numbers transplanted, as shown in this study.

Overall across all indications for OLT our unit has shown an improvement in our five year survival and we are fully in line with international standards both in terms of numbers transplanted and outcomes (Annual report on Liver Transplantation 2016/2017. NHS Blood and Transplant).

P172 IDENTIFICATION OF PATIENTS WITH UNDIAGNOSED PRIMARY BILIARY CHOLANGITIS WITHIN CARDIFF AND VALE UNIVERSITY HEALTH BOARD

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Introduction Primary biliary cholangitis (PBC) is a chronic cholestatic liver disease that can eventually lead to liver cirrhosis and liver failure. Treatment with therapeutic doses of ursodeoxycholic acid (UDCA) improves liver related outcomes in majority of cases. Second line treatment options are also now available for those not responding to UDCA. The aim of this review is to identify patients with yet undiagnosed PBC in the Cardiff and Vale (CAV) population of 496,313 people with a positive anti-mitochondrial antibody (AMA) and cholestatic liver biochemistry, who are not under hepatology follow-up.

Methods Patients with a positive AMA titre (≥1:40) performed in CAV since 2001 were identified from local biochemistry records. Clinical portal results were used to identify AMA positive patients with an elevated alkaline phosphatase (ALP) or *gamma-glutamyl transferase (GGT) as likely having PBC. Engagement with hepatology/gastroenterology services was assessed via electronically available clinic letters and appointments recorded since 2001. Hepatology clinic review will be arranged for patients not under follow-up.*

Results 647 patients with a positive AMA titre were identified. 124 of these patients, who are alive, also had a recorded elevated ALP/GGT, thus likely having PBC. 36 (29%) patients were not under specialist follow-up. Male to female ratio in this sub-cohort was 1:2.5 with a median age of 63 years (23–94). Median highest ALP recorded was 241 u/L (157–694). 5 patients were being treated with UDCA initiated in primary care with a mean dose of 700 mg OD (not known if on optimum dose).

Conclusions Liver antibodies are routinely checked as part of an autoimmune screen. This study has found a potential cohort of people with probable PBC who are not known to hepatology services and may be at risk of progressive liver disease. These patients will be invited to clinic to accurately stage their disease and optimise medical management. The British Society of Gastroenterology strongly recommends lifelong follow-up for PBC patients. We would encourage other hepatology services to identify undiagnosed PBC patients using this approach, who would benefit from effective medical treatment.

P173 EXPLORATION OF THE USE OF URINARY VOLATILE ORGANIC COMPOUNDS IN COMPARISON TO ALPHA FETOPROTEIN

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Introduction Alpha fetoprotein (AFP) is no longer recommended by for routine use in hepatocellular carcinoma (HCC) surveillance. On the other hand, the analysis of volatile organic compounds (VOCs) is emerging in medical diagnostics for variety of diseases. VOCs are organic chemicals that can evaporate from liquid to gases. VOCs emerge from the cell membranes, following cellular damage, then find their way into the systemic circulation and finally excreted in the urine. Detection of urinary VOCs is of low cost (≤ £30/sample). We compared AFP to chemical signatures of the urinary VOCs in HCC patients.

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