



**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/carers 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

1. Macken, et al. *Trials* (2018) 19:401

P170

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

<sup>1</sup>Daniel Andreyev\*, <sup>2</sup>Arlene Copland, <sup>2</sup>Sally Bradberry, <sup>2</sup>Muhammad Elamin. <sup>1</sup>School Of Medical and Dental Sciences, University of Birmingham, London, UK; <sup>2</sup>West Midlands Poisons Unit, City Hospital, Sandwell and West Birmingham Hospitals NHS Trust, Birmingham, UK

10.1136/gutjnl-2020-bsgcampus.245

**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.<sup>1</sup>

**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

Paul Richard Armstrong\*, Ross Mac Nicholas, DD Houlihan. *National Liver Transplant Unit, St. Vincent's University Hospital, Dublin, Ireland*

10.1136/gutjnl-2020-bsgcampus.246

**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.