Abstract P192 Table 1

Subject Characteristics	Baseline (n=30)	Post-VLCD (n=27)	P-Value
Age (years)	56 ± 12		
Sex (n) male/female	18/12		
Time since NAFLD Diagnosis	28.4 ± 31.7		
(months):	13.5 (1–113)		
Mean			
Median (range)			
Anthropometry			
Weight (kg)	119 ± 25	104 ± 21	0.000**
BMI (kg/m^2)	42 ± 8	37 ± 8	0.000**
Body fat (%)	45 ± 6.9	40 ± 9.1	0.001**
Blood pressure: Systolic (mmHg)	144 ± 15	133 ± 14	0.003**
Diastolic (mmHg)	86 ± 11	81 ± 9	0.018*
Blood samples			
Total cholesterol (mmol/L)	4.3 ± 0.9	4.3 ± 1.1	0.652
Triglycerides (mmol/L)	2.1 ± 1.8	2.0 ± 1.4	0.156
HDL (mmol/L)	1.2 ± 0.3	1.6 ± 1.9	0.270
AST (IU/L)	35 ± 18	25 ± 9	0.004**
ALT (IU/L)	47 ± 30	31 ± 16	0.003**
GGT (IU/L)	82 ± 74	52 ± 72	0.000**
Fasting glucose (mmol/L)	7.5 ± 2.3	6.1 ± 1.1	0.002**
Hba1c (mmol/mol)	50 ± 13	42 ± 9	0.000**
Insulin (pmol/L)	135 ± 85	92 ± 91	0.018*
Fibroscan			
Stiffness (KPa)	13.0 ± 6.6	8.0 ± 2.9	0.022*
IQR (KPa)	3.5 ± 3.0	2.5 ± 2.8	0.183
Non-invasive scores			
FIB-4	1.5 ± 1.0	1.2 ± 0.7	0.206
QRISK2	15.6 ± 14.2	11.9 ± 9.8	0.030*

Values are means (SD).
*significant difference Baseline vs. Post-VLCD ($p < 0.05$); **significant difference ($p < 0.01$)

willing to undertake the strict dietary intervention and significant improvements in liver, metabolic and cardiac health were observed.

P193 PATIENTS WITH HEPATITIS C ARE AT HIGH RISK OF CARDIOVASCULAR EVENTS

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Background Chronic hepatitis C virus infection (CHC) is a risk factor for cardiovascular (CV) disease. Despite this, many clinicians focus on managing the hepatic complications of CHC and CV risk factors may not be assessed. Our aim was to examine the prevalence of CV risk factors in a cohort of CHC patients to determine the proportion of individuals at high risk of CV events and whether this risk was actively managed.

Methods Patients with CHC (untreated or cured) were recruited prospectively from viral hepatitis clinics. Data was collected on CV risk factors, lifestyle behaviours, anthropometry, and body composition. QRISK3, a validated tool to predict 10-year risk of CV events, was calculated.

Results 100 patients were recruited (67% male, 93% white, median age 52 years [range 24–80], 71% treated HCV, 34% advanced fibrosis/cirrhosis). Overall, the mean BMI was 28±6 kg/m2, 14% had type 2 diabetes, 61% had hypertension and 30% had the metabolic syndrome (ATPIII criteria). The median fat mass was 29% [7–45] for males and 39% [12–54] for females. 79% had a history of smoking and 52% were current smokers (UK average 15%). 9% of patients had diagnosed CV disease. Overall, the median 10-year CV event risk was 8.3% (0.3–63%). 45% had a predicted 10-year CV event risk of >10%, of which all were aged over 45 years. Despite presenting with a CV event risk indicative of statin treatment, only 10% of these individuals were treated with lipid lowering drugs and 27% treated with antihypertensives. Overall, 92% had a predicted 'heart age' greater than their actual age (median difference +7 [-4 to +26] years). There was no significant difference between predicted 'heart age' and actual age for treated CHC and those with active CHC (p=0.92)

Conclusions A large proportion of individuals with CHC attending secondary care clinics have a high risk of CV events and present with a range of comorbidities. In order to improve the holistic management of these patients, regular assessment of CV risk should be undertaken, particularly in those over 45 years. CV risk factors (smoking, BP, dyslipidaemia and diabetes) should be actively managed.

P194 THE BURDEN OF HEPATITIS D INFECTION IN EAST LONDON

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Introduction Hepatitis D virus (HDV) only infects patients with pre-existing hepatitis B. It is commonly found in Eastern Europe, Middle East, Africa and South America. Barts Health NHS Trust is one of the largest NHS trust in the UK and consists mainly of The Royal London, St Bartholomew's, Whipps Cross, Newham and Mile End hospital. It serves 2.6 million population in a large part of cosmopolitan East London area where HDV could be more prevalent due to its mobile population. We conducted a retrospective study to evaluate the burden of hepatitis D in our trust with an aim to improve our service delivery and care.

Methods All patients who had positive hepatitis B surface antigen (HBsAg) and those who were tested for anti HDV serology (total IgG and IgM) were identified from Virology department database. Newly diagnosed hepatitis B patients were screened from the above data and matched with HDV results. Data were then collected from electronic health records.

Results Two thousand and one hundred eight cases were identified in the one-year period from 1st October 2017–30th September 2018. After removing duplicates, previous diagnosis and incomplete data, there are confirmed 927 new diagnosis of hepatitis B. Of them, only 328 (35%) had anti HDV serology performed. Of them, 20 (6.1%) are anti HDV serology positive. Out of these 20 cases, 5 (25%) have HDV DNA >640 copies/ml, i.e. PCR positive. Overall, only 5 of 328