66 yrs) died during their admission, 2 of whom had an OGD for GIB prior to death but neither was on a DOAC. The remaining 4142 patients (2677 M, mean age 63.8 yrs; 1465 F, mean age 67.5 yrs) were on the following at discharge: monotherapy Aspirin (A) 556, Clopidogrel (C) 190, Ticagrelor (T) 0, R 83, Ap 12, E 3; warfarin therapy 59.

dual therapy A+C/T/DOAC 1573; triple therapy (A+C/T +DOAC) 35

C + (A/DOAC/T)- 508; triple therapy (C+A/T+DOAC) 28

T + (A/DOAC/C)- 1089; triple therapy (T+A/C + DOAC) 6

There were 449 gastroscopies (11%) done during the study period and for 6 months thereafter. The indications were: GIB – 68 (15%) (46M mean age 62, 23F, mean age 66), anaemia 215 (48%), dyspepsia 157 (35%).

Out of 68 patients with suspected GIB, there were 3 cases of active bleeding at the time of the OGD – X1 DU (on A), X1 Mallory Weiss tear, X1 duodenitis (both on A+T). There was 1 oesophagitis without active bleeding and the remaining 64 OGDs did not show any abnormality. There were no cases of acute GIB in patients on DOACs in this cohort.

Including the 2 patients who had a GIB and died (mortality 0.05%), there were in total 5 cases of acute GIB at the time of OGD (0.12% severe GIB risk).

Conclusion Allowing for the retrospective nature of the study, the short follow up for some patients and the lack of information on the concurrent use of PPIs, our real world study shows a very low GIB risk for cardiology patients on antiplatelets ± DOACs (0.12%). The mortality in this cardiology cohort was also very low. This compares well with the published 1% risk for GIB for patients on DOACs for all other indications.[2] Our results are therefore very reassuring.

REFERENCES

1. Holster, *et al*. *Gastroenterology*. 2013; **145**: 105–112.e15
2. Gu, *et al*. CGH 2019 DOI: https://doi.org/10.1016/j.cgh.2019.05.056

P51 A VALIDATED PATIENT REPORTED EXPERIENCE MEASURE FOR GASTROINTESTINAL ENDOSCOPY: THE NEWCASTLE ENDOPREM™

[1,2]Laura J Neilson*, [3]Joanne Patterson, [4]Christian von Wagner, [5]Paul Hewitson, [6]Lesley McGregor, [2]Linda Sharp*, [1,2]Colin J Rees*. *[1]South Tyneside and Sunderland NHS Foundation Trust; [2]Newcastle University; [3]University of Liverpool; [4]University College London; [5]University of Oxford; [6]University of Stirling; [*]Joint Senior Authors*

10.1136/gutjnl-2020-bsgcampus.126

Introduction Gastrointestinal (GI) endoscopy and computed tomography colonography (CTC) are crucial diagnostic and therapeutic procedures. Measuring patient experience of GI procedures allows evaluation of quality of patient care, identification of areas requiring improvement and, hence, helps optimise patient outcomes.[1]Patient Reported Experience Measures (PREMs) should be patient-derived, however, current measures are clinician derived.[2] This study used the patient's perspective to develop a PREM for GI procedures. #

Methods The study comprised four phases. Phase 1: –qualitative semi-structured interviews with patients who had recently undergone endoscopy/CTC. Thematic analysis identified important aspects of experience, and determined whether these were similar, or differed, across GI modalities. Phase 2: A draft PREM was developed from the phase 1 analysis and refined by the study team. Further refinement was undertaken in rounds of cognitive interviews with patients. Phase 3: The pilot PREM was prospectively administered, for self-completion, to patients following a GI procedure at four sites in North East England. The psychometric properties of the PREM were investigated. Phase 4: Review and revision.

Results Phase 1: Six themes were identified from 35 patient interviews: anxiety, expectations, information & communication, embarrassment & dignity, choice &control and comfort. These were seen for colonoscopy, OGD and CTC. Phase 2: Themes were structured by procedural stage (before the procedure, at the hospital, during the procedure, after the procedure). The draft PREM was refined iteratively during five rounds of cognitive interviews with 15 patients. Phase 3: Between October 2017 and September 2018 the pilot PREM was prospectively administered, for self-completion, to 1650 patients. The response rate was 48.4% (n=799). The instrument had good psychometric properties and was found to contain 7 subscales. Phase 4: Redundant questions were removed, some wording was refined, and the questionnaire finalised. The final instrument includes 54 questions.

Conclusions The Newcastle ENDOPREM™ assesses all aspects of the GI procedure experience. It will be used for measuring patient experience in clinical practice and within endoscopy trials. The PREM is now undergoing international validation.

REFERENCES

1. Rees CJ, *et al*. BSG position statement on patient experience of GI endoscopy. *Gut* 2019; DOI: 10.1136/gutjnl-2019-319027
2. Brown S, *et al*. Patient-derived measures of GI endoscopy: a meta-narrative review of the literature. *Gastrointest Endosc* 2015;**81**(5):1130–40

P52 MEASURING PATIENT EXPERIENCE OF GI ENDOSCOPY: PSYCHOMETRIC PROPERTIES OF THE NEWCASTLE ENDOPREM™

[1,2]Laura J Neilson*, [3]Joanne Patterson, [4]Christian von Wagner, [5]Paul Hewitson, [6]Lesley McGregor, [2]Linda Sharp*, [1,2]Colin J Rees*. *[1]South Tyneside and Sunderland NHS Foundation Trust; [2]Newcastle University; [3]University of Liverpool; [4]University College London; [5]University of Oxford; [6]University of Stirling; [*]Joint Senior Authors*

10.1136/gutjnl-2020-bsgcampus.127

Introduction Gastrointestinal (GI) endoscopy and computed tomography colonoscopy (CTC) are widely performed investigations of the GI tract. Patient experience affects future uptake, attendance for surveillance and correlates with outcomes.[1] Current measures of experience are clinician and nurse-derived.[2] The Newcastle ENDOPREM™ was developed using a rigorous systematic process based on qualitative patient interviews.[3] This study aimed to investigate the psychometric properties of the instrument.

Methods Patients aged ≥18 years, undergoing oesophagogastroduodenoscopy (OGD), colonoscopy or CTC at four sites in North East England were prospectively asked to complete the PREM. Using IBM®SPSS® 24, we examined response rates and patterns, missing values, floor and ceiling effects and item-total correlations. Exploratory factor analysis (EFA) was conducted using principal components analysis. Reliability of factors was assessed using Cronbach's α.

Results 799 questionnaires were returned from Oct 2017 – Sept 2018 (response rate 48.4%). Respondents were aged 18–95 years (mean 65.3, SD 12.6), 43.3% were male and 41.1% had undergone OGD, 43.3% colonoscopy and 14.4% CTC. 24 of the 59 questions had a ceiling effect (>40% choosing