social, economic and health implications of excessive alcohol consumption. 51% stated that reading this leaflet would alter their alcohol consumption, with 92% stating they would pass the leaflet on to friends and family. 60% of people described the information as very easy to understand. 89% reported that the drink calculator was helpful in calculating their weekly alcohol consumption.

Conclusion Patient information leaflets play a vital role in patient education and altering health behaviours.

Our leaflet appears to convey the relevant information well and will allow for effective education, together with behaviour modification and may assist in the management of patients with alcohol related liver disease.

Larger prospective surveys are required to assess the impact of such leaflets and how they influence the long term management of such patients.

We propose an electronic campaign in the form of an information leaflet for the dessimantion of information which would be cost effective, efficient and can be distributed reaching a wider population.

Disclosure of Interest None Declared.

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PTH-130 FACILITATION OF BLOOD DONATION AMONGST HAEMOCHROMATOSIS PATIENTS: A UK PILOT

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Introduction The standard medical therapy for haemochromatosis is removal of iron by regular phlebotomy[1]. Current EASL guidelines recommend that blood taken from uncomplicated haemochromatosis patients should be made available through national blood transfusion services[1]. However, this practise varies widely across Europe and is often hindered by administrative difficulties. Here, we aim to describe a pilot facilitating the process of blood donation amongst haemochromatosis patients in the UK.

Methods A dedicated haemochromatosis clinic was established. At this clinic, patients with uncomplicated haemochromatosis interested in becoming blood donors were offered a simple information leaflet. One page provided information about eligibility; the second formed a self-referral application to be countersigned by the responsible physician. Upon receipt of referral, patients were contacted by members of the local Blood Service. Data on clinical characteristics including genotype, alcohol consumption, BMI, co-morbidities and previous blood donation was collected.

Results Patients attending (n = 101) since the introduction of this service (Aug 2011) are included. The median age was 57 (22–82) and the majority 70 (69%) were male. Most (89%) were C282Y homozygotes; the remainder were H63D/C282Y compound heterozygotes. The majority (91%) had uncomplicated haemochromatosis; however many were ineligible for blood donation by virtue of age (20%), co-morbidity (17%), or induction therapy (15%). Prior to the introduction of this service, there were 3 regular blood donors. Since the introduction of this service, of those potentially eligible (n = 40) 23 (58%) showed interest in blood donation, 20 (50%) applied, 17 (43%) are eligible and have registered. In total, there are now 13 regular blood donors, including 10 new who have donated 27 pints of blood (median 2[1–6]).

Conclusion There is an interest and willingness to donate blood through NHS Blood and Transplant amongst uncomplicated haemochromatosis patients undergoing therapeutic phlebotomy. Since the introduction of this facilitation process, we have significantly increased the number of regular blood donors amongst this cohort. If this process was undertaken nationally or more widely across Europe, this could have a significant impact on the availability of this precious resource.

Disclosure of Interest None Declared.

REFERENCE

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PTH-131 FIRST YEAR RESULTS FROM A VIRTUAL IRON DEFICIENCY ANAEMIA SERVICE AT A DISTRICT GENERAL HOSPITAL

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Introduction Iron deficiency anaemia (IDA) has a prevalence of up to 5% in adult men and post-menopausal women, and is a common cause of referral to gastroenterologists. Important and common causes of IDA to exclude include coeliac disease (5%), gastric carcinoma (5%) and colonic carcinoma (5–10%). Despite this, IDA is not an indication for fast track referral at our institution. Recently the British Society of Gastroenterology (BSG) published guidelines for the investigation of IDA suggesting that all patients need oesophagogastroduodenoscopy (OGD), colonoscopy or computerised tomography (CT), urinalysis, and coeliac serology or duodenal biopsy. By establishing a virtual IDA clinic we aimed to ensure that our patients received these investigations within 4 weeks, without unnecessary follow up in a formal clinic.

Methods All requests for investigation of IDA are vetted by a band 7 nurse, investigations arranged and the results followed up with consultant support. A prospective database is maintained, and we report our first year results. Fisher's exact test was used to compare the prevalence of cancer in this group to all fast track cases referred for endoscopy at our institution over the same period.

Results 467 patients were referred with IDA: 189 male, mean age 71. 100% received an OGD and 96% received either a colonoscopy (81%) or CT (15%). Mean waiting times from initial referral were 24 days to OGD, 32 days to colonoscopy, and 52 days to CT. 54% had documented urinalysis results, but all patients' GPs were sent a letter advising urinalysis. 98% were investigated for coeliac disease, with serology (2%), duodenal biopsy (57%), or both (39%). Carcinoma was diagnosed in 9.2% (1.5% upper gastrointestinal carcinoma (n = 7), 7% colonic carcinoma (n = 31), and 1% other malignancy (renal tract (n = 3), lung (n = 1), and pancreatic (n = 1))). Coeliac disease was diagnosed in 3%. A potential cause for IDA was found in 35% of patients. Notably, there was a higher prevalence of carcinoma in the IDA group (9.2%) than in the fast-track endoscopy group (6.6%), however this was not statistically significant (p = 0.08).

Conclusion The virtual IDA service at this district general hospital meets the audit standards recommended by the BSG (> 90% screened for coeliac disease and > 90% receiving both upper and lower GI investigation). There was no significant difference in the prevalence of cancer in IDA patients compared to patients referred for fast-track endoscopy. In view of the high cancer detection rate we plan to investigate all IDA patients within 2 weeks, and recommend that other centres consider doing the same.

Disclosure of Interest None Declared.

REFERENCE

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