

managing physicians. This could lead to a missed opportunity to reduce symptoms and improve quality of life in patients with a simple intervention. A referral to the dietician was shown to benefit these patients.

Disclosure of interest None Declared.

PWE-207 PREDICTORS OF SURVIVAL FOLLOWING PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE

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Introduction Percutaneous transhepatic cholangiography and biliary drainage (PTC) is an effective therapeutic intervention in the management of benign and malignant biliary tract disease. As predictors of outcome following PTC are not well established, we sought to investigate outcomes after PTC and identify patients most at risk of complications.

Method We performed a retrospective analysis of patients undergoing PTC between January 2012 and January 2014.

Results 78 patients underwent 128 procedures. 85% of procedures were undertaken for malignant disease, of those, 50% were for palliative management only. Overall 30 day mortality was 21.8%. Multivariate analysis showed pre procedure serum albumin and development of acute kidney injury (AKI) post procedure to be significant independent predictors of mortality ($p < 0.05$). AKI following PTC dramatically reduced median survival (11 days vs 114 days with no AKI, log rank $p < 0.05$) and was associated with advancing age and higher pre procedure serum creatinine ($p < 0.05$). Sepsis following PTC occurred in 61% but did not affect overall survival.

Conclusion AKI following PTC is associated with increased mortality and patients at risk can be predicted by age and pre PTC creatinine. Identification of patients at risk, optimisation of renal function pre procedure and careful peri procedural management of fluid balance may help improve outcomes following PTC.

Disclosure of interest None Declared.

PWE-208 HOW COMMON IS PANCREATIC EXOCRINE INSUFFICIENCY IN PRIMARY CARE?

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Introduction The prevalence of chronic pancreatitis in post mortem studies is between 6–12%. We previously studied over 1800 all-comers to secondary care gastroenterology and found 14.4% had low faecal elastase-1 (FEL-1) suggestive of exocrine pancreatic insufficiency (EPI). We sought to investigate if there were similar rates in primary care.

Method A retrospective analysis of primary care patients tested for EPI between 2009–13 was performed. FEL-1 <200 was considered abnormal. Demographics, indication, co-morbidities and response to Creon were noted. Patients were excluded if the test originated in secondary care. Pancreatic imaging results were noted. Logistic regression helped determine if co morbidity or

symptom could predict EPI. Comparisons were made with the secondary care cohort.

Results 168 primary care patients and 1887 secondary care patients were identified. The mean age in primary care was 59.74 (SD 16.26, 98 female) cf secondary care mean age 51.60 (SD 16.91, 1144 female) $p < 0.0001$. The most frequent indications to test in primary care were diarrhoea (60.1% 101/168), weight loss (14.9% 25/168) and abdominal pain (13.1% 22/168). In secondary care the most common indications were diarrhoea (68.4% 1252/1887), abdominal pain (20.0% 378/1887) and weight loss (6.6% 125/1887).

The overall prevalence of EPI in primary care was 20.2% (FEL-1 <200) and 11.9% (FEL <100). In secondary care the overall prevalence of EPI was 14.4% (FEL-1 <200) and 8.6% (FEL-1 <100). In primary care patients with weight loss, abdominal pain and diarrhoea the rates of FEL-1 <200 were 28.0% (7/25), 18.2% (4/22) and 16.8% (17/101) respectively.

79.4% (27/34) of primary care patients with FEL-1 <200 had abdominal imaging (CT/MRI/USS); pancreatic pathology was detected in 59.6% (16/27). 86.8% of secondary care patients with FEL-1 <200 had imaging; 38.1% (90/236) had pathology ($p = 0.04$).

Weight loss and steatorrhoea were significantly associated with FEL-1 <200 using binary logistic regression ($p < 0.05$). Diabetes mellitus, coeliac disease and excess alcohol consumption were strongly associated with pancreatic insufficiency ($p < 0.05$).

76.5% (26/34) patients had documented pancreatic enzyme supplementation, of which 80.7% (21/26) reported symptomatic relief. 7.7% reported no benefit and 11.5% were unable to tell.

Conclusion This is the first primary care study reporting a prevalence of exocrine pancreatic insufficiency (20.2%). Primary care physicians are correctly identifying patients for testing presenting with weight loss and steatorrhoea, as well as considering the associations of diabetes, coeliac disease and excess alcohol. Imaging and symptomatic benefit (from Creon) supports their diagnosis in almost 60% and 80% respectively.

Disclosure of interest None Declared.

PWE-209 ORAI INHIBITION PREVENTS CYTOSOLIC CA²⁺ OVERLOAD AND ACUTE PANCREATITIS

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Introduction Cytosolic calcium overload triggers pancreatic acinar injury induced by pancreatitis toxins. Sustained Ca²⁺ elevation depends on Ca²⁺ entry through store-operated Ca²⁺ entry (SOCE) channel Orai1, but the role of which in experimental acute pancreatitis (EAP) and human pancreatic acinar cell injury has not been determined.

Method Confocal and patch clamp technology were used to examine the effects of GSK-7975A and CM_128, inhibitors of SOCE channel Orai1 on bile acid-, histamine-, thapsigargin-, or cyclopiazonic acid-induced calcium entry into murine and human pancreatic acinar as well as human Orai1/STIM1-transfected HEK 293 cells. The effects of GSK-7975A and CM_128

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