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1. BSG abstract

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Title: UK qualitative focus group study investigating current provision of care for people with Microscopic colitis

Introduction: Microscopic colitis (MC) is a common cause of chronic, non-bloody watery diarrhoea that impacts health-related quality of life. No UK guidelines currently exist for MC. This has a potential negative sequelae to patients as misdiagnoses and use of inappropriate treatments have been reported. This study examines UK provision of care for MC patients, with the ambition of developing a consensus document to support health care professionals in the future.

Methods: This qualitative study involved four focus groups, and was conducted between March and December 2018. It involved a total of 27 expert participants (IBD-specialist nurses (n=8), gastroenterologists (n=7), general practitioners (n=5), colorectal surgeons (n=2), pharmacists (n=2), a histopathologist (n=1) and clinical commissioners (n=2). All participants were given pre-session information. Facilitated discussion was then undertaken between experts on key topic areas, and culminated in key themes being identified, which were then further analysed.

Results: The following themes were identified to influence patient care and outcomes: 1) Awareness. A lack of awareness particularly in primary care, and perceptions that MC is less common than conventional inflammatory bowel diseases were felt to be factors influencing diagnosis and management. 2) Symptom overlap with IBS. As symptomatology for both MC and IBS are similar, the expert group felt referrals to secondary care are likely to be restricted, leading to increased GP visits, enhanced use of over the counter medications, and diminished quality of life. 3) Faecal calprotectin (FC). The expert group felt referral practice from primary care was too reliant on FC as a discriminator, as active MC can have FC levels below the conventional referral thresholds. 4) Biopsies. The expert group identified that the diagnosis of MC may be missed as endoscopists neglect to take colonic biopsies, either through a lack of awareness, or determined by time and cost restrictions. 5) Treatment. This theme demonstrated significant variations in clinical practice, with an array of therapeutic interventions used to manage MC. Clinicians frequently lacked awareness of MC treatments and were not aware that budesonide is the only established treatment, as evidenced in randomised-controlled trials.

Conclusions: This is the first study to examine service provision for MC in the UK. Key themes have been identified through expert opinion, demonstrating why optimal diagnosis and management of MC has been difficult to operationalise in the UK. These findings will be used to develop a consensus document that has benefits to healthcare professionals and patients.