

# IMPROVING COMPLIANCE TO DEXA SCANNING IN IBD POPULATION ACCORDING TO BSG GUIDELINES IN MORRISTON HOSPITAL, SWANSEA

Tayyab, Sarmad; Elizabeth, Rual; Mithun, Nagari  
Swansea Bay University Health Board

## 1- Introduction & Aim

Individuals with inflammatory bowel disease (IBD) have an increased risk of osteoporosis compared to the general population. Bone disease is attributed to vitamin D deficiency, steroid use, and/or systemic inflammation and deficits in bone mass can persist despite absence of symptoms of active IBD. Osteoclastogenic function of multiple cytokines have been documented. Screening, monitoring and treatment for osteoporosis and low bone mineral density is recommended and has shown to reduce associated risks. A large percentage of IBD patients at risk for osteoporosis did not have appropriate bone mass density testing and there is only one similar previous project found on literature review. We aim to improve return rate of DEXA scanning in IBD population by at least 20% according to BSG guidelines criteria.

## 2- Methodology

Retrospective data collected over the last 12 months (September 2020 to September 2021) from IBD follow up clinics through screening of clinic letters. Inclusions criteria was set according to BSG guidelines (3 indications of DEXA scanning).

## 3- Results

### Pre-intervention data:

A total of 450 medical records from IBD follow up clinics were screened. DEXA scan was indicated in 115 (25%) of those patients due to one or more reasons. DEXA scan was requested in 17% (20/115) patients while it wasn't requested in 83% (95/115) patients

### Interventions:

- 1- Educating stakeholders (Junior doctors, IBD CNSs, Consultants) done through teaching session
- 2- Introduction of clinic proforma for IBD follow up patients after collaboration with 2 other centres in Wales.
- 3- Patient empowerment through pre-clinic self-screening checklist completion (Possible future intervention when PROMs are in place)

### Post-intervention:

Prospective data was collected over a 3-month period following interventions. We managed to improve compliance of DEXA scanning according to BSG from 17% to 63%. We aim to repeat another PDSA cycle in July 2022 to see if any further improvement can be made.

## 4- Conclusion

Compliance to BSG guidance for requesting DEXA scanning in high risk IBD patients is suboptimal. We have standardised the IBD follow up clinic practice by introducing a proforma according to BSG guidance. This has shown improved compliance and subsequently better care for IBD population in Swansea Bay Health Board.