never been performed in the Netherlands. Therefore, the objective of this study was to investigate whether there is a difference in the levels of stress, anxiety and depression between Dutch IBD and IBS patients.

**Methods:** In this cross-sectional study, levels of anxiety, depression and stress of IBD patients with IBD (N=65) or IBS (N=33) were measured with the Hospital Anxiety and Depression Scale (HADS) and the Perceived Stress Scale (PSS). Multiple linear regression models were used to investigate the differences in levels of anxiety, depression and stress between IBD and IBS taking into account confounding variables and characteristics.

**Results:** The scores for HADS-anxiety, HADS-depression (square root) and PSS were 2.1 (CI = 1.4-2.8; p<0.000), 0.3 (CI = 0.2-0.6; p<0.000) and 2.8 (CI = 1.4-4.3; p<0.000) higher in those with IBS compared to IBD respectively. After adjustments for the confounding variables gender, actual complaints, (sexual) abuse and major life events, only a statistically significantly higher HADS-anxiety score was seen in IBS compared to IBD.

**Conclusions:** In this study, IBS patients have higher levels of stress, depression and anxiety compared to IBD patients, which is the result of differences in characteristics between these two groups. Additionally, the higher level of anxiety seems to be influenced by IBS itself. Treatment with emphasis on stress, depression and anxiety relief may improve the quality of life in these patients.

**P036 CLINICAL STATUS, PSYCHOSOCIAL IMPAIRMENTS, PROVIDED HEALTH CARE SERVICES AND COST OF MEDICATION FOR INFLAMMATORY BOWEL DISEASE (IBD) IN GERMANY: AN ONLINE IBD-REGISTRY**

B. Bokemeyer 1, D. Hüppe 1, P. Hartmann 1, M. Düffelmeier 1, T. Kugmann 1, J. Weissmüller 1, C. Schmidt 1, M. Hoffstadt 2, H. Raspe 2, A. Prezler 3, T. Mittendorf 4, S. Conrad 5, Gastroenterology Practice Minden, Minden, Germany; 6Gastroenterology Practice Herne, Herne, Germany; 7Gastroenterology Practice Bonn, Bonn, Germany; 8Gastroenterology Practice Iserlohn, Iserlohn, Germany; 9Institute for Social Medicine, University of Lübeck, Lübeck, Germany; 10Health Care Research Institute, Leibniz University of Hannover, Hannover, Germany

**Introduction:** Data concerning the treatment reality in patients with ulcerative colitis (UC) and Crohn disease (CD) are limited in Germany as well as internationally. Aim of this cross-sectional study was to establish an online IBD-registry to give a first picture of outpatient treatment.

**Methods:** Between 03/2006-07/2007 1,033 IBD-outpatients (UC: 518, CD: 511, CI: 2) from 24 gastroenterology specialist practices and 2 hospitals were enrolled in the internet based online study to evaluate the outpatient clinical status, psychosocial impairment, provided health care services, as well as medical treatment with a focus on cost of medication. The cost of prescribed medication was assessed via official remuneration schemes. The study was supported by the federal German "Competence Network in IBD" and by the "Association of German Outpatient Gastroenterologists (bmg)"

**Results:** Mean disease duration of all patients was 11 years with a mean age of 43 years. Out of 518 UC-patients (Pancolitis: 27%; male 49%) 66.6% and of all cases. 41% of the CD-patients were active smokers. 64.9% of UC- and CD-patients were in 8.4% and UC-patients in 2.8% on infliximab. The mean annual cost (only) of medications was 2,948 €. Mean disease duration of all patients was 11 years with a mean age of 43 years. Out of 518 UC-patients (Pancolitis: 27%; male 49%) 66.6% and 43.2% of CD-patients were on oral 5-ASA. Immunosuppressive therapy, mostly ciclosporin A, was used in 4.3% of UC-patients and 6 weeks); responding patients received scheduled maintenance therapy (5 mg/kg q8 weeks) and steroids were gradually tapered off. Patients who did not improve or deteriorated after the first infusion of IFX proceeded to colectomy. Responding patients were followed in the outpatient clinic after being discharged from the hospital with monthly visits. At each visit, clinical assessment and laboratory tests were performed. A short IBD-questionnaire on quality of life (QoL) was completed every 6 months. After two years patients underwent total colonoscopy with biopsies; endoscopic grading was assessed using the endoscopic component of the Mayo Clinic-Disease Activity Index (DAl) and the Crohn’s Disease Endoscopic Index of Severity (CDEIS), respectively; histology was assessed according to D’Haens et al (Gastroenterology 1998;114:262).

**Results:** 85 consecutive patients were included in a one-year study [35 males, age 35 (17-55) (median, range). The final diagnosis was irritable bowel syndrome (IBS) in 45 patients, CD in 30, microscopic colitis in 3, pseudomembranous colitis in 3, and NSAIDs enteropathy in 4. The sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) of FC in the differentiation of chronic non bloody diarrhea is depicted in the table as percentage with 95% CI.

<table>
<thead>
<tr>
<th>Disease/FC</th>
<th>Sensitivity</th>
<th>Specificity</th>
<th>PPV</th>
<th>NPV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organic vs IBS</td>
<td>95.0 (90-98)</td>
<td>93.3 (88-98)</td>
<td>92.7 (87-98)</td>
<td>95.4 (91-98)</td>
</tr>
<tr>
<td>CD vs IBS</td>
<td>97.0 (95-99)</td>
<td>93.0 (89-97)</td>
<td>92.0 (88-96)</td>
<td>97.6 (95-99)</td>
</tr>
</tbody>
</table>

There was a stronger correlation between FC and CDEIS than between CRP and CDEIS in CD. However, FC was positive even in clinically and endoscopically mild organic colitides where serum CRP was normal. Conclusion: PreventID® CalDetect office test allows rapid and reliable differentiation between organic and functional diarrhea and may be used for selecting patients for further extensive laboratory and endoscopic evaluation.

**P038 AN OPEN-LABEL TRIAL OF INFlixIMAB FOR INDUCING AND maintaining CLINICAL AND ENDOSCOPIC REMISSION IN PATIENTS WITH ACUTE, SEVERE ULCERATIVE COLITIS**

G. J. Mantzaris 1, A. Roussos 1, S. Koliakou 2, A. Christidou 1, N. Vlazis 2, N. Apostolou 1, E. Grivas 1, K. Kanellopoulou 1, K. Papamichail 1, G. Agalos 1, I. Kalafatas 1, D. Karamanolis 2, 1A Gastroenterology Clinic, Evangelismos Hospital, Athens, Greece; 2B Gastroenterology Clinic, Evangelismos Hospital, Athens, Greece

**Background:** Infliximab (IFX) may induce and maintain remission of moderate-to-severe ulcerative colitis (UC). It may also benefit patients with a severe exacerbation. Aim: To assess the short- and long-term outcome of patients with acute, severe UC receiving IFX rescue therapy.

**Methods:** Patients aged 18 to 67 years with an acute, severe UC (according to Truelove & Witts criteria) who consented to receive IFX therapy after failing to respond to the classical IV steroid regimen for 3-10 days were enrolled in a prospective, two-year study. Patients received IFX induction (5 mg/kg at 0, 2 and 6 weeks); responding patients received scheduled maintenance therapy (5 mg/kg q8 weeks) and steroids were gradually tapered off. Patients who did not improve or deteriorated after the first infusion of IFX proceeded to colectomy. Responding patients were followed in the outpatient clinic after being discharged from the hospital with monthly visits. At each visit, clinical assessment and laboratory tests were performed. A short IBD-questionnaire on quality of life (QoL) was completed every 6 months. After two years patients underwent total colonoscopy with biopsies; endoscopic grading was assessed using the endoscopic component of the Mayo Clinic-Disease Activity Index (DAI).

**Results:** Between January and December 2005, 15 patients fulfilling the entry criteria were treated with IFX [8 males, median age 45 (range 23-57) years. Eleven patients had severe and 3 had moderately severe UC. Median disease duration was 2.0 (0.5-3) years. Two patients were smokers and 4 had at least one extra-intestinal manifestation. Three patients showed no response after the first infusion of IFX and underwent colectomy. Twelve patients (80%) showed a satisfactory response and achieved full clinical remission of UC off steroids. However, ten patients (66.7%) completed the trial. Two patients were withdrawn for a severe flare soon after the induction therapy which led to emergency colectomy, and a severe allergic reaction to IFX at the end of the 1st year, respectively. Two patients developed flares of UC which was...