PO82 INTESTINAL TOXICITY OF MESSALAZINE: FICTION OR REALITY?

J. E. Baars1, Z. Zelinkova1, P. B. F. Mensink1, T. Markus1, E. J. Kuipers1, C. J. van der Woude1, E. Erasmus MC, Rotterdam, The Netherlands; 2Dutch patients’ association of Crohn’s disease and Ulcerative Colitis (CCUVN), Breukelen, The Netherlands

Background and aim: Previous studies demonstrated that inflammatory bowel disease (IBD) is related to a decrease in quality of life but there are no data available on its subsequent impact on the patients’ disease-related behavior. It is presumable that the disease-related decreased quality of life may result in a decreased patients’ compliance, disturbed relationship with the physician and absence of appropriate fight or flight behavior, which in turn diminishes the chances on therapeutic success and amelioration of quality of life. The aim of this study was to assess the disease-related behavior of IBD patients with a decreased quality of life.

Methods: This patient empowerment study has been performed in collaboration with the Dutch patients’ association of Crohn’s disease and Ulcerative Colitis (CCUVN). Patients were asked to complete anonymously an online, patient-based questionnaire, which was created by a working group of the CCUVN. The questionnaire comprised questions concerning the disease, the impact of the disease and limitations they experience as a consequence of this disease. Statistical analysis was performed using chi-square tests.

Results: In total 1067 patients completed the questionnaire, 617 (57.6%) Crohn’s Disease (CD), 450 (42.4%) ulcerative colitis (UC), 46.8% had ≤8 yrs duration of disease, the majority of patients was female (66.5%) and the mean age was 43 yrs (SD 13.97). 531 patients (49.8%) responded to have a decreased quality of life.

Regarding patients’ disease-related behavior: patients with a decreased quality of life more often try to relax and to avoid stress and anxiousness (p=0.007). A decreased quality of life influences patients’ experience of their ability to do the activities they would like to do in life (p=0.01). The disease is limiting patients in both professional aspects of life, like work (31.4%) and school (12.9%), as well as in family aspects (26.7%), eating (33.6%) and social activities like going out (34%), holidays (38%) and playing sports (37.7%). Therapy adherence is not influenced by a worse quality of life (p=0.244), although use of medication and adverse side effects itself were in fact associated with a worse quality of life (p<0.01). A decrease in quality of life does not disturb the relationship with the treating physician (p=0.676).

Conclusions: In this large patient empowerment study patients do show avoidance behavior as a consequence of a decreased quality of life, but not as complete avoidance as expected. Surprisingly, therapy adherence and relationship with the physician are not influenced by the decreased quality of life.
classified as A1 (below 16 years), 72% as A2 (below 40 years) and 21% as A3 (above 40 years). Thirty five percent were classified as L1 (ileal), 3% as L2, 18% as L3 (ileocolon), 0.5% as L3a, and 1% as L4 (isolated upper disease). B1 behaviour (non-stricturing, non-penetrating) was found in 41%; B1p (perianal disease modifying) in 25%; B2 (stricturing) in 23%; B2p in 23%; B3 (penetrating) in 16% and B3p in 16%. A1 was predominately L3 (A1-53%, A2-42%, A3-4%), in terms of location, and A3 was mainly L2 (A1-14%, A2-19%, A3-23%) (p < 0.001). Most of L2 (colon) patients were B1 (77%, p < 0.001). In a multivariate analysis, A1 (adds ratio 2.5, 95% confidence interval 1.6-4.1 for steroid intake and 2.6; C1 1.6 - 4.2; for immunosuppression) and A2 (1.6; C1 1.3 - 2.0, for steroid intake and 1.5; C1 1.6-2.1 for immunosuppression) were independently associated with steroid intake at least once during the any given year and were mutually exclusive. Patients L3-L34 was associated with steroid intake (1.8; C1 1.4-2.2) and immunosuppression (1.8; C1 1.4 - 2.3). B2 + B2p patients were independently associated with steroids intake. The groups related to bdominal surgery are: B2-B2p (10.5; C1 7.6 - 14.5), B3-B3p (9.4; C1 6.2 - 14.3), patients with abdominal abscesses (3.7; C1 2.3 - 5.8), abdominal fistulas (2.5; C1 1.6 - 3.9) and steroid resistance (5.3; C1 2.7-10.3). In contrast, L2-L2p group (0.6; C0.5-0.8) and patients who had taken at least once steroids (0.5; C0.3-0.7) were negatively associated with abdominal surgery.

Conclusions: In Portuguese patients it was possible to identify different phenotypes with different requirement of steroids, immunosuppressors and surgeries.

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PROSPECTIVE SCHEDULED MAGNETIC RESONANCE IMAGING (MRI) TO GUIDE PERINEAL CROHN'S FISTULA TREATMENT WITH INFlixIMAB, ADALUMAB AND THALIDOMIDE

C.C. Ng1, S. Plamondon1, A. Swatton1, A. Gupta2, M.A. Kamm1. 1Dept. of Gastroenterology, St Mark's Hospital, London, United Kingdom; 2Dept. of Radiology, St Mark's Hospital, London, United Kingdom

Introduction: Anti-tumour necrosis factor (TNF)-alpha therapies are effective in treating perineal fistulising Crohn's disease. We prospectively evaluated the efficacy of infliximab, adalimumab and thalidomide in the treatment of perineal fistulising Crohn's disease, and assessed the value of MRI to determine deep healing and influence duration of treatment.

Aims and methods: Infliximab naïve patients received infliximab, while patients who had previously failed infliximab received adalimumab or thalidomide. Clinical fistula evaluation was performed at baseline and each 8 weeks. MRI was performed at baseline and weeks 34 and 52. Clinical healing, MRI assessment of fistula track healing, Crohn's disease Activity Index (CDAI), and Perianal Crohn's Disease Activity Index (PCDAI) were prospectively assessed.

Results: 34 patients with perianal fistulas (29 anorectal and 5 analvaginal; median fistulas-2) were included. Median follow-up to date was 44 weeks (range 22-93). 19 patients had been previously treated with 5-ASA. 17 of these patients had had thalidomide. 30 patients had concurrent luminal disease. Concurrent thiopurine was used in 17 of 19 infliximab, 1 of 7 adalimumab, and 3 of 8 thalidomide-treated patients. Adalimumab-treated patients had previously failed infliximab; 4 lost response, 2 anaphylaxis, 1 death. At week 22, response (~5% reduction draining fistulas) and complete fistula closure, respectively, was seen in 16 (84%) and 11 (58%) of 19 infliximab-treated patients, 4 (57%) and 1 (14%) of 7 adalimumab-treated patients, and 4 (50%) and 1 (13%) of 8 thalidomide-treated patients. Three patients on thalidomide stopped treatment at week 2 due to side effects. At week 34, 19 patients had a repeat MRI. 15 patients with clinical response, MRI showed complete healing in 4, improvement in 8 and unchanged in 3 patients. Of 4 patients without clinical response, MRI showed improvement in 1 and unchanged in 3. At week 52, of 13 patients who had had a repeat MRI, fistulas remained healed in the same 4 patients who had healed at week 34, further improvement in 5, and unchanged in 4 patients, compared with MRI at week 34. Mean PCDAI reduced from 9 at baseline to 4 at last follow-up. Mean CDAI reduced from 257 at baseline to 152 at last follow-up (p < 0.05).

Conclusion: Anti-TNF therapy is highly effective in treating perineal Crohn's fistulas. Limited preliminary data suggest that MRI may indicate when treatment can cease. In keeping with previous findings in luminal disease, in fistulising disease the use of a second antibody is proportionally less effective than the first. Fistula tracks are slower to resolve than clinical remission. Prolonged treatment is often required to achieve internal track resolution.