factors that could have influence on development of these symptoms.

Methods: We performed a study in which we only included CD patients older than 18 years with at least 6 months in remission. CD remission was defined by a Crohn’s disease Activity Index (CDAI) <150 points together with a C-reactive protein <5mg/l. A demographic questionnaire that included age, gender, level of studies, marital status and smoking habits was performed. All patients were clinical stratified by years of disease, location and behaviour of the disease according to the Montreal Classification, perianal disease, extraintestinal manifestations, previous bowel resection and if had previously developed steroid-dependency or steroid-resistance. The different treatments which patients maintained remission was also evaluated. Hospital Anxiety and Depression scale (HAD) was performed in all patients. Results are shown in percentages and analyzed by logistic regression, results of p < 0.05 were considered as statically significant.

Results: 92 consecutive patients were included; (48 male and 44 female), mean age 37 years, range from 18 to 71). 1 (1%) patient failed to respond correctly to the questionnaire. 36 (39%) of patients presented anxiety symptoms and 22 (24%) presented depression symptoms. Patients who maintained remission with infliximab (IFX) presented fewer anxiety symptoms than those who maintained remission with non-biologic therapies (p = 0.04), probably for having to go to the Hospital every 8 weeks despite being well. Patients with previous bowel resections (p < 0.01) and ileal location (p = 0.02) presented more depressive symptoms. Patients who maintained remission with IFX had a lower risk of presenting depressive symptoms (p = 0.02) than those received non-biologic therapies, probably because those patients previously stayed worse and had experimented a more spectacular improvement.

Conclusions: Despite staying in clinical remission, an important number of CD patients present anxiety or depressive symptoms. Patients with a previous bowel resection tend to have more depressive symptoms.

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Epidemiology of inflammatory bowel diseases in northwestern Greece for the years 1981–2007

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Aim: The estimation of Inflammatory Bowel Diseases (IBD) epidemiology in Northwestern Greece (Perfectures of Ioannina, Thesprotia, Preveza, Arta, Corfu, Lefkada) for the years 1981–2007.

Methods: Northwestern Greece (NW) has 6 Hospitals and 18 Registrars in Gastroenterology. An epidemiologic questionnaire was filled for each patient with IBD.

Results: 910 patients (558 men, 352 women) with IBD [654 patients with ulcerative colitis (UC) and 154 patients with Crohn’s disease (CD)] along with 102 patients with unspecified colitis (USC), were examined. The highest frequency of IBD patients was detected from the prefectures of Ioannina and Corfu. 11 deaths (1.2%) and 7 cases (0.7%) with total colectomy were reported. The UC/CD ratio was 4.2/1. Ages between 40–60 years showed the highest prevalence in IBD. The most common distribution in UC was: left colitis 67.3%, total colitis 17.2%, proctitis 15.3%. In CD, respectively: terminal ileitis 40.3%, terminal ileitis and large bowel 35.8%, only large bowel 23.9%. 24 patients with dysplasia (2.63%) and 20 patients with neoplasia (2.2%) were also detected. From the latter, 7 had intestinal neoplasia (1 patient with 2 cancers) and 13 extraintestinal.

Conclusions: The increase of IBD incidence in NW Greece can be attributed to the high rate of all IBD types (CD, UC, USC), in combination with the low mortality. The gap between UC-CD is continuously lowering and male sex predominates. Left colitis predominates in UC and involvement of terminal ileum is most common in CD.

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Genetic association between Crohn’s disease and a marker located in the region of claudin 2 implicates the intestinal barrier as a primary risk factor in a Swedish population

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Background and Aim: It is well recognised that patients with inflammatory bowel disease (IBD) display an increase in intestinal permeability. It remains, however, a matter of debate if an impaired mucosal barrier may constitute a genetically determined predisposing factor for disease development, or is a consequence of the ongoing inflammation. Tight junctions, with claudins as prominent constituents, are vital structures that limit the epithelial paracellular permeability. We investigated a possible role of three claudin genes (CLDN1, CLDN2 and CLDN4) in the etiology of IBD.

Material and Methods: Genetic association was investigated using both a case-control approach on Swedish subjects (at least 259 controls, and cases were randomly selected, one individual per family and disease subgroup, from 191 Swedish IBD families) and in a family-based study on a large collection of European IBD-families (n = 655).

Results: Significant associations were obtained between Crohn’s disease (CD) and a SNP marker located in the genetic region of CLDN2 (case-control allelic OR = 1.82, 95% 1.09–3.05, p = 0.021; family-based allelic OR = 1.53, 95% 1.05–2.25, p = 0.025). Based on previously reported observations, that NOD2 gene variants appear to be less important as susceptibility factors for CD in persons of Swedish or Fenno-Scandinavian origin, and the observed association in the Swedish case-control study, we stratified the European