associated with deficient B12 concentrations. Only CD activity was significant association with folate deficiency (OR 3.1; CI 95% 1.1–9.8; p = 0.03).

Conclusions: A significant proportion of patients with CD suffer from B12 vitamin a and/or folate deficiency, and associated anaemia. These findings reinforce the attitude of monitoring these vitamins in the regular blood tests that are performed on patients. Patients with higher risk of deficiency of one or these vitamins are those with active disease, as well as those with ileal involvement (only for vitamin B12 deficiency).

P106
Prevalence of alterations of bone mineral density in new-onset inflammatory bowel disease and associated risk factors
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Introduction: The incidence of alterations of the bone mineral density (ABMD) in patients with inflammatory bowel disease (IBD) is variable due to the heterogeneity of different series.

Aims: To evaluate the prevalence of ABMD in new-onset IBD and to identify associated risk factors.

Patients and Methods: All IBD patients from whom a densitometry in first 12 months from diagnosis was available were identified. Data about risk factors of osteoporosis (either in general population or specific of IBD) were obtained from clinical records or for telephonick recall.

Results: 103 patients (52 Crohn’s disease, 51 ulcerative colitis), 52% women, median of age 34 years (IQR: 23–42), 53% smokers, were included. Activity of IBD at diagnosis was moderate or severe in 70% of patients. At the time of bone densitometry, 52% of them were on steroids (for a median of 20 days).

No patient received biologic agents. 8% of patients usually did not eat dairy products and 83% made regular physical exercise. Only 3 patients were postmenopausal and 12% of women were taken contraceptives. Prevalence of ABMD was 37% (33% osteopenia and 4% osteoporosis). History of pregnancy, BMI, serum albumin, lack of physical exercise and age were associated with ABMD in the univariate analysis. However, only low albumin levels, age, lack of physical exercise were independent factors associated with ABMD in the multivariate analysis.

Conclusions: A third of patients with IBD show ABMD at the onset of the illness. Like in general population, the age is major factor to develop ABMD.

P107
Complications and clinical outcome in chronic pouchitis patients treated with long-term antibiotic therapy
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Introduction: About 5% of restorative proctocolectomy patients suffer from chronic pouchitis. The BSG guidelines recommend maintenance therapy with antibiotics or the probiotic VSL#3. Many patients do not achieve endoscopic remission following antibiotics. VSL#3 has been shown to be effective in those who achieve clinical and endoscopic remission following antibiotic treatment but further experience has been disappointing with less than 20% of patients able to maintain remission. Therefore many patients with chronic pouchitis require antibiotic maintenance therapy. We report our experience.

Method: Patients treated with antibiotic maintenance therapy were identified from the Hospital pouch database. Data including stool testing, functional outcome, side effects and Cleveland global quality of life score (CGQOL) were analysed.

Results: 24 patients (16 (67%) males) treated for a mean of 15.7 months were identified. 7 (29%) had previously failed treatment with VSL#3 and 11 (46%) did not enter endoscopic remission and therefore were ineligible for this treatment. At follow-up mean 24hr stool frequency was 7 (range 4–11), mean clinical PDAI was 0 (range 0–1) and CGQOL score was 0.7 (range 0.5–1.0). Side effects included vaginal thrush (n = 1) and occasional nausea (n = 1). All patients reported improved QOL since starting maintenance treatment. Six (25%) patients developed antibiotic resistance during follow-up but treatment with rotating antibiotics was successful in all cases. No patient developed C. difficile infection.

Conclusion: Antibiotic maintenance therapy is safe, well tolerated and efficacious even in those who fail or are eligible for VSL#3. It results in improved quality of life and function. Antibiotic resistance can be managed with rotating antibiotics.

P108
Long term study for evaluating the clinical efficacy and mucosal healing rate of infliximab in steroid-dependent ulcerative colitis
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Background: Steroid dependency develops frequently in the context of ulcerative colitis (UC). The efficacy of infliximab (IFX) in this specific setting has been poorly investigated. We aimed at evaluating the long term clinical and endoscopic efficacy of IFX in steroid-dependent UC.

Methods: An open-label, prospective, consecutive, interventionist, single centre study was designed. Patients older than 18 years with steroid-dependent UC, who either did not respond to a 6-month therapy with azathioprine or did not tolerate this drug, were consecutively included in this study. Steroid-dependency was defined according to the ECCO criteria as the inability to reduce corticosteroids below the equivalent of prednisolone 10mg/day within three months from beginning off therapy or the occurrence of a relapse of the disease within three months after stopping the corticosteroid therapy. Patients received i.v. IFX (5mg/kg) at 0, 2 and 6 weeks and every 8 weeks thereafter for two years. All patients were clinically evaluated (including the need of corticosteroids) at week 104, a colonoscopy was performed at the same week. Response to IFX was defined as clinical remission without steroids at week 104 together with mucosal healing (endoscopic Mayo score 0 or 1). The potential influence of gender, tobacco, origin, extraintestinal manifestations, type of colitis according to Montreal Classification and concomitant immunosupresor treatment on the efficacy of IFX therapy was analyzed. Results are shown in percentages and analyzed by the Fisher’s exact test and Pearson correlation as appropriate.

Results: 17 consecutive patients were included; all of them completed the IFX therapy without adverse events (11 male, mean age 44 years, range from 25 to 70). 3 (17%) patients were smokers, 11 (65%) received concomitant immunosupresors, 10 (59%) presented extraintestinal manifestations of the disease, 13 (76%) had extensive colitis (E3) and 4 (24%) left-side colitis (E2). 6 (35%) patients need dose intensification of IFX (every 6 weeks), all of them after one year of treatment. 12 (70%) patients showed both clinical (remission without steroids) and endoscopic response at week 104. Considering as non responders those patients who need dose intensification, we observed that 9 (53%) patients were in clinical and endoscopic remission at week 104. A significant concordance was found between clinical and endoscopic findings (p < 0.01). Response to IFX therapy was not influenced by age, gender, smoking habits, presence of extraintestinal manifestations of the disease and concomitant azathioprine. However, response to IFX therapy