Conclusions: This study reveals discrepancy in psychosocial symptoms, and competence between reports of parents and adolescents with IBD. Chronically ill adolescents may deny their problems as part of coping strategy. Further, it is possible that the parents of chronically ill IBD patients observe their children more than the parents of healthy children, and thus report more concerns. Complementary methods should be used while assessing psychosocial well-being of adolescents with IBD.

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Intensification of infliximab (IFX) therapy in Crohn’s disease: efficacy and safety
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Introduction: The response of Crohn’s disease to IFX therapy is initially high. However, a loss of efficacy is observed in some cases over time. In such patients with loss of response, an IFX therapy “intensification” has been recommended. Nevertheless, it is still unknown whether the beneficial effect of this intensification is prolonged or just transient.

Aims: (1) To study the short- and long-term response of Crohn’s disease patients treated with IFX intensification (e.g., higher doses or shortened intervals). (2) To evaluate the adverse effects associated to therapy intensification.

Methods: Retrospective multicenter survey. We included Crohn’s disease patients who had been treated with at least the three induction doses of the standard IFX therapy (5 mg/kg 0-2-6w), and who later on needed treatment intensification (10 mg/kg/8w or 5 mg/kg/4w), because of loss of response. Short-term (after the first intensification dose) and the long-term (at the end of follow-up) efficacy of the intensified therapy was analyzed. Harvey-Bradshaw’s index was used in luminal Crohn’s disease. In fistulizing Crohn’s disease, complete response was defined as closure of all fistulas, and partial response as a 50% or more reduction in the number of or the debit of fistulas. Safety was evaluated by collection of adverse effects.

Results: We included 34 patients (mean age, 43 years; 50% male; 31% smokers; 64% with ileocolic (L3) disease; 47% with fistulizing (B3) phenotype; 60% with perianal (p) disease). The majority (72%) of the patients was treated with immunomodulators. The mean follow-up for intensified treatment was 56 weeks (range: 12-206w). Mean time of IFX exposure before intensification was 15 months (range: 3-43m). On the short-term, after the first intensification dose, 78% responded (32% complete response, 46% partial response). On the long-term, after the last intensification dose, only 61% were still responding (22% complete response, 39% partial response). One patient suffered an infusion reaction after 36 doses of intensified treatment, which subsided with slower infusion. One patient suffered an episode of herpes zoster, that did not progress. One patient suffered an infusion reaction after 36 doses of intensified treatment, which subsided with slower infusion. One patient suffered an episode of herpes zoster, that did not progress.

Conclusions: The intensification of IFX therapy is sometimes necessary after a mean drug exposure of 15 months. A high proportion will initially respond, but >10% of all cases lose effect again. Safety profile of IFX therapy intensification is good, having no severe adverse effects.

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Safety of once daily versus twice daily dosing with mesalazine (Pentasa®) sachets. Results from a 12 month randomised controlled trial in maintenance of remission of ulcerative colitis
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Aims: Patients with quiescent ulcerative colitis (UC) are often non-compliant with their treatment for maintenance of remission. Non-compliance can lead to relapse and the return of symptoms. This study investigated remission and relapse rates in patients with UC in remission receiving once (OD) or twice (BD) daily mesalazine sachets. The primary endpoint was non-inferiority of the OD treatment regime compared to BD dosing. Safety data were collected as a secondary endpoint.

Materials and Methods: A 12-month, investigator-blinded, randomised controlled trial was conducted. Patients with mild to moderate UC in remission who had experienced a relapse within the past year were randomised to receive 2g/day mesalazine sachets given either in a OD or BD regime.

Results: 362 patients were randomised. The primary endpoint UC-DAI remission rate at 1 year as measured by the Kaplan–Meier showed a statistically significant difference of 11.9% in favour of the OD treatment group. Overall, 42.9% of the patients in the OD group and 36.4% of the patients in the BD group reported one or more adverse events (AE) during the study. The difference in overall incidence was not statistically significant (P = 0.24) and there was no clear difference between the described AEs in the different treatment arms. Six patients from the OD group and four patients from the BD group experienced a serious AE (SAE). All SAEs were not, or unlikely, related to the study medication. The SAEs experienced by the OD group were metastatic prostate cancer, myocardial ischemia, pyrexia, postoperative wound infection, squamous cell carcinoma, coronary artery disease, gastrointestinal ulcer haemorrhage, spondylolisthesis, chest pain, convulsion, and hypokalaemia. None were related to the study medication. Overall, the most frequently reported treatment emergent AEs (TEAE) were gastrointestinal disorders (abdominal pain, diarrhoea and flatulence) or infections and infestations (bronchitis, gastroenteritis, nasopharyngitis and sinusitis). The majority of the TEAEs were mild or moderate in intensity and considered by the investigator to be unrelated, or unlikely related, to the study medication.

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Ulcerative colitis might prevent colonic diverticulosis
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Background: Diverticulosis coli is characterized by abnormal thickening of the large bowel wall, luminal overpressure and an increase in sigmoid contractility. The anatomic features intrinsic to the colon, alterations in colonic wall with aging, motor dysfunction, and increased intraluminal pressure, may all play role in the development of diverticulosis. In ulcerative colitis (UC) chronic inflammatory activity causes reduction in bowel wall muscle tone and contractility, Patients with UC often have liquid stools and might result in low intracolonic pressure

Aim: To evaluate the frequency of colonic diverticulosis in patients with UC and compare with control group.

Methods: Colonoscopy results of patients with ulcerative colitis older than 50 years were retrospectively evaluated and
compared with those of patients who underwent screening colonoscopy. We retrospectively analyzed the prevalence of colonic diverticulosis in 100 patients with known left, extensive or total UC and compared them with 100 age/gender-matched controls without colitis. Patients with distal UC were excluded. All patients and controls underwent pancoloscopy and biopsies were taken for histopathological evaluation.

**Results**: Colonic diverticulosis was present only 1 of 100 patients with and in 28 of 100 patients without ulcerative colitis (p < 0.0001). **Conclusions**: Patients over 50 years of age with UC show a significantly lower prevalence of colonic diverticulosis, UC might prevent diverticulosis coli due to motor alterations caused by chronic bowel wall inflammation.

**P160**

**Anti-TNF therapy prior to intestinal resection for symptomatic stenotic small bowel Crohn’s disease**

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**Introduction**: Intestinal resection for stenotic Crohn’s disease (CD) is usually discussed after failure or intolerance to steroids and/or immunosuppressors. In these situations, anti-TNFs are usually contraindicated because of a hypothetic risk to increase the stenosis. Moreover, recent use of steroids, denutrition and/or hypoalbuminemia are associated with an increased risk of stoma or extensive bowel resection. The aim of this pilot study was to evaluate the tolerance and the effectiveness of a preoperative treatment with an anti-TNF to reverse surgical decision and/or to improve the surgical outcome in patients with a stenotic CD unresponsive to conventional treatments.

**Aims and Methods**: All patients planned to have an intestinal resection for symptomatic stenotic CD were prospectively discussed for a preoperative induction treatment with an anti-TNF from January 2006 to December 2007. Patients without any inflammatory patterns (CRP < 10 mg/l and/or absence of enhancement of bowel wall in MRI or CT scan) were excluded (n = 14). In the other cases, after informed consent, patients received an induction anti-TNF treatment prior to surgery. Disease evolution, reconsideration of indication of surgery, surgical characteristics, 60-day complications and mortality for patients treated with an anti-TNF (ATF) within 8 weeks preoperatively was compared with a cohort of 22 patients matched for age, sex and type of surgery, who underwent intestinal resection for stenotic CD without previous anti-TNF treatment (NATF).

**Results**: Both groups ATF and NATF were similar according to steroid treatment, immunosuppressant, body mass index and albumin level. Thirteen patients were preoperatively treated with an anti-TNF [Infliximab (n = 9) or Adalimumab (n = 4)] for ileal stenosis (n = 6), duodenal (n = 1) or multiple small bowel stenosis (n = 6). Surgery was not mandatory in two patients because of anti-TNF efficacy on the obstructive symptoms [duodenal stenosis n = 1, multiple intestinal stenosis (n = 1)] with an event-free follow-up of 8 and 20 months, respectively. For the 11/13 patients who were operated on, the mean number of anti-TNF infusions/injections was 2.7 (±0.9) and the mean time between the last treatment administration and surgery was 25.3 (±9.8) days. No death occurred. Statistical analysis showed that length of post-operative hospital stay, post-operative complications (18% and 20%) and stoma confection [2/11 (18%) and 4/22 (18%)] were not significantly different in the ATF and NATF groups, respectively.

**Conclusion**: An anti-TNF treatment in the 8 weeks prior to planned intestinal resection for symptomatic stenotic CD allowed us to avoid surgery in some cases, without increase of postoperative complications. A randomized controlled trial is mandatory to evaluate this strategy.

**P161**

**Newly diagnosed neoplasia in a cohort of Crohn’s disease patients treated or untreated with infliximab followed up in the long term: a multicenter matched-pair study**


**Background**: The widespread use of Infliximab in Crohn’s disease (CD) rises concerns about cancer risk in the long term. In a cohort of matched-pair CD patients we reported that the frequency of newly diagnosed neoplasia did no differ between Infliximab-treated and untreated patients matched for clinical variables (Gut 2006; 55: 228–33). The long-term risk of developing neoplasia in CD patients treated with infliximab is undefined.

**Aims**: To assess, in a multicenter, matched-pair study, whether Infliximab use is associated with an increased frequency of neoplasia in the long term. At this purpose, the frequency of newly diagnosed neoplasia was assessed in the same cohort of Infliximab-treated or untreated CD patients, followed up for additional 4 years.

**Methods**: In a multicenter matched-pair study, the same cohort of 404 CD patients treated with Infliximab (CD-IFX) matched with 404 CD never receiving Infliximab (CD-C) included in the previous study, was followed up for additional 4 years (October 2004-October 2008). Cases and controls were already matched for sex, age (±5 yrs), CD site, age at diagnosis (±5 yrs), immunosuppressants (ISS) use and follow up. Data recorded included: newly diagnosed neoplasia, outcome of neoplasia, new Infliximab or ISS use.

**Results**: When compared with the 404 CD-IFX and 404 CD-C enrolled from April 1999 to October 2004 (n = 808), a lower number of patients are in follow up after additional 4 years (up to October 2008), including 274 CD-IFX (67.8%) and 259 CD-C (64%) (total n = 533). Drop outs included patients lost at follow up from both 2004–2008 and from 1999–2004. On October 2008, among the total 533 patients in follow up, still matched couples included 187 CD-IFX and 187 CD-C. When considering the entire study period from April 1999 to October 2008 in all the 533 patients in follow up, the frequency of newly diagnosed neoplasia did not significantly differ between CD-IFX (10/274; 3.6%) and CD-C (10/259; 3.8%; p = n.s.). Also when considering only the 374 still matched CD-IFX (n = 187) and CD-C (n = 187) couples in follow up on October 2008, the frequency of newly diagnosed neoplasia did not significantly differ between CD-IFX (8/187; 4.2%) and CD-C 7/187 (3.7%; p = n.s.). Newly diagnosed neoplasia from October 2004 to October 2008 were detected in 4 patients in the CD-IFX (3 breast cancers, 1 HL: ISS use in 3/4) and in 4 patients in the CD-C group (1 duodenal adenocarcinoma, 1 prostatic adenocarcinoma, 1 breast cancer, 1 lung cancer: ISS use in 2/4).

**Conclusion**: Present findings from a multicenter matched-pair long-term study support that the frequency of newly diagnosed neoplasia is comparable in a cohort of CD patients treated or untreated with IFX, matched for clinical variables.

**P162**

**Patients’ evaluation of dietary advice in ulcerative colitis (UC): results of a pilot study**

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**Background**: The subject of diet and ulcerative colitis is controversial. Patients believe that dietary factors are