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5-Aminosalicylic acid dependency in Crohn’s disease
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Abstract: In the Danish Crohn Colitis Database during the treatment era of 5-Aminosalicylic acid (5-ASA), steroids and surgery, it has been revealed that 8 years from diagnosis 44% of Crohn’s disease (CD) patients were characterized with a mild disease course, 20% with an aggressive (relapse every year) and 36% with a moderate disease course (relapse every other year).

Aim: The outcome of the first treatment course with 5-ASA monotherapy (1.5-4.8 g/day) was retrospectively studied in 05/2008 we performed a retrospective series of 345 patients with CD diagnosed 1952–2007. The immediate and long-term outcome of 5-ASA treatment was described.

Methods: A phenotyped model was used to assess treatment response: Immediate outcome (30 days after the start of 5-ASA) was defined as Complete response: Total regression of symptoms. Partial response: Improvement of symptoms. No response: No regression of symptoms with a need to shift from 5-ASA to an immunomodulator or surgery. Long-term outcome (irrespective of the length of the treatment) was defined as: Prolonged response: Still in complete/partial remission 1 year after induction of remission (either maintained on or after cessation of 5-ASA). 5-ASA dependency: Relapse on stable/reduced dose of 5-ASA requiring dose increase due to regain remission or relapse within 1 year after 5-ASA cessation regaining complete/partial response after 5-ASA re-introduction.

Results: One hundred sixty-five (48%) out of 345 patients had monotherapy with 5ASA. In 50% of them 5-ASA was initiated within one year of diagnosis with a range 0–49 years. Complete or partial response was obtained in 75% and no response in 25% of patients within 30 days of treatment. Among initial responders (complete/partial response), prolonged 5-ASA response was obtained in 47% (59% of patients, 5-ASA dependency in 31% (38) and 18% (22) of patients lost initial response to 5-ASA and had to shift to surgery (73%) or immunomodulator (27%). Five patients (4%) were not assessed in long-term outcome due to short treatment course. Female gender was associated with higher probability to develop prolonged response or 5-ASA dependency (OR 2.68, 95% CI: 1.06–6.77, p = 0.03). The median duration (range) of 5-ASA course was 34 months (1–304) in prolonged responders, 63 (6–336) in 5-ASA dependent and 5 (2–10) in non-responders.

Conclusion: Patients with CD may profit from 5-ASA treatment. Seventy-eight percent of initial responders obtained long-term benefit with 31% becoming 5-ASA dependent, resulting in 5 up to 28 years of remission on 5-ASA in 50% of them. Prospective studies are warranted to assess the role of 5-ASA in CD.

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Patient perceptions of home biologic therapy – adalimumab
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Introduction: Adalimumab (Ad) has demonstrated its ability to induce and maintain remission in patients with Crohn’s Disease (CD) and improve QoL. There is no real data exploring the patient’s perspectives of using home biologics in CD, how the patients feel about self administration and shifting the responsibility onto the patients to make decisions in their treatment, such as self injection.

Methods: 25 patients were treated with Ad over a 27 mth period (16 F: 9 M), median age 44ys (range 17–73yrs), median treatment time was 6 mths (range 2–27 mths). Median age at diagnosis 27yrs (range 14–68yrs). A non validated questionnaire was posted to all 25 pts. Questions included: what their hopes/fears were; how do they feel about self injection at home; what it means to administer a biologic at home as opposed to hospital where the ultimate decision to administer lies with the Dr/ nurse.

Results: 20 (80%) of the questionnaires were completed and returned. 18 pts had previously been treated with infliximab (IFX). This may have had a bearing on the responses to the question ‘what were your fears prior to treatment’; 10 (65%) expressed a fear that it would not work, 6 (30%) fear of side effects and 1 pt expressed fear of the needle (5%). 14 (70%) preferred home compared to hospital administration. Of the 6 patients that did not wish to take the responsibility for administration of the injection, the median age was 49yrs (range 27–73yrs) and duration of disease was 10.5yrs (range 3–44yrs). Reasons for not wishing to self inject included: a lack of confidence; preference for the nurse/dr to make the decision to give the injection; and fear of making a mistake and taking it wrongly or when they had an infection. All 20 pts stressed the need for support from the hospital and the importance the specialist nurse telephone helpline with 18 (90%) feeling that they were treated as partners in their care when it came to discussing treatment options. However 8 (40%) suggested that their overall quality of life had not improved by using a biologic at home. An additional area of exploration was the patient’s level of satisfaction with the out patient setting and overall structure of their healthcare provision. 12 (60%), although stressing loyalty to their IBD team, expressed low levels of satisfaction with the standard structure (scheduled appointments, waiting times in clinic) that it is often inflexible and unresponsive to healthcare needs and changing expectations.

Conclusion: This exploratory study has highlighted that perhaps the selection of pts for Ad, or any anti TNF, should not only be based on disease severity but also on pts needs, expectations, lifestyle and personality. Pts voiced disquiet about the structure of healthcare which remains suboptimal, other ways of providing care need to be explored.

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Predictive factors for a mild course of Crohn’s disease
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Aim: Crohn’s disease (CD) shows a highly variable course. It is known that mild disease exists. Therefore, the potential therapeutic benefit of mesalazine, particularly in early disease, could be discussed. Recent guidelines, however, question its use in CD. The aim of this data analysis was to identify predictive factors for mild disease course at time of diagnosis.

Methods: From 03/2007–05/2008 we performed a retrospective data analysis in 12 IBD-focused gastroenterology practices in Germany, most of them with 3 or more gastroenterologists. These practices treated, if applicable, newly diagnosed CD-patients with mesalazine and continued towards second line therapies only when mesalazine failed. Mesalazine failures were further treated with steroids, azathioprine or TNF-alpha (step-up therapy). Data were collected on all CD-patients newly diagnosed after 01/2000 with follow-up of at least 12 months. Source data verification was performed by external monitors.

Patients were retrospectively divided into two groups. Group 1: