reactive protein-CRP etc.) factors, FC and fecal MMP-9. IBD patients in remission were selected as a control group.

Results: 90 IBD patients with relapse were enrolled in our study (male/female: 44/46, mean age: 36.68 years; CD/UC: 38/51). 49 subjects in clinical remission were enrolled in the control group. The mean values of CRP, leukocytes, FC and MMP-9 were 23.52 mg/l, 10.05 G/l, 1292.46 µg/g and 11.77 ng/ml in the relapsed group and 6.54 mg/l, 7.06 G/l, 216.11 µg/g, 3.46 ng/ml in the control group. The clinical activity indices showed mild and moderate disease activity: the mean value of CDAI was 227.9, and p Mayo score was 5.2 points. 56.6% of patients had positive microbiological results. *Clostridium difficile* A and B toxin positivity was verified in 91% of the cases. Statistical analysis showed significant difference between FC and MMP-9 values in patients with relapse and remission, but not in *Clostridium difficile* positive and negative cases. Our results revealed an association between previous antibiotic use and *Clostridium difficile* positivity (p = 0.03).

Conclusions: We suggest that the presence of *Clostridium difficile* is very frequent in flare-ups of IBD and it has an important role in the relapse, therefore the stool analysis is recommended in every relapse to optimize therapy. FC and MMP-9 has no diagnostic power to differentiate between infection-induced and natural relapse.

P113
The lived experience of attending a formal inflammatory bowel disease patient education programme. A phenomenological study
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Background: There is an abundance of literature, guidelines, standards and government white papers advocating the importance of providing high quality patient education within chronic long term conditions, including inflammatory bowel disease (IBD) [1]. It was these factors that acted as catalyst to the development and implementation of formal patient education programme within the northwest region of the UK. Yet little is known about the effect of providing disease related education within IBD [2]. This was the impetus for undertaking this research study.

Methods: The data within this study was obtained through eight semi-structured qualitative interviews following the education programme. Purposive sampling was used to recruit the eight participants from the total of the 70 patients that attend the education programme (5 UC and 3 CD). All the interviews were digital recorded and transcribed. Interviews were 30 to 60 minutes in duration, with a mean of 42 minutes. Interpretative Phenomenological Analysis was used by two independent researchers to analyse the transcripts and agreed emerging themes.

Results: A global theme of ‘mastery’ was evident within the transcripts. This was underpinned with two core themes of enablement and cooperative learning. Within these two core themes a number of sub and basic themes were identified (see Figure 1). The participants described how they were at a certain point within their disease and were impelled to attend the education programme because they ‘wanted to understand’. The education programme ‘enabled’ the participants in a variety of ways; increased confidence, control, courage and power over their disease. An unexpected core theme of cooperative learning was identified, with participants describing the overwhelming benefit of interaction with other people who also had IBD.

![Figure 1](https://academic.oup.com/ecco-jcc/article-abstract/8/Supplement_1/S109/367317/1/1510066671773020190926123909?ssmid=ac36d51a1b5f6faefb31c167a654c3d7)

Conclusions: This is the first qualitative study to report on the effects of providing formal patient education within IBD. The results identify new and interesting areas that existing quantitative studies have failed to identify. Previous studies on patient education within IBD have reported little or no effect on quality of life (QOL). Demonstrating that QOL is difficult to measure and QOL scores are ineffective in measuring the effects of providing patient education within IBD. Further research is required to understand why certain patients made a conscious decision not to attend. Furthermore, to identify the effects and needs of providing education to family members.

Reference(s)

P114
The influence of obesity on clinical course and behaviour of Crohn’s disease
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Background: Despite the widespread perception of Crohn’s disease (CD) as a wasting disorder there is a sub-population of obese patients with the disease [1]. Notwithstanding the possibility of either a pathogenic link to CD, or even of a distinct enteropathy [2], obesity may influence the severity and phenotype of CD [3].

Methods: We conducted a retrospective analysis of our Institution’s electronic patient record to stratify and compare CD patients by body mass index (BMI) at diagnosis, with regard to their disease characteristics (DCQs), medication use and outcomes. Smoking status recorded on the hospital database was validated by survey with general practitioners. All statistical analysis was conducted using GraphPad Prism v4.0.

Results: Reliable data was available for 282 patients with CD (130 female, age 43.6±14.3 y). At diagnosis, BMI >30 was recorded in n = 63 (22.3%), 20–29 in 181 (64.2%), and <19 in 38 (13.5%). The proportion of smokers did not differ significantly in each group. Patients with BMI >30 were older (p = 0.0001), with more colonic (p = 0.0003) and less penetrating disease (p = 0.01) compared to all other groups. After adjustment for age, colonic disease remained significantly different (OR 3.20; 95% CI: 1.74 to 5.91, p = 0.002). Rates of operative intervention for intestinal disease were not statistically different: 0.076 vs 0.063 vs 0.74 per
patient year for the above BMI categories, respectively (p = 0.36). Neither the courses of steroids (per patient year), proportion of patients receiving more than 3 courses of steroids in their lifetime, or the proportion of patients requiring immunosuppressant or biologic medication, differed significantly between the two groups. The median time to first use of anti-TNF (in months) was 14 (range 3–120), 36 (3–504) and 24 (4–600) in the above BMI categories, respectively (p < 0.05).

Conclusions: Obesity in CD is a common phenomenon in this cohort, with 22.3% having BMI >30—nearing the national average of 26% (source: Office of National Statistics 2012). Obesity is associated with colonic disease location, less penetrating disease, but no difference in the rates of strictureting disease or of operative intervention. Our data also imply a more aggressive inflammatory phenotype in terms of requiring biologic therapy significantly earlier in the natural history of disease. The mechanism for these effects is unclear, but environmental and luminal factors could be critical.

Reference(s)

P115
The influence of maternal IBMd on childhood and further development of children
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Background: It is well known that children of mothers with IBD have a lower birth weight and height compared to the general population. Nevertheless, there are only limited data on the further development of those children. Therefore, we aimed to analyze the development of children of mothers with IBD including possible risk factors for their delayed development.

Methods: 55 IBD mothers and their firstborn children from IBD outpatient clinics of german University Hospitals or from medical practices, specialized in IBD were included. Control population was analyzed using the German Perinatal Survey and the German Health Interview and Examination Survey for Children and Adolescents (KiGGS) performed by the Robert Koch Institute (n = 17641). We used a specifically designed questionnaire in addition to the well established questionnaires for the preventive medical checkups for children (U1-birth, U8-4 years, U9-5 years). Statistical analyses were performed using SPSS 20.0.

Results: We confirmed that the incidence of low birth weight (3052g vs. 3387g, p < 0.0001) and low birth height (49.2cm vs. 50.5cm, p < 0.001) are significantly higher among children of mothers with IBD compared to the general population. Furthermore, children of mothers with IBD at the age of 4 years were still significantly lighter (p = 0.024) and smaller (p = 0.003) compared to controls. Interestingly, at the age of 5 years there was no significant difference between the groups regarding weight (20.2 kg vs. 20.6 kg, p = 0.54) or height (113 cm vs. 114.6 cm, p = 0.16) anymore. Although, the BMI of children of mothers with ulcerative colitis was significantly lower at the age of 5 years compared to children of mothers with Crohn’s Disease (p = 0.009), there was no significant difference between Crohn’s disease or ulcerative colitis regarding height or weight of children at any time point. In addition, there was no significant difference regarding the head circumference at any time point.

Interestingly, there was no influence of the disease duration of the mother on any of the analyzed parameters. Furthermore, the sex of children had no influence on any parameter. In IBD mothers 34.5% had C-section compared to 31.9% in the general german population. Significantly more children were pre-term born compared to the general population (28.3% vs. 9.2%). There was no influence of disease duration on rate of pre-term birth.

Conclusions: Despite the lower birth weight and height of children of IBD mothers the further development of those children tend to catch up on their “healthy” contemporaries at the age of 5 years. Based on these information we should encourage our patients to raise their own family.

P116
The influence of appendectomy on the clinical course of ulcerative colitis: a hospital-based cohort study from Korea

Background: There has been limited data regarding the effect of appendectomy on the clinical course of ulcerative colitis (UC). Also, the results of previous studies were controversial. The aim of this study was to compare the clinical course of UC in appendectomized patients and non-appendectomized patients in Korea.

Methods: We used the Asan Inflammatory Bowel Disease registry to get data of patients diagnosed with UC until 2012. Patients were classified as appendectomized if appendectomy had been performed before UC diagnosis. If patients had undergone appendectomy after UC diagnosis, they were classified as non-appendectomized and the last follow-up of these patients was defined as the date of appendectomy to exclude the effect of appendectomy on the course of UC after appendectomy. The clinical courses of UC in appendectomized and non-appendectomized patients were evaluated in regard to the use of medication and colectomy.

Results: A total of 2,497 patients with UC were seen at the Asan Medical Center during the study period. Among them, 151 patients were excluded because the appendectomy status was unknown. The remaining 2,346 UC patients were studied. Of the study patients, 66 (2.8%) had undergone appendectomy before UC diagnosis and 35 (1.5%) had undergone appendectomy after UC diagnosis. During the follow-up, 10.6% of patients underwent colectomy in appendectomized patients (195/2,280) (p = 0.56). The 10 and 20 year probabilities of colectomy were 13.7% and 19.9% in appendectomized patients compared with 9.1% and 16.5% in non-appendectomized patients (p = 0.62). Two patients (3.0%) received anti-tumor necrosis factor (anti-TNF) agents in appendectomized patients and 117 patients (5.1%) received anti-TNF agents in non-appendectomized patients during the