aspects of this condition. Aim: we have reviewed IBDProspect in order to better understand this complication.

Methods: We included 891 patients from IBDProspect that were enrolled in 13 centers around the country from January 2006 to October 2013. We defined anemia as a hemoglobin (Hb) <12 g/dl and a hematocrit (Ht) <36% for women, and a Hb <13 (Ht <39%) for men.

Results: 43.66% of the patients had anemia (71.47% women and 28.53% men). In the anemia group 43.44% had Crohn’s disease (CD), 50.90% ulcerative colitis (UC) and 5.66% undetermined colitis. There was no significant statistical difference in phenotype between the anemic and non-anemic groups. We observed a statistically significant association between fistulising CD (17.82%) and anemia (p = 0.0127). Ileal location (L1) was significantly associated with normal Hb levels (p = 0.0141) and ileo-colonic extension (L3) with anemia (p = 0.0031). Extensive colitis (E3) was associated with low Hb levels in 44.95% of patients compared to 19.61% in the non-anemic group, with a statistically significant difference (p < 0.0001).

Conclusions: anemia is a frequent condition in IBD patients from Romania and could be considered a negative prognostic factor associated with extensive colonic lesions in UC and penetrating pattern in CD that requires close follow up and treatment.

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Is depression associated with more emergency visits in inflammatory bowel disease?

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Background: Anxiety and depression are highly prevalent in Inflammatory Bowel Disease (IBD) patients, but their role in the clinical course of the disease is unknown. We was aimed that to investigate the influence of anxiety and depression symptoms in emergency visits and hospitalizations in patients with IBD.

Methods: We conducted a prospective observational cohort study at the Kocaeli University Gastroenterology department between 2010–2013. The cohort consisted of consecutive patients with Crohn’s disease (CD) and ulcerative colitis (UC) who enrollment our IBD Outpatient Unit. In order to identify anxiety or depression, a psychological investigation was performed at baseline in all of them by the Beck’s Anxiety and Depression scale. In order to assess the clinical course of IBD, a psychological investigation was performed at baseline in all of them by the Beck’s Anxiety and Depression scale. In order to assess the clinical course of IBD, a psychological investigation was performed at baseline in all of them by the Beck’s Anxiety and Depression scale. In order to assess the clinical course of IBD, a psychological investigation was performed at baseline in all of them by the Beck’s Anxiety and Depression scale. In order to assess the clinical course of IBD, a psychological investigation was performed at baseline in all of them by the Beck’s Anxiety and Depression scale.

Results: 381 patients were included (203 male, mean age 42 years, ages ranging from 18 to 82 years), 126 (33.1%) patients with CD and 255 (66.9%) with UC. At baseline evaluation, anxiety and depression symptoms were present in 25 (20%) and 44 (30%) patients respectively. The mean of emergency visits was 1.24 (SD: 1.82, range 1–12) and for hospitalizations it was 0.84 (SD: 0.96, range 0–11). After a follow up of 24 months, both depression at baseline was a risk factor for more emergency visits (RR: 1.38, 95% CI: 1.24–1.76) and anxiety (RR: 1.31, 95% CI: 1.21–1.40).

Conclusions: An important number of IBD patients have anxiety or depressive symptoms. Depression and anxiety seems to be as risk factors for more emergency visits in the following months.

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Ibilimumab colitis: a GETAID multicentric study

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Background: Ibilimumab (IPI), an anti-CTLA4 monoclonal antibody, induces proliferation and activation of T-cells and is an anti-tumoral treatment, particularly in melanoma. It provokes an immune-mediated colitis similar with IBD in 20% of patients. IPI colitis (IC) may provide clues to the immune mechanisms and treatment of IBD. The aim of this study was to provide a detailed description of IC.

Methods: From June 2011 to May 2013, patients treated for IC in GETAID centers were studied retrospectively. IPI was infused prior IC, colitis was endoscopically proven, infectious colitis was ruled out by stools searches. Quantitative variables are expressed as median [range].

Results: 26 patients (16 males) aged 60.5 [23–80] were studied. 24 had melanoma, 2 had prostate carcinoma. 6 had immune disorders prior to IPI infusions. The median number of IPI infusions was 3 [1–8], the delay between first IPI infusion and IC was 36 days [4–91]. Symptoms of IC were: diarrhea (92%), abdominal pain (80%), hematochezia (56%), vomiting (44%), and fever (40%). Median body weight loss was 6% [0–18%]. 1 patient had an oral ulceration, 2 had ano-perineal lesion, 4 had extral intestinal manifestations. 2 patients had intra-abdominal abscess and 3 had colonic perforation. CRP was 93 mg/l [5–622], albumin was 26 g/l [14–39], faecal calprotectin was 4208 mg/g [932–12900]. No patient had serum ASCA or ANCA. All patients had partial colonic and 19 had ileocoloniccolitis: 16 had ileitis, 57% pancolitis; 77% had ulcerations, 57% had patchy distribution. Histopathological analysis of endoscopic biopsies showed mucosal inflammation with mononuclear cells infiltration, crypt dystrophy, cryptic abscesses and mucosal ulcerations. 3 patients had granuloma. 23 patients received steroids at a dose of 60 mg [16–120]. Complete or partial responses occurred in 8 and 11 patients, respectively. 9 responders relapsed: 2 had a new course of steroids and 5 received infliximab (IFX). 3 primary non responders to corticosteroids were prescribed IFX; 1 achieved remission and 2 had partial response. Overall, 8/26 patients (31%) required IFX. 3 patients (12%) underwent colectomy (1 subtotal, 2 partial) because of perforation and had severe postoperative complications. No patient died of IC.

Conclusions: IC appears to be similar with Crohn’s disease: patchy distribution, ileal and perianal involvement, granuloma. It has an accelerated and severe course: only 36 days between IPI infusion and symptoms, 31% need IFX and 12% have perforation. Close collaboration between IPI prescriptors and gastroenterologists is required for optimal management of IC.

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Inflammatory bowel disease and compliance with the Mediterranean diet

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Background: Several studies have suggested that chronic inflammation may be reduced with a diet containing a high
content of n-3 fatty acids, antioxidants and fiber, and a low content in sugars and saturated fats. The Mediterranean Diet (MD) comprises all the former nutrients, and thus it has been hypothesized that it could be beneficial for patients with Inflammatory Bowel Disease (IBD). The purpose of our study was to evaluate compliance of IBD patients with the MD and assess its impact on disease activity.

Methods: A total of 59 patients [41 with Crohn’s disease (CD) and 18 with ulcerative colitis (UC)] with IBD were enrolled in this cross-sectional study. Clinical data and anthropometric measures were recorded. Dietary intake was assessed using a semi-quantitative food frequency questionnaire. Conversion of foodstuffs to nutrient intake was accomplished with the software Food Processor Plus (ESHA Research, Salem, Oregon). Compliance to MD, was analyzed using the Mediterranean Adequacy Index (MAI), which is calculated as a ratio between foodstuffs consumed that characterize MD and others that are not consistent with MD. MAI enables comparison between the estimated nutrient intake and Healthy Reference National Mediterranean Diet. Disease activity was measured using Harvey–Bradshaw Index (HBI) for CD and Clinical Activity Index for UC (CAI). Data analysis was performed with SPSS 20 (IBM SPSS statistics).

Results: 37.3% (n = 22) of the studied population were overweight, 10.2% (n = 6) obese, 47.5% (n = 28) normal weight and 5% (n = 3) had a low BMI. Patients with no relapse during the last year showed a higher intake of red meat (40.5±20.3 g/d vs 26.4±20.7 g/d; p = 0.022), canned food (12.9±12.9 g/d vs 8.1±11.9 g/d; p = 0.022), and cured meats (5.6±4.2 g/d vs 4.3±6.8 g/d; p = 0.063). Also, patients in remission had a lower intake of skim milk (6.6±40.3 mL vs 55.1±151.2 mL; p = 0.082) and a higher intake of canned food (12.4±13.2 g/d vs 7.5±9.9 g/d; p = 0.007), sugar (18.1±16.3 g/d vs 11.0±13.4 g/d; p = 0.098) and coffee (78.3±57.3 vs 51.19±60.9; p = 0.052). Only 14% (n = 8) of our population was classified as compliant with MD (MAI ≥ 60.9; p = 0.052). Only 14% (n = 8) of our population was classified as compliant with MD (MAI ≥ 60.9; p = 0.052). Only 14% (n = 8) of our population was classified as compliant with MD (MAI ≥ 60.9; p = 0.052). Only 14% (n = 8) of our population was classified as compliant with MD (MAI ≥ 60.9; p = 0.052).

Conclusions: The studied population with IBD showed a high prevalence of overweight/obesity and only a small number of patients were compliant with the MD. No association was found between MAI and disease activity. Future interventional nutritional studies aiming at investigating the role of MD in the maintenance of remission or relapse frequency are warranted.

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Inflammatory joint- and bowel diseases – a clinical proteomics study seeking to identify the underlying biological triggers

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Background: In this project, we attempt to gain a deeper understanding of the underlying biological triggers of the autoimmune diseases and develop diagnostic tools for clinical use, by using inflammatory joint- and bowel diseases as a model system. In developing inflammatory bowel disease (IBD), the intestinal flora is a central factor, and discontinuation of the normal fecal stream will attenuate the inflammation in IBD. In addition to IBD, emerging evidence suggests the involvement of the intestinal microflora in other diseases, including rheumatoid arthritis (RA). The etiologies of the IBDs and RA remain unclear, but involve a complex interplay between genetic and environmental factors. Proteomics provide a powerful technique for identifying disease specific protein profiles. The detection is carried out on the protein level where the complexity of the proteome is highest. Therefore, we decided to investigate the proteins found in intestinal biopsy samples from RA and ulcerative colitis (UC) patients, and compare these to healthy controls. Given the recent development within the field of high-throughput protein identification using mass spectrometry (MS), which now allows for identifying and quantifying several thousand proteins in a single analysis, such analysis are likely to identify previously unknown dissimilarities (biomarkers). The identification of proteins and protein modifications (PTMs) associated to specific disease pathways will increase our knowledge of the inflammatory diseases. Such biomarkers can function as targets for novel diagnostic and therapeutic agents. Moreover, the biomarkers could aid physicians predict disease courses and in this way, identify patients in need of intensive treatment.

Methods: Intestinal biopsies from 10 UC, 10 RA and 10 healthy control subjects were extracted using colonoscopy, from healthy looking tissue. The samples were processed and analysed using label-free bottom-up proteomics on a state-of-the art proteomics platform.

Figure: A major increase is encountered in the proteome complexity, from genes to transcripts and finally to the mature proteins.

Results: Methods for identifying and quantifying proteins in intestinal tissue have been optimized in collaboration with the proteomics core facility Steen and Steen lab at Children’s Hospital Boston USA, Harvard medical school. Data from more than 500 hours of MS analysis time is under analysis, and a comparative analysis of protein profiles and PTMs in IBD and RA will be presented.

Conclusions: The results will form basis for developing novel antibodies or protein arrays for diagnostic purposes, with focus on applicability for diagnostics and commercialization.

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Indicators of inadequate response to biologic therapies in patients with Crohn’s disease from real-world practice settings

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Background: The study objective was to determine the incidence of inadequate response (IR) to induction (I-phase) and maintenance (M-phase) therapies with biologic agents in Crohn’s disease (CD) patients in the real-world clinical settings.