result in indeterminate or unreportable results and there is no clear guidance on managing them.

Aim: To quantify the prevalence of indeterminate or unreportable TB IGRA EliSpot results in a large tertiary centre cohort of patients with IBD.

Methods: We performed a single centre retrospective study of IGRA tests performed on IBD patients prior to commencement of anti-TNF therapy between Oct 2010 and Oct 2013.

Results: 140 patients were included (median age 34, range 24–86, 50% males). 92% had Crohn’s disease (CD), 4% ulcerative colitis (UC), and 4% IBD-unclassified. At the time of IGRA testing, 115 patients were on immunomodulators (81 azathioprine, 11 mercaptopurine, 2 thioguanine, 11 methotrexate) or prednisolone (6).

Three patients were positive for latent TB infection at screening and were referred to the infectious disease (ID) department prior to anti-TNF therapy. Three patients had indeterminate results; all were on immunosuppressants (2 azathioprine, 1 methotrexate). 2 had a lymphocyte count <1. In 2 cases the IGRA was repeated, one was negative and the second was unreportable on 2 occasions. None had TB risk factors and all were started on anti-TNF. To date, none have developed TB (follow up range 6–18 months).

Ten patients had unreportable results, 9 of whom were taking azathioprine. On repeat testing, 4 were negative, and the remainder were still unreportable, one of whom had risk factors for TB and was treated with isoniazid chemoprophylaxis on the advice of the ID team. The remaining 5 patients started anti-TNF based on the absence of risk factors for TB. No patient had reactivation of latent TB at follow up (range = 1–18 months).

Lymphopenia was found to be associated with non-reportable cases as compared to the reported cases (median lymphocyte count unreportable = 0.4, reportable = 1.2; p = 0.015).

Conclusions: Our results demonstrate TB IGRA is a useful test to screen for latent infection before initiating anti-TNF therapy. However, a minority of results are indeterminate or unreportable. In such cases repeat testing can produce definitive results. Low lymphocyte counts in association with immunosuppression may contribute to unreportable and indeterminate results; clinical risk stratification appears to be a safe way of managing such cases in this small cohort.

Reference(s)


P208
Ileal wall thickness detected by MSCTE predicts the disease severity of Crohn’s disease
X. Yang, L. Yu, Z. Liu*. Shanghai Tenth People’s Hospital, Tongji University, Department of Gastroenterology, Shanghai, China

Background: Multidetector spiral computed tomography enterography (MSCTE) and ileocolonoscopy are used to evaluate inflammatory situation of Crohn’s disease (CD) patients. The purpose of this study was to determine the disease severity of CD patients by combining the wall thickness by MSCTE with ileocolonoscopy.

Methods: This retrospective study included 50 patients with terminal ileal CD. Diagnosis was confirmed based on clinical features, endoscopy and pathology. Patients were underwent both MSCTE and ileocolonoscopy. Ileal wall thickness was measured, and the disease severity was evaluated by the Crohn’s disease activity index (CDAI). Intestinal mucosal lesions were scored by the Simple Endoscopic Score for Crohn’s Disease (SES-CD).

Results: Of 50 patients with active terminal ileal CD, the comparison of scores between SES-CD and CDAI showed significant association with Spearman’s rank correlation coefficient (P < 0.01). There was statistically significant correlation between the wall thickness and SES-CD (P < 0.0001) as well as CDAI (P < 0.001), respectively, but no significant correlation between the wall thickness and the C-reactive protein (CRP) was found (P = 0.43). Moreover, we found that the wall thickness was preferential to predict the disease severity in the terminal ileal CD.

Conclusions: MSCTE, in combination with ileocolonoscopy, is reliable to identify the disease severity in CD patients, and provides more accurate approach in the diagnosis and treatment.

P209
Influence of anxiety and depression in the clinical course of inflammatory bowel disease patients
M. Barreiro-de Acosta*, M. Iglesias, R. Ferreiro, A. Lorenzo, J.E. Dominguez-Muñoz. University Hospital Santiago de Compostela, Gastroenterology, Santiago, Spain

Background: Anxiety and depression are highly prevalent in IBD patients, but their role in the clinical course of the disease is unknown. We hypothesised that anxiety and depression are predictors of a worse clinical course in IBD. The aim of the study was to evaluate the influence of anxiety and depression symptoms in emergency visits and hospitalisations in IBD patients.

Methods: A prospective observational cohort study was designed. The cohort consisted of consecutive patients with IBD [Crohn’s disease (CD) and ulcerative colitis (UC)] who attended our monographic IBD Unit. In order to identify anxiety or depression, a psychological evaluation was performed at baseline in all of them by the Hospital Anxiety and Depression scale (HAD). In order to assess the clinical course of IBD, all emergency visits and hospitalisations related with IBD over a follow-up period of 18 months were recorded. Results are shown as RR and 95% CI and analysed by Poisson Regression.

Results: 716 patients were included (343 male, mean age 44.50 years, ages ranging from 18 to 86 years), 297 (41.8%) patients with CD and 413 (58.2%) with UC. At baseline evaluation, anxiety and depression symptoms were present in 75 (10.5%) and 144 (20.1%) patients respectively. The mean of emergency visits was 1.05 (SD: 1.68, range 0–14) and for hospitalizations it was 0.35 (SD: 0.94, range 0–9). After a follow up of 18 months, depression at baseline was a risk factor for more emergency visits (RR: 1.38, 95%CI: 1.14–1.65; p = 0.001) but not anxiety (RR: 1.11, 95%CI: 0.87–1.41; p = 0.395). Regarding hospitalizations in the next 18 months, after controlling by relevant sociodemographic and clinical variables, anxiety and depression (RR: 1.18, 95%CI: 0.75–1.83, p = 0.472; RR: 0.70, 95%CI: 0.75–1.83, p = 0.059) were not risk factors for an increased number of them.

Conclusions: An important number of IBD patients present anxiety or depressive symptoms. Depression seems to be a risk factor for more emergency visits in the following months. Therefore, these patients would probably benefit from psychological support.