factors that determine patient satisfaction are slightly known. The purpose of this study is to understand perceptions and attitudes of patients with mild-to-moderate UC and specialists in inflammatory bowel disease on relevant aspects determining patient satisfaction in the management of their UC.

Methods: A two-round Delphi method was performed with a panel of physicians and patients. The first round questionnaire was developed from a qualitative study (discussion group) with patients suffering mild-to-moderate UC. The patients final questionnaire was composed of 258 items grouped into 6 sections: diagnosis, follow-up, and treatment (including mesalazines, corticosteroids and immunomodulators). This questionnaire was sent to 20 patients. Another questionnaire, was sent to 22 physicians, which included the 258 items of the patients questionnaire and 32 additional items exclusively for physicians. Relevance of items on patient satisfaction was scored on a scale of 1 (least important) to 9 (very important). Agreement among panelists was measured according to RAND/UCLA's IPRAS methodology. Concordance between physicians and patients was defined as parity in relevance level (very high, high, medium and low). Items rated with very high relevance by patients, or by physicians on specific physicians items, comprise the recommendations included in this study.

Results: Most issues analyzed, although not all, are considered by physicians and patients with similar levels of relevance. Patients gave greater relevance to the follow-up of moderate flares at hospital rather than at primary care or specialized outpatient centre, and to be informed about aspects such as diet, impact of UC on their health and lifestyle, drug contraindications and interactions. For physicians and patients, efficacy, safety, and improved quality of life obtained with the treatments are highly relevant. Physicians consider that improvement of patient satisfaction could be achieved by reducing dose frequency, amount and size of tablets, while the most relevant aspects for patients are avoid rectal administration and increasing usage of oral medication.

Conclusions: Findings of this study contribute to a better understanding of relevant aspects that influence satisfaction of patients with mild-to-moderate UC, and could support developing strategies and interventions to improve the patients satisfaction.

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A report on the prevalence and reaction rate of hepatitis B virus in patients with inflammatory bowel disease in Japan

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Background: Hepatitis B virus (HBV) can be a serious comorbidity in patients with inflammatory bowel disease (IBD) as immunosuppressive therapy required to treat IBD may promote HBV reactivation. Further, in Japan, HBV infection remains prevalent at about 24.7%, and therefore, better understanding of clinical features of HBV infected patients is essential. Further, the prevalence of HBV infection in patients with IBD and the risk of reactivation related to medication for IBD are largely unknown. The present investigation was to better understand the prevalence and reaction rate of HBV in IBD patients.

Methods: In a retrospective and single centre setting, we investigated the frequencies of hepatitis B surface antigen (HBsAg)-positive, and hepatitis B surface antibody (HBsAb)-positive or hepatitis B core antibody (HBcAb)-positive detection among IBD patients who were treated at our IBD unit over several years. Liver dysfunction related to HBV reactivation was defined as an increase in serum alanine aminotransferase and an increase of more than 1 log copies/ml of HBV DNA levels.

Results: Of 236 patients (ulcerative colitis: UC, 117; Crohn’s disease: CD, 119) treated in our hospital between 2008 and 2012, 11 patients (4.7%) were HBsAg-positive (UC, 5; CD, 6), and 38 patients (16.1%) were HBCAb or HBsAb-positive (UC, 19; CD, 19). Mesalamine (n = 43), corticosteroid (n = 19), adsorptive granulocyte and monocyte apheresis (GMA, n = 18), elemental diet (n = 17), anti-tumour necrosis factor-α antibody (n = 15), and thiopurines (n = 9) were the treatment interventions patients were receiving for active IBD at the time of HBV diagnosis. Liver dysfunction was found in 7 patients (14.3%), the causes were non-alcoholic steatohepatitis and side effects of thiopurines in 6 patients. However, only one HBsAg-positive CD patient showed HBV reactivation. This patient had been treated with adalimumab for one year without anti-viral medications (Entecavir). After taking Entecavir, the patient’s liver dysfunction improved. No HBV reactivation was found among the HBCAb or HBsAb-positive patients.

Conclusions: Hitherto aggressive immunosuppressive therapy required to treat IBD has been suspected to cause HBV reactivation, and complicating the patients’ IBD. Accordingly, acquiring knowledge on the clinical features of HBV infection is a clinically relevant undertaking. In this study involving 236 IBD patients, the prevalence of HBV was modest in terms of HBsAg, but relatively high in terms of HBCAb or HBcAb. Surprisingly the HBV reactivation occurred only in 1 case in spite of the ongoing medications. Nonetheless, anti-viral intervention should be considered before administering adalimumab in patients with HBV.

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Anti glycoprotein-2 antibody in pediatric inflammatory bowel disease and celiac disease: prevalence, diagnostic value and variation at follow-up

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Background: The zymogen granule membrane glycoprotein (GP2) has been recognized as the major antigenic target of Crohn’s disease (CD) specific anti-pancreatic antibodies (RAB). Rare cases of anti-GP2 have been showed in 30% and 10% of adults patients with CD and ulcerative colitis (UC), respectively. Previous studies revealed an association of anti GP2 with ileocolonic location, strictureting tendency and perianal disease in adults with inflammatory bowel disease (IBD) [1]. As reported in a single study the reactivity of antibodies anti-GP2 in Celiac Disease was 13%. The prevalence, the significance, association with clinical parameters and variation over time in antibodies levels has never been investigated in pediatric gastrointestinal (GI) diseases.

Methods: Anti-GP2 IgG and IgA and ASCA IgG and IgA were determined by enzyme-linked immunosorbent assay (ELISA) in sera of 34 pediatric IBD patients (15 CD, 19 UC, median age 10.5 yrs) and 25 children with Celiac Disease (at diagnosis), prospectively recruited at the Department of Pediatrics (Università Politecnica delle Marche), from Dec 2011 to Sep 2013. Data were compared with a control group of 24 children with functional GI disorders. Furthermore 15 IBD patients (7CD and 8UC) were prospectively tested for anti-GP2 at the follow-up. According to previous studies a value >20 U/ml for both tests was considered positive.

Results: Overall the prevalence of anti GP2 antibody (IgA and/or IgG) was 33.3% in CD, 4% in Celiac Disease and 0% both