Conclusions: Infliximab is an effective drug to treat UC and achieve MH. There is a positive relationship between disease activity and mucosal status. Patients with MH after one year of treatment with infliximab had a good clinical course following treatment discontinuation.

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Mucosal healing in children with Crohn’s disease on long term maintenance treatment
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Background: The conventional goal of treatment in Crohn’s disease is to induce and maintain clinical remission. However achieving clinical remission alone may not change natural history of Crohn’s disease. Emerging evidence suggest that achieving and maintaining mucosal healing is associated with more sustained clinical remission and reduced rate of hospitalisation and surgery. The aim of our study is to identify the mucosal healing status of patients with Crohn’s disease on long term maintenance treatment.

Methods: We have prospectively assessed the endoscopic severity of Crohn’s disease in children who had undergone reassessment colonoscopy from October 2012 to September 2013. We have used Crohn’s Disease Endoscopic Index of Severity (CDEIS) for children who did not have bowel resection and Rutgeerts endoscopic grading scale for children who had right hemicolectomy.

Results: 59 colonoscopic examinations were done in 57 children in the time period from October 2012 to September 2013. In 51 children, we have used CDEIS to assess mucosal healing. 20 children had achieved complete mucosal healing (CDEIS score 0). 31 children did not achieve complete mucosal healing and their CDEIS score varied from 3 to 25. Significantly higher proportion of children in the complete mucosal healing group had received treatment with anti-Tumour Necrosis Factor (anti TNF) agents compared to the children in the other group (65% v 32% p value 0.04). The anti TNF agents used in the children in both groups were Infliximab. There were no significant differences in disease distribution, peri-anal involvement, Haemoglobin, CRP, ESR, platelets and Azathioprine use when comparing children in both the groups. Hospitalisation rate was higher for children who have not achieved complete mucosal healing (35% v 10%). No children needed surgery in the group with complete mucosal healing compared to 5 children needing right hemicolectomy in the group with incomplete mucosal healing.

Conclusions: In our experience 42% (24/57) children with Crohn’s disease on maintenance treatment have achieved complete mucosal healing. Treatment with Anti TNF agents was a significant factor in achieving mucosal healing. Children who had achieved complete mucosal healing did not need bowel surgery.

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Mucosal healing during the clinical remission in patients with ulcerative colitis
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Background: The goal of the treatment in UC patients is to reduce the signs and symptoms of the disease, to induce and maintain a clinical response and remission with mucosal healing (MH). MH seems to be associated with lower relapse rate.

Methods: From May 2010 to May 2012 one hundred forty-four (144) consecutive patients underwent colonoscopy, multiple biopsies and evaluation of MH according to the Baron score (Bs), the Mayo score (Ms), the Ulcerative colitis Endoscopic Index (UCEIS), the Montreal classification of extension-E and severity-S and morphological evaluation of remission.

Results: Our study group consists of 64 male (44.4%) and 80 female (55.6%) UC patients with mean age at the time of the diagnosis 38.4 and 38.7 and age at the time of the evaluation 43.8 respectively and 44.1. The duration of UC was 66.4 months for the male and 62.8 for the female patients. Of all 144 patients, 64 showed severity S0 (remission) (44.4%): E1 25%, E2 37.5%, E3 37.5%. Twenty-six patients (40%) did not present morphological remission. Pseudopolyps were observed in 28 patients (43.8%), fibrosis in 28 (43.8%). The endoscopic evaluation found Bs 0 in 22 (34%), Ms 0 in 20 (31.3%) and UCEIS 0 in 20 (31.3) patients. Only eighteen (28.13%) S0 patients were with Bs 0, Ms 0 and UCEIS 0. Sixteen of them (25%) were with complete endoscopic and morphological remission. The treatment of UC patients who achieved S0 was in 25% 5-ASA with Azathioprine and 4.6% was with anti TNF therapy. We observed a significant difference between the level of C-reactive protein F = 8.67 (p < 0.001) according to the severity of the disease.

Conclusions: Mucosal healing was achieved in 18 patients (28.13%). Despite the MH at the endoscopy only 16 (25%) obtained complete remission without any morphological evidence of activity. We need a further evaluation about the prognosis and the evolution of the patients with mucosal healing with or without morphological remission.

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Motivational interviewing in inflammatory bowel disease patients: a useful tool during outpatient counselling
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Background: Motivational interviewing (MI) is a patient-centred counselling style developed for eliciting behaviour change by helping patients (pts) to modify their lifestyle using. The strategy at the base of this approach is comprised of some basic skills: the ability to ask open ended questions, the ability to provide affirmations, the capacity for reflective listening, and the ability to periodically provide summary statements to the patients.

Methods: We report data on MI applied to all consecutive inflammatory bowel disease (IBD) pts referred for the first time to our outpatient clinic (Jun. ‘12-Feb. ’13). We decided to supplement MI counselling using the aid of explanatory pictures. At the end of visit pts filled out a questionnaire, anonymously and in a separate room, comparing the visit with their prior experience.

Results: 45 pts (23 males [51%], mean age of 36.1 ± 15.2 yrs and median disease duration of 12 months [1–120]) were evaluated: 21 Crohn’s disease (47%), 19 ulcerative colitis