References:


N003
Quality of life improves after intravenous iron treatment - but not if inflammation is present

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Background: Having inflammatory bowel disease (IBD) increases the risk of anaemia and/or iron deficiency. Intravenous administration of iron supplementation is often chosen when treatment in given. Intravenous iron have proven good effect on correcting both anaemia and iron deficiency. However, the effect on the patients’ health-related quality of life (HRQoL) has only slightly been investigated. Some patients expect a rapid effect on HRQoL parameters (such as less fatigue) after iron infusions. Can iron infusions fulfil this expectation? The aim of this study was to investigate outpatient HRQoL before and after intravenous iron infusions.

Methods: 60 outpatients treated at the Department of Hepatology and Gastroenterology, Aarhus University Hospital, filled in a 10 item questionnaire regarding HRQoL before intravenous iron infusion and 12 weeks after. Furthermore demographics and disease related data were collected, including blood samples. A matched group from the background population (n = 60) was used as controls regarding the HRQoL questionnaires.

Results: The mean iron dose given was 1000 mg and the mean increase in haemoglobin levels were 2 g/dl at week 12. All HRQoL parameters improved significantly (p < 0.05) from baseline to week 12, except from physical activity, worries and depression. At week 12 the level of physical activity and overall wellbeing were as in the background population.

16 (27%) patients with active inflammation (elevated CRP), both at baseline and week 12, did not have any significant improvement in HRQoL in the study period.

Conclusions: Intravenous iron infusion broadly improved HRQoL after 12 weeks in patients without active inflammation. This was not the case for patients with active inflammation. Inflammation seems to have a greater negative impact on HRQoL than the expected positive impact of intravenous iron infusions.

N004
Audit into the prevalence of injection site reaction following subcutaneous administration of adalimumab

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Background: During patient contact, the nurse specialist team had been made aware of a number of patients reporting injection site reaction following subcutaneous administration of adalimumab. The patients had reported the incidents when reviewed in the outpatient department or via our telephone helpline. They represented all geographical areas served by the health board. It was felt appropriate by the nurse specialist team to audit how prevalent these reactions were.

Methods: 50 patients receiving adalimumab therapy were randomly selected from the database held by the nurse specialist team. No one geographical site or consultant was prioritised. Patients who had stopped taking the medication where excluded. Patient anonymity was maintained by using their unique computer reference code. A questionnaire was sent out by an independent secretary and the returned forms came back to the nurse specialist team. The returned forms were anonymous.

Results: Questionnaires where sent out to 50 patients of which 34 (68%) replied. The majority of patients had Crohn’s Disease 31 (91%), 3 (9%) had IBD indeterminate and none had ulcerative colitis. Of the 34 who replied 10 (29%) reported an injection site reaction. The injection site used in all 10 patients was the abdomen and the reactive site or area had been used for subcutaneous injection previously in all patients. Of the 10 patients who had reacted, 8 (80%) self-administered and 2 (20%) had their injection administered by a relative. The most common reaction was a significant bruise which was noted by 8 of the patients, a subcutaneous rash and / or blister was next common and noted in 6 patients and injection site infection was only noted by 1 patient. All patients were aware of the correct procedure for pre injection cleaning and administration of the medication, including site rotation. Only one patient stated they felt that more input from the nurses would be beneficial.

Conclusions: Injection site reactions following subcutaneous administration of adalimumab was present in around a third (29%) of those surveyed. It is worth noting that not all patients felt that a bruise following a subcutaneous injection could be seen as a reaction. There was however greater concern regarding blistering at the injection site. The support given by the nurse specialist team was deemed appropriate and patients stated that they were aware of the sterile technique and safe administration of adalimumab. The exact reason for these reactions remains unclear. Repeated injections in the same area (although not exact site) appears to be a factor. Unfortunately a full review of site choice and use falls outside of the scope of this audit, however this could form a more in-depth future study.

N005
Emotional Stress and its Influence in the Clinical Evolution of Inflammatory Bowel Disease (IBD)

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Background: Inflammatory Bowel Disease (IBD) is an immunological condition, with two types being more representative and common: Ulcerative colitis (UC) and Crohn’s disease (CD). IBD is important because it is a worldwide chronic condition; it is becoming more common; it is complex to deal with; there is no cure; and responses to clinical treatment and surgery vary. The objective was to understand the influence of emotional stress and its significance in relation to the clinical evolution of patients with IBD.