and Booster negative and one had a previous LTBI (and received prophylaxis).

Conclusions: The PFs occurred most commonly in colon disease localisation. In our study, number of perianal surgeries decreased due to use of biological therapy.

P829
Tuberculous infection in inflammatory bowel disease patients starting anti-TNF in A Coruña Hospital Area

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Background: It is widely known that anti-TNF treatment can cause tuberculosis (TB) reactivation. TB incidence varies significantly between different countries, and regions. In Spain, Galicia is one of the most prevalent region (20 cases/100 000 population in 2014). We have designed this retrospective study to know the prevalence of latent TB infection (LTBI) in our IBD patients starting anti-TNF, to analyse the effectiveness of the preventive measures and the cases of active TB while on anti-TNF treatment.

Methods: We retrospectively reviewed the medical chart of all the patients with IBD who started and received at least one dose of anti-TNF from March 2012 to January 2017 in A Coruña University Hospital.

Results: A total of 147 patients started anti-TNF, 55% were men. Median age at IBD diagnosis was 28.7 years. There were 102 CD and 42 UC patients, and 3 patients with unclassified IBD. Median IBD duration was 6.5 years (interquartile range (IQ) 1.8–15.1) in CD and 2.6 years (IQ 1.4–9.6) in UC, p = 0.054. 67% were on immunosuppressive therapy and 56% on corticosteroids. The prevalence of TB infection was 24.4% (CI 95%, 17.7–32.2). Six patients were previously treated (2 active TB, and 4 LTBI). Of the remaining 141 patients, 30 were diagnosed LTBI: 28 with TB skin test (4 booster effect), 1 with IGRAS (implemented from 2016), and 1 case with the chest X ray (chronic changes). LTBI was associated with age: 45.3 years (IQ 41–50) in LTBI patients vs. 34.5 years (IQ 28.6–44.8) in patients without LTBI, p = 0.0006. Prophylactic treatment was made in 19 patients withisoniazid during 6–9 months and in 11 patients withisoniazid plus rifampicin 3 months. It was well tolerated except for one case of hepatitisotoxicity. Median duration of anti-TNF treatment was 19 months (IQ 10–38). During anti-TNF treatment 3 patients developed active TB. Two were pulmonary TB, in the context of recent bacilliferous contact, 10 and 15 months after starting anti-TNF. The other three patients presented a mediastinal/miliary TB, at 1, 4, and 6 months after starting anti-TNF; these were considered TB reactivation due to anti-TNF. Previous screening results in these five patients: four were previous TB skin test and Booster negative and one had a previous LTBI (and received prophylaxis).

P830
Motherhood and child care are negatively influenced by ulcerative colitis: patients’ insights from the UC-LIFE survey

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Background: Surveys to patients complement information from clinical studies. In this work, we describe the insights of patients with regard to the perceived impact of ulcerative colitis (UC) on their decision to have children and on the vitality to take care of them.

Methods: The insights were collected through an anonymous survey from consecutive UC patients >18 years from 38 hospital clinics in Spain. Patients completed the survey at home and returned it by pre-paid mail. Patients responded “yes/no” to the following questions (1) “Do you think your UC has influenced your decision to have children?”, and (2) “In case you have children, do you feel your UC influences your vitality to take care of them?” The chi-squared or Fisher exact tests were used for the comparison of proportions between the responses in different subgroups.

Results: 585 patients received the survey, 436 (74.5%) returned it (mean age 46.2 years, 52.8% men and 47.2% women, median duration of UC 8 years). Sixty-nine percent were married or living with partner. Patients described the UC symptomatic burden as: “symptoms controlled” (47.1%), “symptoms not impairing everyday life” (28.0%) and “symptoms impairing everyday life” (24.9%). Excluding patients who responded that questions (1) and (2) did not apply to them (n = 126 and n = 147, respectively), 48 out of 278 patients (17.2%) reported that UC had influenced their decision to have children, and 104 of 255 (40.8%) agreed that UC influences their vitality to take care of them. The percentages were higher in women than in men, in younger patients and in those who described more symptomatic disease (Table).

Conclusions: Patients acknowledge a negative impact of UC on critical decisions like motherhood and on the vitality to take care of children, especially women, younger patients and those who report a higher symptomatic burden. Acknowledgments. Funded by Merck Sharp & Dohme of Spain and endorsed by ACCU (Confederation of Spanish associations of patients with Crohn’s disease and ulcerative colitis).
Abstract P830 – Percentage of patients that responded “Yes” to questions on motherhood and children care

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<tr>
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<td>&gt;52 years-old</td>
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P831
Habitual dietary intake of Dutch IBD patients differs from population controls: A case–control study

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Background: Dietary habit is essential in the aetiology of inflammatory bowel disease (IBD). However, the question what to eat remains a burden for physicians rather than a solution to patients. We hypothesised that patients follow “unguided” dietary habits after diagnosis of IBD. This dietary behaviour is more of subjective feelings or personal experience rather than being evidence based. We aimed to investigate whether post-diagnosis dietary intake of potential unfavourable and favourable macronutrients and food groups by IBD patients is comparable with those of controls.

Methods: Dietary intake of macronutrients and 25 food groups were obtained by means of a validated food frequency questionnaire from 492 patients, consisting of 206 ulcerative colitis and 286 Crohn’s disease patients as well as 1297 population-based controls. Based on extensive literature review, food groups were grouped as potentially unfavourable or favourable for IBD. Descriptive analyses and both univariate and multivariate regression models were performed stratified by gender. A p-value <0.0007 was considered statistically significant.

Results: Compared with controls (Figures 1 and 2), IBD patients reported lower intakes of several potentially unfavourable dietary factors like alcohol, dairy and prepared meals. Of clinical interest, IBD patients consumed significantly less potentially favourable food groups including bread, cereals, fruits and nuts. Besides, patients consumed significantly more potentially unfavourable foods, including fat, meat, non-alcoholic drinks and sugar/sweets than controls.

Conclusions: Our study showed that IBD patients follow “unguided” dietary habits after diagnosis, thereby restricting potentially favourable food groups. This may contribute to potentially unintended effects on disease course and its complications.

P832
Is there an association between pain severity and vitamin D deficiency in IBD?

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Background: Pain is commonly reported in IBD patients, and evidence suggests a multifactorial aetiology. Vitamin D deficiency is known to cause muscle pain, but the influence of vitamin D on pain in IBD patients is unknown. The aim of this study was to investigate a possible association between vitamin D levels and pain severity in IBD patients.

Methods: Participants were recruited from nine hospitals in Norway from March 2013 to April 2014. Clinical data were collected by interview and from medical records. The Brief Pain Inventory (BPI) questionnaire was used to measure pain. To explore the possible association between vitamin D levels and pain severity, linear regression models were fitted.

Results: In total, 407 patients were included, 229 (56 %) with Crohn’s disease (CD) and 178 (44 %) with ulcerative colitis (UC). Vitamin D deficiency (25-OH-D < 50 nmol/l) was present in 125 (55 %) of CD patients and 78 (44 %) of UC patients. Pain other than everyday kinds of pain was reported in 182/407 patients (45 %), most commonly in the abdomen, back and joints, and was more frequently reported with higher disease activity scores (SCCAI and HBI). In multivariate analysis adjusted for age, gender and disease activity, there was no association between vitamin D levels and pain severity. Higher pain severity scores were significantly associated...