Conclusion: The VAS scores and daily opiate use (p < 0.01) and it was assumed that the actual patients’ pain only amount of daily prescription narcotics. This finding was anticipated, but the study was able to show more specifically that the pain drives only about 16% of the amount of narcotic needed daily.

Results: The study included 52 patients with chronic pancreatitis on daily opiates. Demographic data included an average age of 49. The vast majority of the patients were Caucasian (84.62%). More than half of them were unmarried (61.54%) and half of them were unemployed (48.08%). See Table 1. A linear regression was performed to compare and find correlations. A significant association was found between the VAS scores and daily opiate use (p < 0.01) and it was assumed that the actual patients’ pain only attributed to 16% of their daily narcotic use (R2 = 0.159). This correlation is visualized in Figure 1 below.

Conclusion: There was a statistically significant association between the Visual Analog Scale and the amount of daily prescription narcotics. This finding was anticipated, but the study was able to show more specifically that the pain drives only about 16% of the amount of narcotic needed daily.

Introduction: Chronic pancreatitis remains a difficult disease to treat and pain control remains a mainstay of treatment. While improving pain control has been associated with an improved quality of life, it may be possible that the quality of life in patients with chronic pancreatitis may be driven by narcotic use and opiate use in this chronic pancreatitis population. This study demonstrates that increased narcotic use does not translate to improved quality of life. It may be possible that the quality of life in patients with chronic pancreatitis may be driven by malnutrition, disability, unemployment, or divorce rate. More studies are needed to determine the most powerful driving factors of the patient’s quality of life.

The Association of Quality of Life With Opiate Use in Chronic Pancreatitis Patients
Julien Fahed, MD1, Samuel Han, MD2, Joan Kheider, MD2, Lisa Bocelli, DO3, Amy Wachholtz, PhD4, Walid Wassef, MD, MPH, FACG5. 1. University of Massachusetts Medical School, Worcester, MA; 2. University of Massachusetts Medical Center, Worcester, MA; 3. UMass Memorial Medical Center, Worcester, MA.

Introduction: Chronic pancreatitis remains a difficult disease to treat and pain control remains a mainstay of treatment. While improving pain control has been associated with an improved quality of life, the relationship between narcotic use and quality of life remains unclear. The aim of this study was to examine this relationship between narcotic use and quality of life utilizing the PANQOLI, a validated questionnaire specifically designed to capture a holistic view of quality of life in chronic pancreatitis patients.

Methods: Patients with chronic pancreatitis previously diagnosed by endoscopic ultrasound who regularly receive their care at our institution were recruited for this study. Patients were given the PANQOLI and had demographic information collected, including their daily opiate use.

Results: 51 patients with chronic pancreatitis participated in this study. The average age was 48.6 and females constituted 62.75% of the population. In terms of racial distribution, 84.31% of the population was Caucasian. Noticeably, there was a high unemployment rate (49.0%), disability rate (21.6%) and unmarried rate (62.8%). See Table 1. Linear regression between PANQOLI scores and the amount of narcotics was performed and showed no significant correlation (F = 0.38).

Conclusion: There was no association between quality of life and opiate use in this chronic pancreatitis population. This study demonstrates that increased narcotic use does not translate to improved quality of life.

Table 1. Demographic data of patients with chronic pancreatitis

| Age (years) | 48.6±9.6 |
| Female sex (%) | 35/51 (62.75%) |
| Race | Caucasian (43/51 (84.31%)) Hispanic (3/51 (5.88%)) Black (2/51 (3.92%)) Other (1/51 (1.96%)) |
| Relationship status | Married (19/51 (37.25%)) Single (13/51 (25.49%)) Divorced (9/51 (17.65%)) Unmarried couple (5/51 (9.8%)) Single parent (3/51 (5.88%)) Unknown (2/51 (3.92%)) |
| Employment | Unemployed (25/51 (49.02%)) Disability (1/51 (1.96%)) Employed (9/51 (17.65%)) Job seeking (1/51 (1.96%)) Retired (1/51 (1.96%)) Unknown (3/51 (5.88%)) |

Risk Factors for Clostridium difficile Infections in Patients Hospitalized With Acute Pancreatitis
Jessica R. Allegretti, MD, MPH1, Vivek Kadiyala, MD1, Peter A. Banks, MD, MACG, Julia McNabb-Balbuz, MD1, 1 Brigham and Women’s Hospital, Cambridge, MA; 2. Center for Pancreatic Disease, Brigham and Women’s Hospital, Division of Gastroenterology, Hepatology, and Endoscopy, Boston, MA.

Introduction: Acute pancreatitis is the most common principle GI reason for hospital admission. Antibiotics are often given to patient with pancreatitis especially if there is concern for infection. Clostridium difficile infection (CDI) is exponentially increasing in hospitalized patients.

Methods: A retrospective analysis was performed on a subset of patients with acute pancreatitis from the NIS database. A logistic regression model was built to identify predictors of CDI in patients with pancreatitis. Variables felt a priori to be risk factors for CDI were included in the model.

Results: 2,569,410 patients with acute pancreatitis were identified. Of these, 22,469 patients had CDI (0.9%) during the index admission. Several variables were found to increase the odds of CDI during hospitalization. These include a diagnosis of ulcerative colitis (OR 3.8, 95%CI 3.3-4.3; p < 0.001), use of TPN (OR 2.9, 95%CI 2.8-3.0; p < 0.001), infection (OR 2.5, 95%CI 2.4-2.5; p < 0.001), use of enteral feeds (OR 2.1, 95%CI 1.9-2.3; p < 0.001) and high comorbid score (Charlson Comorbidity Index>3 OR 2.1, 95%CI 2.0-2.2; p < 0.001).

Conclusion: Acute pancreatitis is a common cause of hospital admission. Patients with severe disease are often given antibiotics, though antibiotics are not needed for sterile necrosis. There has been an increasing trend of c. difficile infections complicating hospitalizations for acute pancreatitis. Patients with concurrent infections are likely to get antibiotics, which puts them at risk. However, risk factors such as TPN and enteral feeding suggest patients with more severe disease are more at risk for c. difficile infections. In these patients antibiotics should be used very judiciously given this increase risk.

A Nationwide Examination of Trends of Hospital Admissions for Acute Cholecystitis in the United States From 1997-2012
Vaibhav Wadwa, MD1, Sushil Garg, MD2, Soumi Patwardhan, MD3, Madhussudhan Sanaka, MD4. 1. Cleveland Clinic, Cleveland, OH; 2. University of Minnesota, Saint Paul, MN; 3. University of Massachusetts Medical School, Worcester, MA; 4. Department of Gastroenterology, Cleveland Clinic, Cleveland, OH.

Introduction: Acute Cholecystitis is a fairly common inpatient diagnosis in internal medicine and gastroenterology. The aim of this study was to use a national database of U.S. hospitals to evaluate the incidence and costs of hospital admission associated with acute cholecystitis.

Methods: We analyzed the National Inpatient Sample Database (NIS) for all patients in which acute cholecystitis (ICD-9 code: 574.00, 574.01, 574.30, 574.31, 574.60, 574.61, 575.0) was the principal discharge diagnosis from 1997-2012. The NIS is the largest all-payer inpatient database in the United States containing data from approximately 8 million hospital stays each year. The statistical significance of the