CONCLUSION(S): Patients with IBD had a greater improvement in their quality of life compared to IBD and control groups, as well as a higher prevalence of mood disorders compared to patients with organic diseases and the CG. They also had lower rates of self-harm. The female sexual dysfunction was high in IBD, compared to the others and no difference in erectile dysfunction rates between the groups was found.

According to the patient's state of hydration. The inflammatory process through the liberation of pro-inflammatory mediators with consequent capillary permeability alteration and interstice liquid extravasation increase the amount of extravascular fluid (ECF), therefore generating edema. The hypothesis of this study was that patients with active inflammatory bowel disease accumulate a larger percentage of ECF. The aim of this study was to assess the amount of intracellular fluid (ICF) and ECF using BIA and to compare the proportion of these components in patients with inflammatory bowel disease (IBD) in remission and in clinical activity.

METHODS: Patients with Crohn's disease (CD) and ulcerative colitis (UC) were evaluated. The Crohn's Disease Activity Index for CD and the Mayo score for UC were used in addition to the values of C-reactive protein (CRP), erythrocyte sedimentation rate (ESR) for classification of disease activity severity. BIA was performed to determine ICF and ECF and to obtain the ICF/ECF ratio. Descriptive analyses of the data were performed by the Mann-Whitney test and the Student's t-test. Normality of distribution was tested by the Shapiro-Wilk test.

RESULTS: A total of 160 patients were evaluated, of whom 63 had CD and 97 had UC. Twenty-seven patients were identified, 62.9% female, mean age 36.37 (± 4.99) years being 31.85% of them with CD and mean disease duration of 6.40 years. There was significant difference in the proportion of females between the two groups (P <0.008), and remission patients had the disease for the longest time. Nevertheless, there was no difference observed between ICF (55.58 ± 5.75 vs. 55.1 ± 5.47, P = 0.976) and ECF (45.42 ± 4.47 vs. 44.54 ± 4.47, P = 0.833) in patients in clinical activity and respectively.

CONCLUSION(S): With these results, it can be concluded that there is no difference between the proportion of these components (ICF and ECF) in patients with inflammatory bowel disease in remission and in clinical activity. Further studies are needed to elucidate this association.

P-080 Rates of Clinical Response, Clinical Remission and Endoscopic Response in Crohn’s Disease: Methotrexate Versus Combined Therapy

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BACKGROUND: Crohn's disease (CD) is a chronic and relapsing condition characterized by an immunological inflammatory reaction in the digestive tract. Its control is essential but it has recently changed, becoming the mucosa healing the main goal of the current treatment. To achieve it, the use of anti-TNF is sometimes necessary, but mostly, the anti-TNF agents have been proven ineffective in IBD.

The aim of the study was to compare the rates of clinical response, clinical remission, endoscopic response and loss of response among patients with CD treated with monotherapy (anti-TNF) and combined therapy (anti-TNF + azathioprine).

METHODS: A longitudinal, analytical, observational and prospective study of 78 patients with moderate or severe CD with anti-TNF therapy associated or not with azathioprine. Patients were evaluated at weeks 0, 14, 30 and 54. The variables analyzed were: age, gender, disease duration, Montreal classification, CDAI index, hospitalization rates, surgeries and death. Clinical response and remission were defined as drop of ≥50% of baseline CDAI and CDAI ≤150, respectively. Endoscopic response was marked as a decrease of ≥50% or more than the baseline SES-CD. Loss of response was defined as a CDAI worsening in patient with previous clinical response. Statistical Analysis: descriptive and association tests. RESULTS: The mean age was 28.59 (± 13.42) years, 55% were females and the disease duration was on average 6.6 (± 5.2) years. Montreal Classification showed commonly L3 (46%), B2 (44%) and B3 (41%) and perianal disease was observed in 50. Adalimumab was used in 53% and infliximab by 47%. Clinical response was observed in 80% of 78% with ADA and 70% with IFX (P = 0.05). Endoscopic response was present in 74% in ADA and 84% in IFX group (P = 0.07). Adverse event stated in 23% patients presented, infection in 13% and surgery was necessary in 17% of the patients. Most patients used combination therapy (85%). There was no difference in clinical response rates (78% versus 92%, P = 0.44, clinical remission (74% versus 92%, P = 0.27), endoscopic response (76% versus 67%, P = 0.49) and loss of response (20% versus 0, P = 0.20) between the combined therapy and monotherapy groups respectively.

CONCLUSION(S): There was no difference in rates of clinical response, clinical remission and loss of response between patients treated with anti-TNF therapy isolated and the combination with azathioprine.

P-084 Steroids Use Is the Major Factor Associated With Clostridium Difficile Infection During IBD flares in the Outpatient Setting

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BACKGROUND: The proportion of patients with CDI was significantly higher in IBD patients experiencing flares than in both inactive IBD and non-IBD groups (28.8% vs. 5.6% vs. respectively, P <0.001). Females (OR=1.39, 95% CI, 1.13-1.78), younger age (OR=0.77, 95% CI, 0.65-0.92), steroid treatment (OR=7.42, 95% CI, 5.17-40.20), and infliximab therapy (OR=7.42, 95% CI, 5.17-40.20), were independently associated with CDI. There was a dose-related increase in the odds of having CDI on patients using prednisolone. All patients treated with vancomycin had a satisfactory response to therapy, but 21% presented recurrent CDI and 16% were hospitalized. Neither colectomy nor mortality was noticed.

CONCLUSION(S): In IBD outpatients presenting with colitis flare, CDI is highly prevalent. Females, younger age, inpatient use, and notably steroids therapy were independently associated with CDI. Most patients with CDI experienced mild-to-moderate disease and prompt treatment with vancomycin was highly effective, what seems to reduce the serious complications risks.
P-084
Safety of Short 30 Minutes Infliximab Infusion: A Pilot Study
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BACKGROUND: Infliximab (IFX), a TNF-α inhibitor, plays a major role in the treatment of inflammatory bowel disease (IBD). It’s typically infused over 2 hours, progressively increasing the infusion rate to a maximum rate of 160ml/hr. This slow infusion was adopted because of concerns for infusion reactions. However, this strategy increases both direct cost (cost per hour of nurse, facility fee, nurse time) and indirect costs (patient time away from work and family). Our pilot study aimed to assess the safety of a shorter 30 min. infusion of IFX.

METHODS: Patients followed at Medstar Georgetown University, who were on a stable maintenance dose of IFX and who had no history of infusion reaction to standard 2hrs IFX infusion were offered to change to shorter infusion. We assessed the occurrence of adverse reactions during the infusion and up to 30 days after IFX infusions. Reactions were further classified as drug related or infusion related. We present the data of our 6 months experience with short infusion (i.e. after an average of 3-4 admissions/patient).

RESULTS: Of 121 IBD patients receiving IFX at our institution during the last year, 46 (38%) received 30 min. short infusion. None of the patients reported any adverse reactions during the maintenance dose infusion of 5 mg/kg (66% of patients) to 7.5-10mg/kg (31%). Adverse reactions were reported in a total of 10 patients (8.3%), 4 of which in the short infusion group. A total of 5 patients, 3 of which had short infusion, had drug induced paradoxic psoriasis. Five patients had an infusion reactions: 3 had cardiovasular events (high blood pressure, tachycardia) of which 1 had received a short infusion, and 2 had self limited skin rash. None of these infusion reactions were deemed severe and none led to a change in the subsequent infusion strategy. Correlation studies were performed and no correlation was found between the incidence of adverse events and IFX infusion rate, IFX dose, and duration of IFX therapy before the reaction occurred (P=0.89).

CONCLUSION(S): Short 30 minute IFX infusions in selected patients who are on a stable dose of IFX and have no history of infusion reaction during standard 2hrs infusions were well tolerated and were not associated with an increased incidence of adverse reactions. Further studies on a larger group of patients and for a longer period are needed to confirm these findings. Reduction of infusion time will decrease direct and indirect cost of therapy and improve patient experience.

P-085
Psychiatric Conditions Are Associated With Medical Noncompliance and Worsening Disease Course in IBD Patient Population
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BACKGROUND: Psychiatric comorbidities such as anxiety and depression are common in patients with IBD and have been shown to decrease medical compliance and quality of life. These conditions can frequently impede the long-term follow up necessary for disease maintenance and IBD remission. Our study investigates whether psychiatric comorbidities in patients with IBD are associated with a worsening disease course in an outpatient GI clinic cohort.

METHODS: A retrospective chart review was performed of patients with IBD who were evaluated in the outpatient GI clinic from 2013-2017. Demographic and medical history including IBD-related factors were compared between patients with and without psychiatric comorbidities (any time) to determine if increasing psychiatric burden was associated with worsening IBD course.

RESULTS: A total of 162 patients were included, of which 48 patients (30%) had a comorbid psychiatric disorder. The mean age was 41.1 years (SD: 16.0), with 62% females, 58% Caucasian, and mean BMI of 26.2 kg/m2. The most common psychiatric conditions were depression (31) and anxiety (25), of which 36 patients were currently on psychiatric medications. The median age of diagnosis (23.3 vs 24.0 years, P=0.90) or duration of disease (11.4 vs 15.0 years, P=0.26) were not significantly different between patients with or without psychiatric conditions. However, patients with psychiatric conditions were significantly more likely to have a history of missed GI clinic appointments (94% vs 76%, P=0.044), a history of narcotics (34% vs 11%, P=0.008) or illicit drug use (15% vs 6%, P=0.003), and more frequently undergo CT (P=0.154) or MRI (P=0.032) imaging. These patients also had a nonsignificant trend for previous TNF-α failure (33% vs 20%, P=0.122) and IBD-related surgery (32% vs 27%, P=0.58). The use of psychotropic medications, suggestive of more severe psychiatric disease, was associated with increasing narcotic use (P=0.003) and illicit drug use (P=0.001) in a dose dependent manner. Having a psychiatric comorbidity (odds ratio = 4.51; 95% CI 1.228-15.11; P=0.020) was independently associated with missed GI appointments even after controlling for traditional demographic risk factors such as age, sex, insurance status and use of biologics.

CONCLUSION(S): Psychiatric comorbidities such as anxiety or depression in patients with IBD are significant risk factors for medical non-compliance and predispose to a worsening disease course. Physicians should emphasize a patient-centered approach addressing both physical and mental health when managing the medical needs of patients with IBD.

P-086
Low Incidence of Hepatitis B Seropositivity in Inflammatory Bowel Disease Patients Prior to Anti-TNF Therapy
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BACKGROUND: Use of anti-TNF in Inflammatory Bowel Disease (IBD) patients with concurrent Hepatitis B Virus (HBV) infection can lead to viral reactivation and potentially fatal liver failure. It is recommended to test HBV serology before starting antiTNF. HBV vaccines have been part of the routine childhood immunization schedule since 1994. 95% of vaccinated immunocompetent individuals will produce protective antibodies, and up to 51% will remain seropositive 30 years after receiving the vaccine. Here we assess the incidence of seropositivity for HBV in IBD patients prior to initiation of antiTNF, and explore potential factors affecting seropositivity.

METHODS: We performed a retrospective analysis of our IBD population at Medstar Georgetown University Hospital, who have reported childhood HBV vaccination. Medical records were mined for relevant demographic, treatment and serology data. We used statistical analysis to determine any correlation between HBV serology and factors such as race, age at diagnosis of IBD, age at HBV serology testing, disease phenotype, age at first IBD-related surgery, and use of immunomodulator.

RESULTS: We identified 200 patients (63% with Crohn's disease and 37% with ulcerative colitis), who adhered to our inclusion criteria. Up to 67% were white, 54.5% were female and 45.5% male. Only 8 patients (4.2%) were seropositive whereas 115 (57%) were seronegative for HBV (<10 mIU/mL). The mean age at time of IBD diagnosis was 27.7 years (SD 13.6) and the mean age at HBV serology testing was 36.5 years (SD 13.5), with the median disease duration prior to serology testing of 7 years. Seventy percent (36% of patients) had undergone one or more IBD surgeries, and 35% were on immunomodulator prior to serology testing. Statistical analysis revealed no correlation between HBV seronegativity and race, disease phenotype, age at diagnosis, disease duration prior to serology testing, history of IBD related surgeries, and treatment with immunomodulators (P>0.05). However, there was correlation between seronegativity and high disease burden (P=0.042). Seronegativity also correlated with more advanced patient’s age at time of serology testing (P=0.048), with reversal in the ratio of seropositivity:seronegativity after age 30.

CONCLUSION(S): Our IBD cohort had a lower incidence of HBV seropositivity compared to the general population. Furthermore, there was a correlation between HBV seronegativity and higher disease burden. These findings suggest that the disease itself can decrease the immune response or maintenance of response to HBV vaccination. An age of more than 30 years at the time of HBV testing also correlated with seronegativity, which can be explained by a decrease in immunity in time in those vaccinated as infants. Further studies are necessary to identify the percentage of patients who didn’t receive vaccination during infancy. More research is required in order to assess the significance between these correlations in larger patient cohorts.

P-088
Conventional Therapy in Adults With Moderate to Severe Inflammatory Bowel Disease: A Systematic Literature Review
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BACKGROUND: Moderate to severe inflammatory bowel disease (MS-IBD) has a negative impact on patients' health and quality of life, besides placing a burden on healthcare resources. Control of IBD, including recovery of remission and maintenance of normal healing, is important to avoid disease-related complications. Despite the advent of biologic therapy, conventional therapy continues to be used in MS-IBD, especially in countries uninsured for biologics. This systematic review aims to investigate data on efficacy of conventional therapy for MS-IBD.