Conclusions: A majority of patients with moderate to severe CD benefits from higher TNF dose at baseline, whereas patients with a prior response to TNF dose escalation may achieve remission with lower TNF dose. Predictors of response to dose escalation are not clear.

Response and remission were defined based on physician global assessment. Primary outcome was clinical response to dose escalation. Secondary outcomes were clinical remission and endoscopic response to dose escalation. Multivariable regression with backward elimination was performed to identify predictors of clinical response to UST dose escalation.

Results: A total of 68 patients received UST dose escalation, median age of the cohort was 39 years, 59% had endoscopic response, and 20.5% achieved endoscopic remission. Baseline characteristics of the patients included median age 39 years (IQR 30.2-50.7), median BMI 25 (IQR 22.5-28.6), 90% Caucasian, 59% men, 23% ex-smokers and 83% extensive colitis prior to colectomy. 18% of our patients had discrete ulcerations in their pre-pouch ileum. In a multivariate analysis including age, sex, BMI, disease extent, race, ex-smoking status, prior treatment with anti-TNFs or immunomodulators, history of PSC and previous infection with C. difficile, none of these factors were associated with pre-pouch ileal ulcers (Table 1).

Conclusions: Despite a firm diagnosis of UC prior to colectomy, 18% of patients at our tertiary center were found to have discrete ulcers in their pre-pouch ileum. We did not identify predictive factors in this patient cohort, but the potential impact of these findings suggests that proactive post-operative monitoring may be helpful.

Epidemiology of Major Depressive Disorder, Anxiety Disorder, and Bipolar Disorder in Ulcerative Colitis in the United States Between 2014 and 2019: A Population-Based National Study

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Introduction: Studies have shown that patients with ulcerative colitis (UC) are at an increased risk for developing psychiatric illnesses including major depressive disorder (MDD), anxiety disorders, and bipolar disorder. However, the extent to which this has been limited by a small sample size. We aimed to describe the epidemiology of psychiatric illness in UC through utilization of a large scale population.

Methods: We queried a commercial database (Epicryl Inc, Cleveland, OH), an aggregate of electronic health record data from 26 major integrated US healthcare systems. We identified an aggregated patient cohort of eligible patients with a diagnosis of UC and depression, anxiety, and bipolar disorder between 2014 and 2019 based on the Systematized Nomenclature of Medicine-Clinical Terms (SNOMED-CT). We also identified patients with a diagnosis of depression, anxiety, or bipolar disorder without UC. We calculated the overall prevalence of depression, anxiety, and bipolar disorder in UC among various patient groups. We also performed univariate analyses to identify risk factors for psychiatric illness in UC.

Results: Of the total number of patients in the database with UC, 22,780 had depression, 28,480 had anxiety, and 5,140 had bipolar disorder, with prevalences of 17%, 23%, and 4%, respectively. Depression, anxiety, and bipolar disorder in UC were more prevalent than in individuals without UC. Within UC, psychiatric illness was more prevalent in elderly (age >65 years old), females, and

Ulceration of the Pre-Pouch Ileum in Patients With Ulcerative Colitis Following Pouch Colectomy With Ileal Pouch-Anal Anastomosis: An Analysis of Pouchoscopies From 272 Patients

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Introduction: Pouchitis usually spares the pre-pouch ileum, however, a subset of patients develops discrete ulcerations in the pre-pouch ileum despite a firm preoperative UC diagnosis. The prevalence of such findings and predictive factors have not been adequately studied. We report a large cohort of patients undergoing pouchoscopies and describe the prevalence of pre-pouch ileal ulcerations.

Methods: This is a retrospective single-center study of adult patients with UC who had a total proctocolectomy with IPAA and subsequently underwent pouchoscopy between January 2007 and August 2018. At our institution, pouchoscopies are performed using a standard operating protocol. These reports include detailed descriptions of the mucosa as well as high-definition images of the different areas of the pouch, the pre-pouch ileum, the pouch inlet, forward view of the pouch, a retroverted view of the pouch, and the rectal cuff. Based on these images and descriptions, we characterized pouch phenotypes and ulcer locations. Patient demographic and clinical data were also assessed.

Results: We reviewed the pouchoscopies of 272 patients who underwent pouchoscopy with IPAA for a pre-operative diagnosis of UC. Characteristics of the patients included median age 39 years (IQR 30.2-50.7), median BMI 25 (IQR 22.5-28.6), 90% Caucasian, 59% men, 23% ex-smokers and 83% extensive colitis prior to colectomy. 18% of our patients had discrete ulcerations in their pre-pouch ileum. In a multivariate analysis including age, sex, BMI, disease extent, race, ex-smoking status, prior treatment with anti-TNFs or immunomodulators, history of PSC and previous infection with C. difficile, none of these factors were associated with pre-pouch ileal ulcers. In a univariate analysis, the only factors that were associated with pre-pouch ileal ulcers were presence of ulcerations at other pouch locations (OR 7.01; 95% CI 1.83-27.07; P = 0.030). Based on these images and descriptions, we characterized pouch phenotypes and ulcer locations. Patient demographic and clinical data were also assessed.

Conclusions: Despite a firm diagnosis of UC prior to colectomy, 18% of patients at our tertiary center were found to have discrete ulcerations in their pre-pouch ileum. We did not identify predictive factors in this patient cohort, but the potential impact of these findings suggests that proactive post-operative monitoring may be helpful.

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Figure 1. Proportion of patients with biochemical, radiographic, endoscopic, and composite recurrence at follow-up stratified by postoperative biologic exposure.

Figure 2. Kaplan-Meier curve for any postoperative recurrence at follow-up stratified by postoperative biologic exposure.