patients who felt supported had a lower rate of developing worsening of IBD symptoms compared to those who felt unsupported (21% vs 34%; p < 0.05). Increase in bowel movement frequency (n = 96) and abdominal pain level (n = 89) were the two most common complaints. Sixty-three percent of patients who reported worsening of disease spoke with their HCP about changes. Patients’ anxiety or decision to not talk to HCP were not explained by changes in health insurance as 99% of patients reported COVID did not affect rates of coverage. A small portion of patients (7%) reported changes to their medications/dosing since the outbreak, mostly due to worsening of symptoms. Approximately 30% of patients reported changes in eating habits since the outbreak. In free response (N = 145), 47% of them reported “healthier” changes (e.g. more vegetable & fruit), 13% indicated eating “worse” (e.g. more junk food) with another 40% neutral, though there was not a significant difference in symptom worsening (24% vs 32%, N = 87, p = 0.47).

CONCLUSION: Our results indicate the COVID-19 outbreak had negative psychological and symptomatic impacts on IBD patients. Patients with CD were more likely to experience COVID-related anxiety compared to patients with UC. Those who stressed about COVID were more likely to experience worsening of IBD symptoms. Patients who discussed the pandemic with their HCP were more likely to feel supported and less likely to experience symptom worsening, although many who experienced symptom worsening did not talk to their HCP. Almost one-third of patients reported changes in eating habits, but this was not correlated with symptom worsening. Longer term data on COVID effects on IBD patients are needed.

PO33

Demographic Factors Associated with Successful Telehealth Visits in Inflammatory Bowel Disease Patients

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BACKGROUND: During the SARS-CoV-2 pandemic, there was a rapid shift to telehealth for inflammatory bowel disease (IBD) care. Although past efforts with smaller populations have shown that telehealth for IBD can be cost-effective and high quality, little was known about the effect of a system-wide shift towards telehealth. In this study, we evaluated patients who were scheduled to visit a single institution to determine the demographics associated with telehealth use and what factors increased the chance of a technically successful visit.

METHODS: Data was collected from March - July 2020 as the adult IBD clinic was transitioned to a fully telehealth model. A protocol for telehealth was implemented including education for all staff to the telehealth connection protocol. The schedulers sent instructions to the patient through the electronic medical record (EMR). Staff called the patient within 24 hours of the visit to ensure ability for connection. A retrospective analysis was performed on all visits scheduled for this period from the IBD clinic and internal medicine department using EMR data via a web-based tool and obtained information on demographics including age, sex, and insurance status. The success of a patient visit was defined by the billing code associated with the visit. All patients were counseled on how to do a video telehealth visit through the EMR and connection to the platform Zoom. If this failed, providers attempted to conduct the visit as a phone call only encounter.

RESULTS: 2571 telehealth visits were scheduled between March and July 2020 for adult IBD patients with 2498 (98%) successfully completed by video or phone. Patients were 60% female and median age was 41 years (range 18, 91 years). 75% of the visits were conducted with patients with commercial insurance, 15% with Medicare, 5% with Medicaid, 5% with other insurance status. Video encounter completion rates from the same time period were compared between the IBD clinic and the entire internal medicine department. Patients in the IBD clinic were more likely to have a successful video encounter compared to phone only (P 0.0001). Both sub-populations were followed for 12 months be-

PO34

Rates of Anti-TNF Drug Persistence in Patients with Crohn’s Disease

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BACKGROUND: Crohn’s disease (CD) is an inflammatory bowel disease with steadily increasing incidence over the past several decades. Three anti-tumor necrosis factor (TNF) agents (infliximab, adalimumab, and certolizumab pegol) have demonstrated efficacy in treatment of patients with moderate to severe CD who inadequately respond to treatment with corticosteroids, thiopurines, and/or biologics. Therefore, the aim of this study was to determine differences in persistence for 2 sub-populations of patients with CD treated with anti-TNF agents: anti-TNF naïve patients, and patients switching to another anti-TNF agent.

METHODS: The study population for this retrospective analysis was drawn from real world administrative claims data for patients enrolled in Medicare or commercial regional health plans from January 1, 2010 to September 30, 2018 with a diagnosis for CD and at least one pharmacy or medical claim for an anti-TNF agent within the treatment period. Patients with 12 months of baseline data with no anti-TNF treatment were considered anti-TNF naïve and assigned an index date of the first medical or pharmacy claim for an anti-TNF agent. Patients with claims for 2 or more anti-TNF agents during the claim’s evaluation window were considered anti-TNF experienced patients and assigned an index date of service for the earliest anti-TNF pharmacy claim or anti-TNF agent than previously observed. Both sub-populations were followed for 12 months be-

PO35

Decrease in Severity of Psychiatric Comorbidities in the IBD Population During the COVID-19 Pandemic

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BACKGROUND: The COVID-19 pandemic has greatly increased the rate of Major Depressive Disorder (MDD) and Generalized Anxiety Disorder (GAD) in the general population (Carletz, 2020). We used a computerized adaptive testing technology to measure how inflammatory bowel disease (IBD) patients’ mental health has changed during this time.

METHODS: A cross-sectional study including 145 IBD patients and 155 healthy people. As evaluation parameters, the depression (MDD) and anxiety (GAD) symptoms of patients were evaluated in the period before declaring a pandemic (pre-PAN) and after declaring a pandemic (post-PAN), with 2498 (99%) successfully completed by video or phone. Patients were 60% female and median age 39 years (range 18, 91 years). 75% of the visits were conducted with patients with commercial insurance, 15% with Medicare, 5% with Medicaid, 5% with other insurance status. Video encounter completion rates from the same time period were compared between the IBD clinic and the entire internal medicine department. Patients in the IBD clinic were more likely to have a successful video encounter compared to phone only (P 0.0001). Both sub-populations were followed for 12 months be-

PO36

Clinical and Psychological Factors Associated with Impaired Body Image in Patients with Inflammatory Bowel Disease

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METHODS: Cross-sectional study including 145 IBD patients and 155 healthy people. As evaluation instruments, clinical variables, clinical disease activity, quality of life (IBDQ and SF-36), Hospital Anxiety and Depression Scale (HADS), Rosenberg Self-Estem Scale and Body Image Scale (BIS) were used. Statistical Analysis: Pearson’s association and correlation tests.