Ten patients were identified with IBD and restrictive eating patterns. Age at diagnosis was 7–16 years, 8 females and 2 males. 7 had CD, 2 UC, and 1 IBD. Five patients had known mental health conditions at time of IBD diagnosis (anxiety, ADHD, Major Depressive Disorder). 2/10 patients had formal ED diagnosis before their IBD diagnosis. 8/10 patients developed symptoms of ED after IBD diagnosis and met criteria for ED NOS. 6/8 (75%) patients with ED NOS after IBD diagnosis were exposed to diet therapy: 2 EEN, 4 EEN with subsequent SCD. 3/8 had a prior mental health diagnosis. ED NOS appeared within a median of 22 months from diet therapy initiation (range 2 months–3 years). Of the 2 patients with a previous ED diagnosis, 1 was exposed to diet therapy: Both patients had persistent ED symptoms despite remission with biologic therapy. Of the 6 patients with ED NOS after IBD diagnosis who were exposed to diet therapy, 4 had persistent ED despite clinical remission with biologic therapy. Lastly, both patients developed ED NOS after IBD diagnosis and were not exposed to diet therapy had persistent ED NOS symptomatology despite remission with biologics.

CONCLUSION: Eight out of 10 children with IBD and ED disorder symptoms diagnosed before or after IBD diagnosis had persistent ED symptoms despite successful IBD therapy with biologics. The overlap between IBD and ED merits further study to outline the incidence of ED in IBD, possible risk factors for persistent ED and understand patient outcomes. In our case series, ED symptoms persisted in patients regardless of whether nutrition therapy was used or not.

P056

Power Calculations in Randomised Controlled Trials of Inflammatory Bowel Disease

Lukasina Zutekla1, Gordon Morris2, Sinopoulou Vasiliki2
1University of Central Lancashire, Preston, United Kingdom.

BACKGROUND: Sample size estimation is a vitally important calculation to make when designing a clinical trial. The most common type of randomised controlled trials (RCTs) on interventions for Inflammatory Bowel Disease (IBD) have no power calculation (PC). We set out to systematically review RCTs reporting interventions for the management of IBD and to use the actual clinical data across these comparisons to produce data for minimum sample sizes that would achieve appropriate power.

METHODS: We included RCTs investigating any form of therapy for the treatment of IBD in patients of any age and interventions for either induction or maintenance of remission against placebo, no intervention, or treatment. The relevant data was extracted, and the studies were grouped according to the intervention used. We recalculated sample size and the achieved difference, as well as minimum sample sizes needed in the future.

RESULTS: A total of 105 trials were included. There was a large discrepancy between the estimated figure for the minimal clinically important difference used for power calculations and the actual differences seen. The minimum sample sizes to use in future trials were proposed based on the calculations made from actual observed clinical differences from previous studies.

CONCLUSION: A third of intervention studies in IBD within the last 25 years are underpowered, 1/4 the minimum sample sizes needed in the future.

P057

Measuring Patient-Reported Outcomes in Crohn’s Disease Patients During the Outbreak of COVID-19

Pierra Moreira1, Petaia Malery2, Ferrari Sandro3, Camargo Hugo4, Rocha José Joaquim5, Félix Oscar6
1Ribeirão Preto Medical School, University of São Paulo, Ribeirão Preto, Brazil.

BACKGROUND: There are no data regarding the application of Patient-Reported Outcome (PRO) measures under the COVID-19 pandemic. The aim of the present study was to use a specific PRO measure to assess clinical and CD activity during the COVID-19 pandemic.

METHODS: We interviewed 67 consecutive CD patients during the COVID-19 quarantine. We measured PROs using an adapted questionnaire that consists of a structured questionnaire evaluating 2 major domains: “symptoms” and “impacts”. In the “symptoms” domain, 4 sub-domains were evaluated, namely: “gastrointestinal”, “pain and discomfort”, “nutrition-related” and “energy-related”. In the “impacts” domain, 6 sub-domains were evaluated: “emotional”, “daily performance”, “lifestyle and activities”, “social functioning”, and “dietary”.

RESULTS: A total of 67 patients were interviewed. Mean age was 43.0 ± 14.7 years, 58.2% of patients were male. Mean disease duration was 12.4 ± 9.1 years, a history of perianal disease was present in 49.3% of patients, and 41.8% had previous bowel resection. There were no statistical differences in any of the 4 symptoms subdomains (P = 0.51), “pain and discomfort” (P = 0.08), “nutrition-related” (P = 0.97), and “energy-related” (P = 0.70) when we compared active CD and patients in deep remission. There were no statistical differences in 4 of 6 subdomains (“daily performance” (P = 0.53), “lifestyle and activities” (P = 0.89), “social functioning” (P = 0.97), “dietary” (P = 0.34)). Two out of 6 “impacts” sub-domain were significantly reduced in patients with clinical activity compared to patients in deep remission [Emotional (P = 0.009) and 61.5% vs 21.3%, P = 0.001).

CONCLUSION: The application of PRO measures in IBD patients demonstrated a negative impact on the emotional aspects and QoL quality of life during COVID-19 outbreak.

P058

Tofacitinib and Ileal Pouch Anal Anostomosis: A Single-Center Case Series

Abd El Aziz Mahamoud1, Braço Neto Manuel2, Perry William3, Raffaello Laura3, Belim Kevin1
1Mayo Clinic Rochester, Rochester, United States.

BACKGROUND: Tofacitinib is an emerging off label option for patients with moderate to severe ulcerative colitis (UC). However, data about the postoperative complications after ileal pouch anal anostomosis (IPAA), and the long-term pouch function after using tofacitinib is scarce. This study aims to describe postoperative complications and pouch function for patients with UC who had prior exposure to tofacitinib preoperatively.

METHODS: After institutional review board approval, electronic medical records were reviewed for patients with UC who were subsequently underwent IPAA. Demographics, an- thropometrics, previous treatments, smoking, preoperative risk factors and comorbidities, post- operative complications, and long-term pouch function were evaluated.

RESULTS: A total of 13 patients were included. Of them, 10 (76.9%) were male, 1 (7.7%) current smoker, 75% (9/12) had primary sclerosing cholangitis (PSC), 13 (100%) had ≥ 3 previous 1 lines of treatment for UC. The median age at diagnosis was 23 years (IQR 21.3 – 34) and the median duration of UC was 10 years (IQR 4 – 17.5). All patients had previously failed tumor necrosis factor-alpha inhibitors and steroids while 11 (85%) patients failed aminosalicylate and 7 (54%) failed thiopurines. The most common dose used for tofacitinib prior to colectomy was 10 mg twice per day (82%) and most patients had three-stage operation (85%). No 90-day postoperative Clavien Dindo class III or IV complications were reported, no intra-abdominal sepsis, no other infectious complications, and no mortality. At a median follow up of 4 months (IQR 3.2 – 10.5), 3 (23.1%) patients had pouchitis, of whom 1 had a prior history of PSC and liver transplantation. Only 1 out of the 3 patients who had pouchitis needed a permanent stoma, the other 2 were managed medically. One of these patients also had clostridioides difficile infection.

CONCLUSION: No major postoperative complications were reported after IPAA for patients who were treated with tofacitinib. From a surgical standpoint, tofacitinib was not associated with surgical complica- tions in our small cohort of medically refractory UC patients. Pouch function was similar to expected in this patient population. Larger scale studies with longer follow up are needed to confirm these findings.

P059

Corticosteroids, Aminosalicylates and Gastrointestinal Symptoms Are Associated With the Need of Hospitalization in Patients With Inflammatory Bowel Diseases and COVID-19

Vasconcellos Marcelle1, Motte Marina2, Freire Cassi2, Tetsura Fabiri3, Chêli Lihui3, Saad-Hooss Rogerio4, Queroz Nathália1
1Department of Medicine, Federal University of Sergipe, Aracaju, Brazil; 2Department of Gastroenterology, Federal University of Bahia, Salvador, Brazil; 3IBD Unit, Gesar Cala General Hospital, Fortaleza, Brazil; 4Medical Director, Botucatu Medical School (São Paulo State University), Botucatu, Brazil; 5University of São Paulo, São Paulo, Brazil.

BACKGROUND: Current evidence suggests that patients with inflammatory bowel disease (IBD) do not have increased risk of infection with SARS-CoV-2. However, some studies have evaluated the association of IBD, corticosteroids, aminosalicylates, COVID-19, and hospitalization.

METHODS: The Brazilian IBD Study Group (Grupo de Estudos da Doença Inflamatória Intestinal Brasileira - GEDIIIB) developed a 19-question online survey for IBD patients with confirmed COVID-19 assessing clinical characteristics, IBD treatment, medications used for COVID-19 as well as the need for hospital admission due to COVID-19. The survey was available from June 4, 2020 to August 28, 2020. Data was analyzed and reported in SPSS Statistics 23 (IBM Corporation, Armonk, New York, United States) and a two-tailed t value of 0.05 was used for statistical significance.

RESULTS: Among 74 respondents: 52.7% were male, the mean age was 37.67 (±12.93) years and most participants (77.0%) had no comorbidities considered risk factors for severe COVID-19. Most participants had Crohn’s disease (72.6%) and 46.6% reported IBD symptoms at the time of COVID-19 diagnosis. Biological therapies were the most common reported treatment (67.7%), 34% of them in combination with immunomodulators. The most common class of biologic medication utilized was TNF-antagonist (72.9%), followed by immunomodulators and frequent IBD treatment (37.8%), followed by aminosalicylates (31.1%) and corticosteroids (28.4%). The proportion of IBD patients who stopped therapy during COVID-19 was 64.0% for biologics, 53.6% for immunomodulators and 9.5% for corticosteroids. Median duration of COVID-19 symptoms was 13.5 (8–20) days. Gastrointestinal symptoms attributable to COVID-19 were reported by 52.7% of par-

CONCLUSION: Corticosteroids, aminosalicylates, and COVID-19 symptoms are associated with the need of hospitalization in IBD patients.

P060

microRNA-650 Expression in Crohn’s Disease: A Possible Biomarker for Post-Operative Follow-Up

Steigleder Karine1, Pascoal Lima2, Simino Luisi3, Silvia Francesca4, Siqueira Nathália1, Ayres-Correia Maria de Lourdes1, Fagundes Perry1
1Inflammatory Bowel Disease Research Laboratory, Colorectal Surgery Unit, Department of Surgery, University of Campinas (Unicamp), Campinas, Brazil; 2Laboratory of Metabolic Disorders, School of Applied Sciences, University of Campinas, Campinas, Brazil.

Abstracts

The American Journal of GASTROENTEROLOGY

Copyrigh © 2020 by The American College of Gastroenterology. Unauthorized reproduction of this article is prohibited.