CONCLUSION: In our diarrhoeal patients, CDC is now less common in IBD than in non-IBD patients. We also found no CDI in our 88 IBD samples. Although the period studied was short and the numbers of samples limited, our results suggest that the recent 'epidemic' of CDI in IBD patients may now be on the wane.
Disclosure of Interest: None declared

P0852 RECENTLY-DIAGNOSED CROHN'S DISEASE PATIENTS DEMONSTRATE MIXED COPING SKILLS TO CONTROL THEIR PSYCHOLOGICAL DISTRESS

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INTRODUCTION: The general psychopathology and coping processes of Crohn's disease (CD) patients are incompletely understood. Since these elements are expected to impact on quality of life, it is necessary to define their relationships precisely. The social constructionist perspective has become a useful framework for understanding coping strategies of men and women. This study examines emotional distress and coping strategies between the genders.
AIMS & METHODS: 158 consecutive CD patients undergoing clinical assessment at the IBD Clinic completed a series of questionnaires: Brief Symptom Inventory (BSI) which measures psychological distress (range: 0 = "not at all" to 4 = "extremely distressed"), Ways of Coping (WAYS) that measures thoughts and actions that people use to handle stressful encounters (range: 1-8, greater value = higher use), and IBDQ (disease-specific quality of life). Appropriate univariate analysis was performed. Data given as mean ± SD.
RESULTS: 135 patients (85%) completed the questionnaires, 62 men (age 39.1 ± 14.9 years, Harvey-Bradshaw Index (HBI) 7.1 ± 3.7, disease duration 2.2 ± 0.3 years) and 73 women (age 43.5 ± 17.2, HBI 7.9 ± 4.4, disease duration 2.4 ± 0.8). BSI scores for somatization (1.15), obsessive-compulsive behavior (1.10), interpersonal sensitivity (0.83), depression (0.81), anxiety (1.08), hostility (0.79), phobic anxiety (0.65), paranoid ideation (0.81) and psychoticism (0.59) revealed low levels of psychological distress and did not differ significantly between men and women. WAYS scores without gender differences were: range >6: acceptance, self-blame, active coping; range 5-6: self-distraction, planning, positive reframing; range 2-4.9: humor, religion, denial, behavioral disengagement, substance use. WAYS scores with gender differences were: use of emotional support (men 4.03, women 4.80, $p<0.02$), use of instrumental support (3.92, 4.64, $p<0.03$), venting (3.48, 4.32, $p<0.005$). BSI depression correlated with WAYS instrumental support ($p=0.01$), behavioral disengagement ($p<0.03$), and self-blame ($p<0.02$). IBDQ scores were men 49.2 ± 14.9; women 48.6 ± 12.6. Significant correlations were found between IBDQ and the WAYS scores of self-distraction, denial, behavioral disengagement, venting, self-blame and religion; and HBI with the BSI scores of somatization, positive symptom total and positive symptom distress index. IBDQ correlated with HBI ($p<0.001$).
CONCLUSION: In this recently-diagnosed CD cohort, men and women had similar levels of disease activity and psychological distress. The most prominent positive coping mechanisms were acceptance and active coping, and negative trends of self-blame and self-distraction. Women practiced more emotional support, instrumental support and venting. These findings need attention in clinical practice. [Supported by a generous grant from the Leona M. and Harry B. Helmsley Charitable Trust].
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P0853 PREVALENCE OF ALCOHOL CONSUMPTION AND ITS INFLUENCE ON DISEASE COURSE IN SWISS IBD PATIENTS

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INTRODUCTION: Little is known about the prevalence and influence of alcohol consumption on the disease course in patients with IBD. Pathophysiologically alcohol might have an impact on disease course by increasing intestinal permeability, disrupting gut barrier function, inhibiting intestinal immune system and favouring bacterial overgrowth. Otherwise, low to moderate alcohol consumption might have an anti-inflammatory effect by lowering IL-6 and TNF-α levels.
AIMS & METHODS: We aimed to estimate the prevalence of alcohol consumption and its influence on disease course within the Swiss IBD cohort. Frequency of alcohol consumption was assessed in a screening question provided in the enrolment questionnaire of the Swiss IBD cohort. According to the given answers patients were distributed in 3 categories: non-drinkers (abstainers or rarely), light-to-moderate drinkers (1-2x per week to daily alcohol consumption), heavy drinkers (> = 2x daily). At enrolment socio-demographic variables and disease characteristics were compared cross-sectionally to identify risk factors for increased alcohol consumption and to evaluate a possible influence of alcohol consumption on disease course. During follow-up need for surgeries and occurrence of abscesses and fistulas were compared prospectively between the 3 groups.
RESULTS: 2019 patients, who had answered the question about alcohol consumption at enrolment in the Swiss IBD cohort between July 2006 and May 2013, were included in the analysis. 870 patients (43%) drank regularly alcohol: 818 low-to-moderately, 52 heavily. Drinkers were older, by the majority male, had a higher body mass index and smoked more often. The proportion of Crohn's disease patients was lower in non-drinkers (59%) compared to low-to-moderate drinkers (52%). Drinkers reported less extraintestinal manifestations than non-drinkers (32% vs. 39%, $P<0.01$). Low-to moderate drinkers (31%) with ulcerative colitis have a lower ($p=0.03$) proportion of pancolitis than non-drinkers (41%). However heavy drinkers with ulcerative colitis had to be hospitalized less often before enrolment,which, after stratification, seems to be due to the known protective effect of smoking. Generally heavy drinkers received significantly less immunomodulators (AZA, MTX) and anti-TNF-inhibitors. During follow-up (6925 patient-years) the need for surgery was similar among non-drinkers and low-to-moderate drinkers. However heavy drinkers with Crohn's disease had to undergo less surgeries and developed fewer abscesses and fistulas.
CONCLUSION: The prevalence of regular alcohol consumption within the Swiss IBD cohort was 43%, whereof 94% drank low-to-moderately. Patients with higher alcohol consumption were older, preferably males with a higher body mass index and more often smokers. Heavy drinkers received less treatment with immunosupressants. In ulcerative colitis low-to-moderate drinking seemed to favour a shorter extent and heavy drinkers were less hospitalized. In Crohn's disease heavy drinking seemed to reduce the development of abscesses and fistulas and the need for surgeries during follow-up. A prospective project nested within the Swiss IBD cohort for a better understanding of alcohol on disease course is ongoing.
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P0854 IS HOSPITALIZATION PREDICTING THE DISEASE COURSE IN UC? PREVALENCE AND PREDICTORS OF HOSPITALIZATION AND RE-HOSPITALIZATION IN ULCERATIVE COLITIS IN A POPULATION-BASED INCEPTION COHORT BETWEEN 2000-2012

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INTRODUCTION: Limited data are available on the hospitalization rates in population-based studies. This is a very important outcome measure.
AIMS & METHODS: The aim of this study was to analyze prospectively if early hospitalization is associated with the later disease course as well as to determine the prevalence and predictors of hospitalization and re-hospitalization in the population-based UC inception cohort in the Veszprem province database between 2000 and 2012. Data of 347 incident UC patients diagnosed between January 1, 2000 and December 31, 2010 were analyzed (m/f: 200/147, median age at diagnosis: 36, IQR: 26-50 years, duration: 7, IQR 4-10 years). Both in- and outpatient records were collected and comprehensively reviewed.
RESULTS: Probabilities of first UC-related hospitalization and first re-hospitalization were 28.6%, 53.7%, 66.2% and 23.7%, 55.8% and 74.6% after 1, 5 and 10 years of follow-up in Kaplan-Meier analysis. Main reasons for first hospitalization were diagnostic procedures (26.7%), disease activity (22.4%) or UC related surgery (4.8%), but the majority of the hospitalizations were unrelated to UC (44.8%). In Kaplan-Meier and Cox-regression analysis disease extent at diagnosis (HR: 1.35, $p=0.018$, $HR_{extensive}$: 1.79, $p=0.02$ vs. proctitis) or at last follow-up (HR: 1.56, $p=0.001$), need for steroids (HR: 1.98, $p<0.001$), azathioprine (HR: 1.55, $p=0.038$) and anti-TNF (HR: 2.28, $p<0.001$) were associated with the risk of UC-related hospitalization. Early hospitalization was not associated with a specific disease phenotype, however 46.2% of all colectomies were performed in the year of diagnosis.
CONCLUSION: Hospitalization and re-hospitalization rates are relatively high in this population-based UC cohort. Early hospitalization was not predictive for the later disease course.
Disclosure of Interest: None declared

P0855 FAECAL CALPROTECTIN IS AN ACCURATE PREDICTOR OF ENDOSCOPIC AND HISTOLOGICAL DISEASE ACTIVITY IN IBD

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INTRODUCTION: Assessment of disease activity in Inflammatory Bowel Disease (IBD) is challenging as the gold standards of endoscopy and histology are invasive, expensive and impractical for regular use. Faecal calprotectin (FC) is increasingly being used as a biomarker of intestinal inflammation but its role in predicting endoscopic and histological changes in IBD is limited. We explore the role of FC to assess histological disease in IBD patients, in comparison to C-reactive protein (CRP), in the largest series of IBD patients to date.
AIMS & METHODS: Retrospective analyses of 407 IBD patients who had a colonoscopy with FC (mg/g) and CRP (mg/L) measurements. The most severe histological inflammation found was graded according to the simplified histology score (0-normal, 1-mild, 2-moderate, 3-severe). Spearman's correlation coefficient (r) was used to measure correlation between the groups. Receiver operating