

between histological remission and complete MH ($\kappa = 0.68$; $p < 0.001$ and agreement rate = 88.6%) (Figure 1).

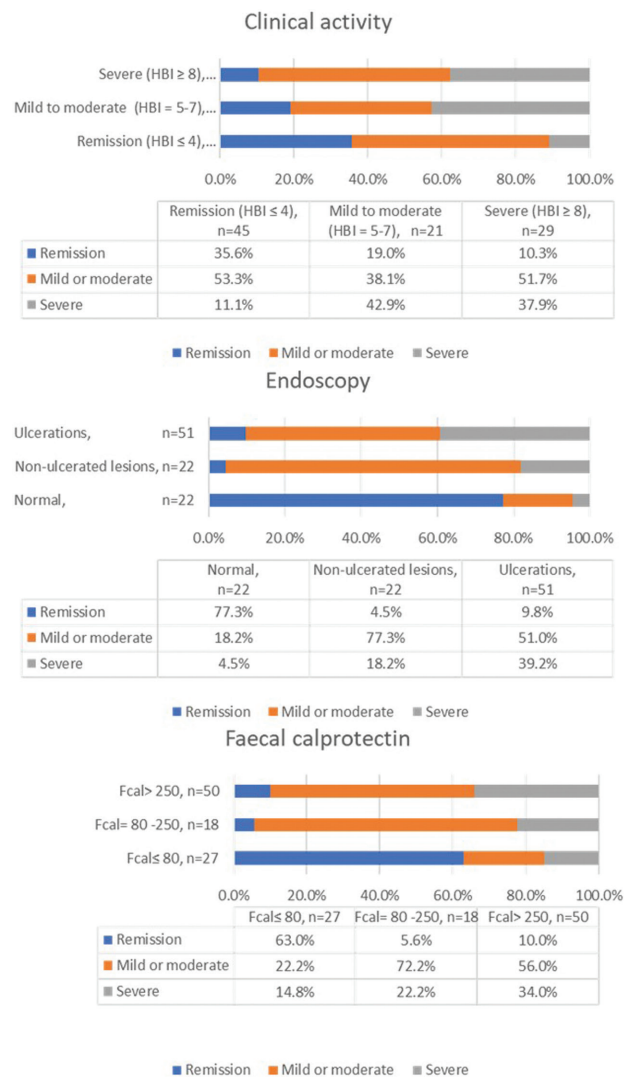


Figure 1. Relationships between histological activity and clinical activity (HBI), endoscopic activity and faecal calprotectin in 95 patients with Crohn's disease.

Among the 342 bowel segments, we observed a substantial concordance between histological remission and complete MH ($\kappa = 0.63$; $p < 0.001$ and agreement rate = 72.2%). κ -coefficient was 0.71 ($p < 0.0001$) in the ileum ($n = 76$), 0.55 ($p < 0.0001$) in the right colon ($n = 67$), 0.47 ($p < 0.0001$) in the transverse colon ($n = 57$), 0.68 ($p < 0.0001$) in the left/sigmoid colon ($n = 75$) and 0.67 ($p < 0.0001$) in the rectum ($n = 67$).

Conclusions: Histological activity demonstrates substantial correlation with endoscopic activity but not with clinical activity in patients with CD. Fcal is a reliable biomarker to assess histological activity in CD.

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Into intimacy: Impact of IBD in sexual health

D. Martins, F. Pires, J. Pinho, P. Sousa, R. Cardoso, R. Araújo, E. Cancela, A. Castanheira, A. Silva, P. Ministro*
Centro Hospitalar Tondela - Viseu, Gastroenterology, Viseu, Portugal

Background: IBD is likely to perturb sexual function due to its symptoms, need for pharmacological and surgical therapies and associated

psycho-social impairment. This study aimed to evaluate the prevalence of sexual dysfunction (SD) in IBD patients compared with controls and to assess predictive factors (PF) of SD in the IBD cohort.

Methods: A case-control (2:1) unmatched survey was performed. IBD patients were invited to anonymously answer a questionnaire which included the Female Sexual Function Index (FSFI) for women and the International Index of Erectile Function (IIEF) for men. Body image, fatigue and quality of life were also evaluated. Patients', disease's and therapies' characteristics, clinical (Harvey-Bradshaw and clinical Mayo sub-score) and analytical activity were registered by the physician previously. Healthy controls were invited to anonymously answer to the sexual functioning indexes.

Results: 120 IBD patients (response rate of 85%) and 60 healthy controls were included in the survey. IBD patients were mostly females (63.3%), with a median age of 39 ± 17 years. 66% presented Crohn's disease, 30% UC, 4% IBD-U. Fifty patients (42%) were under immunosuppressants and 58 (48.7%) under biologics. IBD-related surgery was performed in 31.7%. Thirty-three patients (36.3%) presented clinical active IBD. Forty-two IBD females (56.8%) and 6 control females (15%) presented sexual dysfunction as six IBD males (14.6%) and two control males (10%). IBD patients presented higher risk of SD comparing with controls (OR 4.98, $p < 0.001$). IBD females presented a OR of 6.40 (CI 2.52-16.30) for SD comparing with IBD men ($p < 0.001$). Age (OR 1.097, $p = 0.019$), fatigue (OR 1.06, $p = 0.045$), anxiety and depression (OR 1.12, $p = 0.054$) were PFs for male SD in the univariate analysis but only age (OR 1.14, $p = 0.014$) persisted as PF in the multivariate analysis. Age (OR 1.05, $p = 0.035$), fatigue (OR 1.07, $p < 0.001$), anxiety and depression (OR 1.25, $p < 0.001$) and body image distortion (OR 1.07, $p = 0.055$) were PF in the univariate analysis but only anxiety and depression (OR 1.23, $p = 0.002$) was a predictor in the multivariate analysis. Comorbidities, type of disease, perianal disease, previous surgeries, clinical or analytical active disease were not significant predictors of SD. SD was a predictor of lower quality of life among IBD patients ($B = 13$, $p > 0.001$).

Conclusions: Female IBD's patients were severely affected by SD comparing with men and healthy controls. Age, anxiety and depression, fatigue and body image distortion appear as predictors of SD. Age and anxiety/depression appear to be the best predictors of SD in male and female IBD's patients. Disease's activity wasn't a predictor of SD. SD has a major role in a poorer quality of life in IBD patients.

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Infliximab trough levels during maintenance are predictive for infliximab efficacy in paediatric patients with inflammatory bowel disease

K. van Hoeve^{1*}, I. Hoffman¹, E. Dreesen², M. Ferrante³, A. Gils², S. Vermeire³

¹University Hospitals Leuven, Department of Paediatric Gastroenterology, Leuven, Belgium, ²KU Leuven, Laboratory for Therapeutic and Diagnostic Antibodies, Department of Pharmaceutical and Pharmacological Sciences, Leuven, Belgium, ³University Hospitals Leuven, Department of Gastroenterology and Hepatology, Leuven, Belgium

Background: The role of therapeutic drug monitoring during maintenance treatment in paediatric inflammatory bowel disease (IBD) is poorly studied. The aim was to determine whether infliximab (IFX) trough levels (TL) correlate with long-term remission in children receiving maintenance IFX.