N03

Can post biologic infusion monitoring be reduced? A mulit-centred retrospective study

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Background: Increased availability of biologic medication to treat inflammatory bowel disease (IBD) is beneficial to patients but puts increased pressure on infusion clinic capacity. Facilitating infusions in a safe and timely manner has become difficult. Manufacturers of both infliximab (IFX) and vedolizumab (VDZ) recommend patients are monitored post infusion for defined periods, to observe for potential post infusion reactions. Ustekinumab has no recommended post infusion observation period. We wanted to explore if we could consider reducing all post biologic infusion times.
Methods: We retrospectively reviewed infusion data (IFX and VDZ) a 12 month period across three sites (Royal London Hospital-RLH, University College London Hospital- UCLH, St Marks Hospital-STM) from IBD CNS (clinical nurse specialist) led infusion clinics and identified incidence and timing of infusion reactions.
Results: 4182 infusions of IFX for patients >18 years old (RLH n1152, UCLH n822, SMH n2208) were administered over the 12 month period. Sixteen infusion reactions were documented (0.4%) RLHn 9, UCLHn 3, SMHn 4. All reactions occurred within the first 20 min of the infusion starting. No infusion reactions were observed in the post infusion observation period. 2132 infusions of VDZ for patients > 18 years old (RLH n330, UCLH n626, SMH n1176) were administered over the 12 month period. Three infusion reactions were documented (0.14%) RLH n0, UCLH n2, SMH n1. All reactions occurred within the first 20 min of the infusion starting. No infusion reactions were observed in the post infusion observation period. In total patients were observed for 6665 h post infusion across the 3 sites for both IFX and VDZ.
Conclusions: We reviewed 6314 infusions (IFX n4182 VDZn 2132). Reactions occurred in n19 (0.3%) all within the first 20 min of the infusion starting. This suggests close monitoring of patients during the first 20 min is required. No reactions occurred within the manufacturers recommended post infusion observation period. This large multi -centre retrospective study demonstrates the risk of adverse reactions to either IFX or VDZ during the post infusion observation period is very rare. These findings suggest patients who have not had a reaction during their infusion do not routinely need post infusion observation. We hope to change practice by reducing the amount of time patients must spend being observed post infusion to enable a more efficient service whilst still providing safe and appropriate care.

N04

Interventions for managing fatigue in inflammatory bowel disease: A Cochrane systematic review

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Background: Fatigue is a common, debilitating and burdensome symptom experienced by individuals with inflammatory bowel disease (IBD). The subjective, complex nature of fatigue can often hamper its' management, and the effectiveness of treatments for fatigue in IBD remains unknown. The aim of this Cochrane review is to assess the efficacy and safety of pharmacological and non-pharmacological interventions for managing fatigue in IBD.
Methods: A systematic search was undertaken. Data were extracted and study quality was independently assessed by two authors. Standard Cochrane methodological procedures were used.
Results: Fourteen randomised controlled trials were included (3741 participants; all adults; 6 in Crohn's disease (CD); 2 in ulcerative colitis (UC); 6 in both CD and UC). The interventions varied widely and included nine pharmacological trials, four non-pharmacological trials, and one multi-modular trial. Only four trials were designed specifically as interventions for managing fatigue. None of the included studies were free from risk of bias. Only one meta-analysis was possible, due to the diversity and limited number of studies for each intervention. We found some evidence suggesting possible improvements in fatigue for adalimumab 40 mg administered every other week and adalimumab maintenance therapy (only for those known to respond to adalimumab induction therapy), ferric maltol, electroacupuncture, self-directed stress management, solution focussed therapy and physical activity advice. We found no clear improvements in fatigue for adalimumab 40 mg administered weekly, *Agaricus blazei* Murill-based mushroom extract, guided stress management or omega-3. There was also no significant difference in fatigue scores between cognitive behavioural therapy with therapist support, compared with information leaflet only group, however this was a feasibility trial and a trend was observed. Reporting in some of the trials was insufficient to assess the efficacy and safety of some therapies, including vitamin D3 supplementation, ferumoxytol, vedolizumab, and tight control customised management.
Conclusions: It is difficult to draw firm conclusions about the effectiveness of interventions to improve fatigue for individuals with IBD, as there is insufficient quantity and quality of evidence available. Further randomised controlled trials are needed to assess the efficacy of therapies specifically designed for fatigue management.

N05

A Nurse Practitioner (NP) supervised INFLAMMATORY BOWEL DISEASE (IBD) virtual immunomodulator therapy (IM) monitoring service is associated with reduced healthcare costs, increased patient adherence and persistence and improved treatment outcomes

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Background: Monitoring patients on IMs is a key role of the IBD nurse with 70% of IBD patients receiving IMs at some stage in their treatment journey. IMs are associated with significant risk if not monitored closely, particularly in the first weeks after commencement. Data suggest that 25–40% develop adverse events (AEs) necessitating treatment withdrawal. The main AEs are idiosyncratic