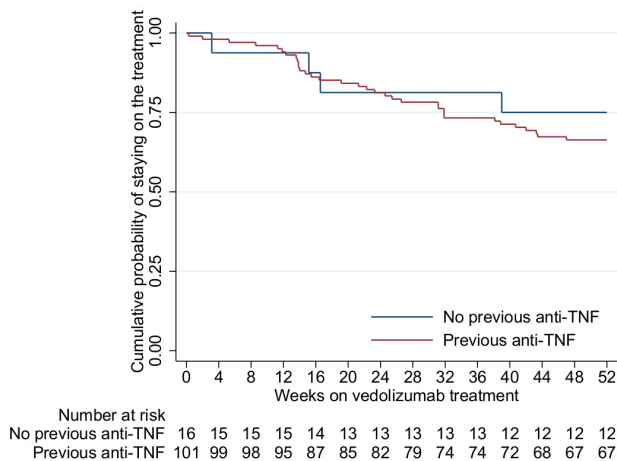


52 weeks ($p < 0.0001$). Correspondingly, the median faecal calprotectin decreased from 646 (333–1130) $\mu\text{g/g}$ to 162 (42–382) $\mu\text{g/g}$ ($p = 0.0002$) and the median C-reactive protein from 5.0 (2.1–8.0) mg/L to 3.5 (1.6–5.0) mg/L ($p = 0.008$). Consistently, quality of life improved in vedolizumab treated patients, with a significant reduction of the overall short health scale score at 52 weeks ($p < 0.0001$).

Table 1. Baseline demographics and clinical characteristics of patients with ulcerative colitis ($n=117$)

Median age yr. (IQR)	41 (27-55)
Sex female no. (%)	51 (43.6)
Median disease duration yr. (IQR)	5 (3-12)
Extent no. (%)	
Proctitis (E1)	2 (1.7)
Left-sided colitis (E2)	28 (24)
Extensive colitis (E3)	87 (74)
Previous medications no. (%)	
Immunomodulators	57 (49)
Anti-TNF therapy	101 (86)
Concurrent medication at baseline no. (%)	
Aminosalicylates	43 (37)
Corticosteroids	26 (22)
Immunomodulators	28 (24)
Reasons for termination of last anti-TNF no. (%)*	
Primary non response	38 (38)
Secondary loss of response/intolerance	59 (59)
Other reasons	4 (4)

*In total 101 patients had previously stopped anti-TNF treatment



Conclusion: Vedolizumab treated patients with UC represented a treatment-refractory group. Long-term (52 weeks) effectiveness of vedolizumab can be achieved, in terms of clinical- and inflammatory activity as well as in quality of life. The study was financially supported by Takeda.

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The prevalence of chronic musculoskeletal pain in patients with ulcerative colitis in comparison to control subjects: A cross-sectional study

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Background: Musculoskeletal symptoms are common in patients with ulcerative colitis (UC) but there is no data on the prevalence of

chronic regional pain (CRP) and chronic widespread pain (CWP) in patients with UC compared with control subjects.

Methods: From a national IBD Register (SWIBREG), all living patients with a confirmed UC diagnosis, aged 20–74 years, who were residents of two counties in Northern Sweden ($n = 1164$) were posted a validated questionnaire. Subjects ($n = 3867$) from a previous study using the same questionnaires was used as Controls (Bergman et al). The questionnaire comprises demography, history of pain and body localisation of pain. The disease activity of UC was measured by Patient- Simple Clinical Colitis Activity Index (P-SSCAI). CRP and CWP was defined as having pain for at least three months the last year. CWP was defined as having pain on both left and right side of the body and both above and below the waist, and in the axial skeleton.

Results: The response rate for the patients with UC was 43.6% and for the control subjects 62.7%. The patients were older than the control subjects (mean age 53.1 vs. 46.5 years; $p < 0.001$) but there was no difference in gender (men 50.7% vs. 46.7%; $p = 0.108$). The reported prevalence of any chronic pain, CRP and CWP was higher in patients with UC vs. controls (53.9% vs. 39.5%; $p < 0.001$; 33.5% vs. 24.2%; $p < 0.001$ and 19.7% vs. 12.5%; $p < 0.001$). The differences for reported chronic pain (any pain) was seen in all age groups. The patients with UC reported significant more pain in the regions 'lower back', 'hip/upper leg' and 'lower leg/foot compared with controls (Table). The patients with P-SSCAI >5 ($n = 110$) reported more CWP than patients with P-SSCAI <5 ($n = 411$) (48.2% vs. 12.1%; $p < 0.001$) and controls (48.2% vs. 12.5%; $p < 0.001$) with significant differences for all body regions but there was no difference in CWP between patients with P-SSCAI <5 and controls (12.1% vs. 12.5%; $p = 0.852$). There was a slightly higher prevalence of reported 'any chronic pain' between patients with P-SSCAI <5 and controls (46.8% vs. 39.5%; $p = 0.007$).

Reported chronic musculoskeletal pain for different body regions	UC patients ($n = 507$)	Controls ($n = 2425$)	p -value
Anterior chest	32 (6.3%)	115 (4.7%)	0.141
Neck	111 (21.9%)	460 (19.0%)	0.130
Dorsal chest	58 (11.4%)	236 (9.7%)	0.242
Lower back	155 (30.5%)	557 (23.0%)	<0.001
Shoulder/upper arm	115 (22.6%)	482 (20.0%)	0.154
Elbow/lower arm/hand	92 (18.1%)	405 (16.7%)	0.430
Hip/upper leg	128 (25.2%)	319 (13.1%)	<0.001
Knee	87 (17.1%)	335 (13.8%)	0.050
Lower leg/foot	92 (18.1%)	300 (12.4%)	<0.001

Conclusion: Patients with UC reported more chronic pain than control subjects, especially from the lower back and hip region. Disease activity was associated with more pain included all body regions.

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Clinical significance of residual non-rectal inflammation in ulcerative colitis patients with clinical remission

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