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Background: Crohn's disease (CD) has a considerable impact on quality of life and contributes to the onset of depressive symptoms¹. It has been demonstrated that depression is more prevalent in inflammatory bowel disease (IBD) patients compared to the general population². However, whether depression affects IBD course or the onset of IBD triggers psychological disorders remains to be elucidated. The aim of the study is to estimate the prevalence of major depression in patients with CD and to evaluate its relationship with the clinical activity and phenotype of the disease.

Methods: From November 2019 to February 2020, 283 patients with CD were evaluated using the Patient Health Questionnaire-9 (PHQ-9). Major depression (MD) was defined by PHQ-9 \geq 10 (0–4: absent depressive symptoms / 5–9: mild depressive symptoms / 10–14: moderate depressive symptoms / 14–27: severe depressive symptoms). Data regarding socio-demographic characteristics, disease phenotype, clinical activity were prospectively collected. Disease phenotype was characterized according to the Montreal classification and clinical activity was assessed using the Harvey-Bradshaw index (HBI). Statistical tests were performed with a 5% significance level.

Results: The prevalence of MD in CD patients was 41.7% (Table 1). Female patients were more susceptible to MD (Table 2). Other socio-demographic characteristics did not increase the risk of MD. Disease activity was significantly associated with an increased risk of MD (Odds Ratio [OR] 795.97, 95% confidence interval [CI] 133.7–4738.78, $p < 0.001$) (Table 2). Regarding disease phenotype, the stenosing and penetrating behaviour were associated with a lower risk of MD (OR 0.8, 95%CI 0.01–.5 and OR 0.03, 95%CI 0.00–0.18), respectively, as compared with the inflammatory behaviour. No association was observed between location of the disease and MD.

Table 2. Multivariable regression for the risk of major depressive disorder in patients with Crohn's disease.

Variables	OR	IC (95%)		P value
		Inferior	Superior	
Sex (Female)	5.32	1.96	14.48	0.001
Hb (g/dL)	2.96	1.28	6.81	0.011
Ht (%)	0.72	0.53	0.97	0.033
Remission(No)	795.97	133.70	4738.78	<0.001
Enterectomy	0.34	0.08	1.35	0.125
Location				
Ileal	1.00			
Colonic	0.65	0.11	3.94	0.641
Ileocolonic	1.42	0.24	8.46	0.701
Ileal + Upper gastrointestinal	3.35	0.32	34.95	0.313
Ileocolonic+ Upper gastrointestinal	&			>0.999
Behaviour				
Non-structuring/ non-penetrating	1.00			
Stricturing	0.08	0.01	0.50	0.007
Penetrating (include perianal disease)	0.03	0.00	0.18	<0.001

Multiple logistic regression (full model); & No possible to estimate

Conclusion: Our study shows a high prevalence of MD among CD patients, which is significantly affected by disease phenotype and clinical activity. Given that the ultimate therapeutic goals for CD should include restoration of quality of life, this study shed light on the need of the inclusion of psychological assessment besides the objective measures of disease activity as an integral part of IBD care.

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Low Social support and distinct anxiety as a crucial feature in depressive IBD patients

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Background: Depression is a common comorbidity of Inflammatory Bowel Disease (IBD) which leads to deterioration of the state of disease. The physician needs to know which psychiatric and temperamental characteristics have to be met in order to adapt his treatment to depressive patients. Therefore we compared patients with elevated depressive scores to those with normal scores.

Methods: 291 IBD patients in 3 specialized IBD clinics in Germany (Ulm, Blaubeuren, Biberach) answered an anonymous questionnaire on their disease itself, on socio-demographic parameters and 6 psychological tests (HADS, STAI-S, STAI-T, FSzU, Neo-FFI, BL-R).

Results: The questionnaire was completed by 139 (47,3%) male and 155 (52,7%) female patients, 185 (63,4%) with Crohn's disease and 107 (36,6%) with ulcerative colitis. 229 patients (79,0%) had a normal depression score (=NormD) (HADS-D), 59 (21,0%) had a borderline to very severe elevated score (elevated depression score = ElevD).

We characterized ElevD patients with the aid of a personality test (Neo-FFI) as more neurotic ($p < 0.001$), but less extroverted ($p < 0.001$), open for experience ($p = 0.042$), agreeable ($p = 0.004$) and conscientious ($p = 0.001$) than patients with NormD. The Hospital Anxiety and Depression Scale (HADS-D) revealed them as more anxious ($p < 0.001$). This was confirmed by the State Trait Anxiety Inventory (STAI-S/T) which showed ElevD patients to be more anxious as a state ($p < 0.001$) and as a trait ($p < 0.001$).

Moreover patients with ElevD perceive their social support as little as seen in the FSzU ($p < 0.001$). In addition there are lower scores in the Short Inflammatory Bowel Disease Questionnaire (SIBDQ) ($p < 0.001$), the Complaints List (B-LR) ($p < 0.001$) and the fact that most of the patients with ElevD had an active disease (43 (75,4%)) of the group.

Conclusion: IBD patients with an elevated depression score are more neurotic and less extroverted, open for experience, agreeable and conscientious than other patients. They are anxious and have little social support combined with many complaints and low quality of life. To improve their situation or to prevent it, the treating physician needs to be more sensitive to the patient's state of mind and inquire more about their general complaints and especially their social support system so he is able to intervene and optimize the quality of life.

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Prevalence of dysplasia and colorectal cancer in Ulcerative Colitis patients from a referral center in Latin America

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