

P645

Mental health, work presenteeism and exercise in IBD patients

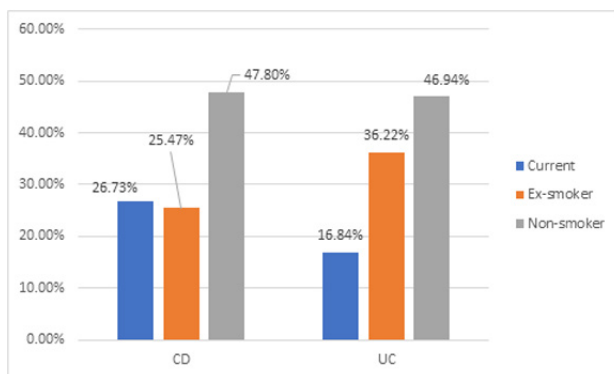
M. Sciberras^{*1}, C. Nascimento², T. Tabone¹, K. Karmiris³, P. Nikolaou³, A. Theodoropoulou³, A. Mula¹, I. Goren⁴, H. Yanai⁴, H. Amir⁴, G. Mantzaris⁵, T. Georgiadi⁵, K. Foteinogiannopoulou⁶, I. Koutroubakis⁶, M. Allocca⁷, G. Fiorino⁷, F. Furfaro⁷, K.H. Katsanos⁸, F. Fousekis⁸, G. Michalopoulos⁹, J. Torres², P. Ellul¹
¹Mater Dei Hospital, Department of Gastroenterology, Msida, Malta, ²Hospital Beatriz Angelo, Department of Gastroenterology, Loures, Portugal, ³Venizeleio General Hospital, Department of Gastroenterology, Heraklion- Crete, Greece, ⁴Rabin Medical Centre, Department of Gastroenterology, Petah Tikva, Israel, ⁵Evangelismos Hospital, Department of Gastroenterology, Athens, Greece, ⁶University Hospital Heraklion, Department of Gastroenterology, Heraklion- Crete, Greece, ⁷Humanitas, Department of Gastroenterology, Milan, Italy, ⁸University of Ioannina, Department of Gastroenterology, Ioannina, Greece, ⁹General Hospital Piraeus, Department of Gastroenterology, Piraeus, Greece

Background: IBD has been shown to increase the rates of anxiety and depression amongst diagnosed individuals, with a prevalence rate of approximately 15- 20%. Chronic diseases such as IBD can have a significant impact on productivity at work (presenteeism). This can lead to emotional distress, poor quality of life and cost effects on employers. The primary aim of the study was to assess the prevalence of psychological problems, exercise levels and presenteeism at work among IBD patients.

Methods: This was a multicentre international study whereby IBD patients (>18 years) in clinical remission over the last year, were asked to answer an anonymous questionnaire. Demographic data, type of IBD, current and previous medication, admissions to hospital, history of psychiatric referrals, Stanford Presenteeism Scale (SPS-6), Godin Score (exercise related score) were collected.

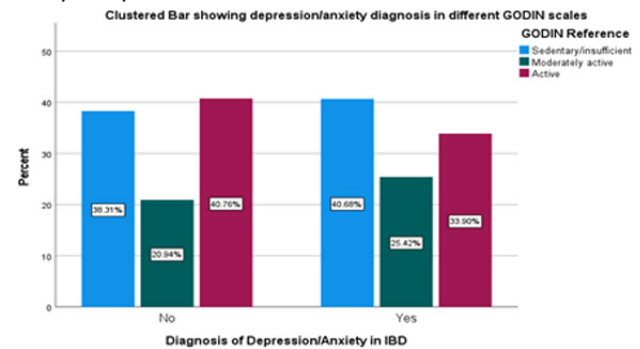
Exclusion criteria included patients with IBD flares requiring corticosteroids in the previous 12 months.

Results: 573 patients (CD: n=318) from 8 European Centres and Israel participated in the study. The mean patient age was 39.9 years (SD+/- 13.0). 21.6% were smokers and 48.5% were non-smokers. The rest were ex-smokers.



10.9% of patients had a diagnosis of depression/anxiety prior to the diagnosis of IBD, whereas this increased to 20.6% post-IBD diagnosis, this being significantly commoner in the CD cohort (23.0%, $p<0.05$) and in females (55.8%, $p<0.05$). 37.7% of patients had been to a psychiatrist or a psychologist (41% of CD, $p<0.05$) with 11.7% of patients being on psychiatric medication (14.5% of CD, $p<0.05$). Low presenteeism at work was evident in 34.7%, with no statistically significant difference between UC and CD patients ($p=0.5$).

39.9% had a Godin Exercise Score being in the active range, 38.8% had a sedentary/insufficient exercise score. The rest were moderately active. Patients diagnosed with depression/anxiety had a more sedentary lifestyle.



Conclusion: In our study 37.7% of patients were referred for psychological help. This can have several effects including poor presenteeism at work (34.7%) and reduced efficiency. These issues are commoner in patients with CD than in UC. Active involvement of a psychologist/ psychiatrist as part of the IBD team should be routine as to improve the patient's quality of life.

P646

The Loss of Productivity in Employment and Education Associated to Inflammatory Bowel Diseases: A Pilot Study of the Patient's Perception

H. Nieves-Jimenez^{*1}, C. Solis-Pomales¹, S. Ortiz-Domenech¹, F. Marrero-Concepcion¹, J. Marrero-Irizarry¹, E.A. Torres¹

¹University of Puerto Rico, Center for Inflammatory Bowel Diseases, San Juan, United States

Background: Inflammatory Bowel Diseases (IBD) impact vocational, educational, and psychosocial aspects of a patient's life and may cause patients to miss work or school or underperform. This study describes loss of productivity in Hispanics with IBD in the workplace and educational settings, along with the patient's perception.

Methods: Patients with IBD attending a tertiary care clinic were given a self-administered survey related to loss of productivity in employment and education. The questionnaire acquired qualitative and quantitative data about the patients' past and present work and educational settings. Productivity was determined by the number of absences or early leaves from school or work due to disease manifestations. The patient's perception regarding psychological aspects of their condition was assessed. Descriptive statistics were used for sociodemographic data, perceptions regarding their condition, and clinical history as captured by the questionnaire. This study is approved by the MSC IRB.

Results: 100 patients (M/F: 50/50, CD/UC: 72/28, age range: 18–61, mean age: 29.78 ± 9.81) participated. 45 participants were working, 16 were studying, and 25 were working and studying. 89% of those working had to leave early or miss work due to disease manifestations and, among those, 51% had more than two absences in a given month. During their school years, 100% had absences or had to leave class early because of the disease. 61% said that their condition has a negative effect in their daily lives. Furthermore, 61% perceived their disease affects moderately to severely their daily life. However, 61% expressed that their disease has minimal or no effect