

patients had only one, single episode of symptomatic disease. Forty-two percent had intermittent clinical symptoms and 14% of the patients had more or less chronic symptoms. Celiac disease was tested for in 37% of the CC patients and in 60% of the LC patients. In these patients, 13 cases of celiac disease were found, which gives a frequency of celiac disease of about 4.5–5% in this group.

Conclusions: In this population-based study we found an incidence of MC which corresponds to recent data. For the majority of the patients, the clinical course was benign, often only one single episode of diarrhoea was registered, but for 14% the symptoms were more or less chronic with no difference between CC and LC. Moreover, the frequency of celiac disease in this patient group is high and we suggest that patients with celiac disease not resolving on gluten-free diet should be investigated for MC and vice versa.

P406

A European Crohn's and ulcerative colitis patient life IMPACT survey

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Background: Inflammatory bowel diseases (IBD) significantly impact the lives of patients. The European Federation of ulcerative Colitis and Crohn's Associations (EFCCA) undertook a pan-European patient survey assessing the perspectives of IBD patients about their disease and its impact on their lives, relationships and careers. The project has been supported by an unrestricted educational grant from Abbott.

Methods: The internet survey was offered and promoted across 27 national IBD associations in Europe, consisting of 52 questions around (A) IBD experience (B) Healthcare (C) Personal impact of IBD (D) Impact on work and (E) Overall life IMPACT and the role of patient organizations (www.efcca-solutions.net/impact). Data was collected anonymously.

Results: A total of 4990 IBD patients (63% CD, 33% UC) from 27 countries completed the web-based IMPACT survey. 49% reported experiencing joint involvement and 34% skin manifestations like erythema nodosum, psoriasis, or oral sores. 52% reported using corticosteroids in the last year, the large majority experienced side effects and were concerned about long term side effects. 85% of patients were admitted to the hospital in a 5 year period.

- 71% experienced 2 or more flares in the last two years.
- 44% felt life was still negatively affected between flares.
- In remission, 72% worry about the next flare.
- IBD prevented the pursuit of intimate relationships (40%) and even caused intimate relationships to end (22%).
- Work was significantly affected by IBD: 44% reported to have lost a job (or had to quit a job) because of IBD. 25% stated that they have received complaints or unfair comments from superiors and/or colleagues about work performance in relation to their disease, 21% state that they have been discriminated in the workplace. Adequate access to care was present in 70% of patients, but 53% reported that, after a consultation, they had not been able to tell the doctor something important. The majority of patients responded that membership of a national IBD patients' association had a positive impact on their life in general, validating the important work of patients' associations such as EFCCA's members.

Conclusions: Even with the availability of immunosuppressive and biological therapies for more than a decade and adequate access to care, the impact of IBD on patients' lives is immense. This European survey offers new angles on how to further

reduce the burden of disease, and important priorities for treatment and care.

P407

Phenotypic concordance in familial inflammatory bowel disease (IBD)

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Background: Familial history of IBD remains the only and most important risk factor for developing IBD. Cases with familial aggregation have been associated with a more aggressive disease evolution as compared to sporadic forms, but phenotypic concordance between IBD patients of a same family has been scarcely assessed.

Methods: Patients with familial history of IBD were identified from the Spanish IBD registry ENEIDA. Among these, those families of whom at least two members were included in ENEIDA were selected. For concordance analysis (kappa linear index with Altman's classification), the members of a same family were grouped in couples. Concordances for type of IBD (Crohn's disease – CD – vs ulcerative colitis – UC), and disease extent/localization and aggressiveness (in terms of biologicals and surgery requirements) for those couples concordant for IBD type, were analyzed.

Results: 798 out of 11,905 IBD patients (7%) included in ENEIDA had familial history of IBD (418 CD, 364 UC, 16 indeterminate IBD). Among these, complete data of 108 familial groups (97 with 2 members, 8 with 3, 2 with 4 and 1 with 5) corresponding to 231 patients (135 CD, 92 UC, 4 indeterminate IBD). 34% of couples were parent-child, 40% siblings and 26% 2nd degree relatives. Smoking status at the time of IBD diagnosis was concordant in 58% of couples. Patients from the newer generation and those younger in a same generation, were diagnosed with IBD at a significantly younger age ($p < 0.001$). 110 out of 144 couples (76%) matched up for the type IBD, leading to a moderate degree of concordance ($\kappa = 0.53$). No or weak concordance was found for disease extent in 41 UC coincident couples and for disease location, stricturing, and fistulizing behavior in 58 CD coincident couples. Concordance could not also be disclosed for biological use and surgical requirements in both diseases. Similar results were obtained when subgroup analyses were performed based on familial relationship, same or different generation, or smoking status at diagnosis.

Conclusions: Familial IBD is associated with diagnostic anticipation in younger individuals. Familial history does not allow the prediction of any phenotypic feature other than IBD type.