Katherine Negreira, Jessica Gibilisco, Vinay Rao, Jenny Dave, Marie Borum

Introduction: Studies have reported an increased prevalence of depression in patients with inflammatory bowel disease (IBD). Depression rates have been reported as high as 21.2% in IBD patients compared to 13.4% in healthy controls (1). Addressing depression and improvement in psychological health has been associated with decrease in IBD-related morbidity, reduction in health-care utilization and improvement in quality of life (2). This study evaluated the rate at which gastroenterology providers discussed or documented depression and/or anxiety in IBD patients.

Methods: A 5-year chart review of all IBD patients seen in a university GI clinic was conducted. A confidential database using Microsoft Excel included patient age, gender, race, disease type, depression or anxiety (in GI notes or remainder of electronic medical record) was created. Statistical analysis using Fisher’s Exact Test was performed with significance set at p<0.05. The study was approved by the institutional IRB.

Results: 381 records of IBD patients were reviewed. There were 203 males and 172 females (mean age 44 years; range 20–82). 96 had Crohn’s disease, 279 had ulcerative colitis, and 6 had indeterminate colitis. Self-reported race/ethnicity included 195 White, 97 African American (AA), 11 Asian, 1 Hawaiian, 34 other and 43 did not report. Objective: To better understand patient experiences of CD, including CD symptoms, 296 (78.22%) did not have depression and/or anxiety and 17 (4.46%) patients did not have documentation of mental health discussion during appointments. In patients with depression and/or anxiety, 46.97% had it documented by a gastroenterology provider. There was no statistically significant difference of depression and/or anxiety based upon gender (p=1.000), ethnicity (White vs AA p=1.000; White vs Asian p=0.2129; Asian vs AA p=0.208) or disease type (p=0.091).

Conclusion: Depression is reported to occur more frequently in patients with IBD compared to the general population. However, this study revealed that university gastroenterology providers did not consistently document the presence of a discussion about depression and/or anxiety. While this study is limited based upon size and single institution design, it suggests that increased attention to psychological health is needed in IBD patients to optimize health and clinical outcomes. References: (2)Keeler, L., & Kane, S. V. (2017). Considering the Bidirectional Pathways Between Depression and IBD: Recommendations for Comprehensive IBD Care. Gastroenterology & hepatology, 13(3), 164-169.


Quality of Life/Psychosocial Care

P030

WHAT ABOUT DEPRESSION? INCREASED DISCUSSION BY GASTROENTEROLOGISTS MAY BE NEEDED.

Katherine Negreira, Jessica Gibilisco, Vinay Rao, Jenny Dave, Marie Borum

Introduction: Studies have reported an increased prevalence of depression in patients with inflammatory bowel disease (IBD). Depression rates have been reported as high as 21.2% in IBD patients compared to 13.4% in healthy controls (1). Addressing depression and improvement in psychological health has been associated with decrease in IBD-related morbidity, reduction in health-care utilization and improvement in quality of life (2). This study evaluated the rate at which gastroenterology providers discussed or documented depression and/or anxiety in IBD patients.

Methods: A 5-year chart review of all IBD patients seen in a university GI clinic was conducted. A confidential database using Microsoft Excel included patient age, gender, race, disease type, depression or anxiety (in GI notes or remainder of electronic medical record) was created. Statistical analysis using Fisher’s Exact Test was performed with significance set at p<0.05. The study was approved by the institutional IRB.

Results: 381 records of IBD patients were reviewed. There were 203 males and 172 females (mean age 44 years; range 20–82). 96 had Crohn’s disease, 279 had ulcerative colitis, and 6 had indeterminate colitis. Self-reported race/ethnicity included 195 White, 97 African American (AA), 11 Asian, 1 Hawaiian, 34 other and 43 did not report. Objective: To better understand patient experiences of CD, including CD symptoms, 296 (78.22%) did not have depression and/or anxiety and 17 (4.46%) patients did not have documentation of mental health discussion during appointments. In patients with depression and/or anxiety, 46.97% had it documented by a gastroenterology provider. There was no statistically significant difference of depression and/or anxiety based upon gender (p=1.000), ethnicity (White vs AA p=1.000; White vs Asian p=0.2129; Asian vs AA p=0.208) or disease type (p=0.091).

Conclusion: Depression is reported to occur more frequently in patients with IBD compared to the general population. However, this study revealed that university gastroenterology providers did not consistently document the presence of a discussion about depression and/or anxiety. While this study is limited based upon size and single institution design, it suggests that increased attention to psychological health is needed in IBD patients to optimize health and clinical outcomes. References: (2)Keeler, L., & Kane, S. V. (2017). Considering the Bidirectional Pathways Between Depression and IBD: Recommendations for Comprehensive IBD Care. Gastroenterology & hepatology, 13(3), 164-169.


Quality of Life/Psychosocial Care

P035

ADJUNCT PHARMACOTHERAPY USE FOR POUCH-RELATED SYMPTOMS IN PATIENTS WITH ILEAL POUCH-ANAL ANASTOMOSIS

Custon Nyalanga, Jordan Axelrad, Xian Zhang, Edward Barnes, Robert Sandler, Shannon Chang

Background: For patients with recalcitrant ulcerative colitis or indeterminate colitis, surgical intervention with restorative proctocolectomy and ileal pouch-anal anastomosis (IPAA) has become the standard of therapy. The most common complication after IPAA is pouchitis, which may manifest with pouch related symptoms (PRS) such as increased bowel frequency, abdominal pain, pelvic pain, urgency, or incontinence, necessitating use of adjunctive pharmacotherapies for symptom control. We evaluated the prevalence of opioid-, NSAID-, and probiotic-use among IPAA patients with and without PRS.

Methods: Utilizing patient questionnaires from the IBD Partners database cohort of patients with IPAA, we examined baseline characteristics, antibiotic and biologic use, adjunct pharmacotherapy use, and patient reported outcomes (PROs) including bowel frequency, urgency of defecation, and general well-being. We used specific Patient-Reported Outcome Measurement Information System (PROMIS) measures (measured in T-scores) to assess abdominal pain and depression. Bivariate analysis of baseline demographics and medication use patterns was performed to compare IPAA patients with PRS and without PRS. Among patients with PRS, PROs were compared among opioid, NSAID, and probiotic users.

Table 1. Comparison of Baseline Characteristics of IPAA Patients, With vs. Without Pouch-Related Symptoms (PRS) Within 6 Months of Survey (total n=363).

Results: We identified 363 patients with IPAA patients in the IBD Partners database, and 266 (73%) reported PRS within 6 months of completing their last survey. In comparison to those without PRS, patients with significant PRS had a shorter time since diagnosis of IBD (P = 0.015), higher prevalence of antibiotic use (P < 0.05), higher rectal steroid use (P = 0.003), and more prevalent adalimumab use (P = 0.041). Among patients with PRS, there were no significant differences in PROs based on NSAID or probiotic usage. However, opiate users with PRS noted increased bowel frequency, urgency of defecation, poor general well-being, abdominal pain, and depression (P < 0.05 for all variables).

Conclusion: Among IPAA patients with PRS, the use of NSAIDs and probiotics was not associated with differences in PROs. Opioid use was associated with higher burden of PRS, but further studies will be required to elucidate association or causality.