P031
PERCEPTIONS AMONG PATIENTS WITH ULCERATIVE COLITIS: TREATMENT AND SELF-MANAGEMENT METHODS
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Background: Patients with Ulcerative Colitis (UC) experience a range of gastrointestinal and extraintestinal symptoms that generate a significant burden on daily life. For the majority of individuals with UC, pharmacotherapy is insufficient to maintain a ‘normal’ lifestyle. Many of those diagnosed with UC seek out complementary or alternative treatments and undertake socio-behavioral and lifestyle adaptations to self-manage disease symptoms, reduce dependence upon pharmaceuticals, and respond to the challenges of living with chronic illness. The purpose of this qualitative study is to describe patient perspectives and experiences with UC treatment and self-management methods.

Methods: Qualitative data were collected using individual semi-structured interviews to obtain in-depth data reflecting the perspectives and experiences of individuals with UC on treatment and self-management of symptoms. Patients were recruited in collaboration with the Prisma Health Gastroenterology department in Greenville, SC and the Carolina’s Crohn’s and Colitis support group. Eligibility criteria included: 1) diagnosis of UC; 2) duration of illness ≥5 years; and 3) a minimum of one disease flare during the illness trajectory. Interviews were audio recorded and transcribed. Thematic analysis was conducted using NVivo 11 software.

Results: All participants reported active involvement with a gastroenterologist for disease management and progressive use of medications over the course of their illness in response to disease flares. Most participants identified stress reduction as beneficial to managing their UC. All participants discussed diet as a method to manage their UC. The majority of participants spoke about foods as culprits for symptom incidents. Other participants described dietary intake as essential in managing the severity of their UC and overall well-being. Patients who expressed need for formal mental health treatment perceived little support or assistance among gastroenterologists. Patients who underwent colorectal surgery described managing the severity of their UC and overall well-being. Patients who expressed symptom incidents. Other participants described dietary intake as essential in managing the severity of their UC and overall well-being.

Discussion: Patients expressed reliance on physicians for pharmaceutical treatment, yet identified diet restrictions and stress management as a main approach for self-management of UC. Framing patient education on how diet, stress management, and other health behaviors improve immune system functioning may lead to greater long term adoption of health behaviors and improved health outcomes among individuals with UC.

P033
POPULATION-LEVEL HPV VACCINATION COVERAGE AMONG U.S. ADULT IBD PATIENTS: STILL NOT ENOUGH
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Background: Evidence suggests that the inflammatory bowel disease (IBD) patients may have an elevated risk of Human papillomavirus (HPV)-associated cancers when compared with those without IBD. HPV vaccination has been recommended for 11 to 26 years old males and females. Recently, the Centers for Disease Control and Prevention (CDC) has updated the guideline to include adults aged 27 to 45 who are not adequately vaccinated. To the best of our knowledge, population-level results. We identified those who reportedly were told by a doctor or healthcare professional that they have IBD. Then we stratified the patients into two age groups; HPV-vaccine eligible age group (age 18–26) and newly approved age group (age 27–45). Our outcome was vaccine coverage status assessed as vaccine initiation age and number of doses. When the initiation age was less than 15, two doses were defined as “completed” and when the age was 15 and older, three doses were defined as completed. When the participants had initiated the vaccine but not completed all the required doses according to their initiation age, it was defined as incomplete while no dose was defined as “no vaccine”. We estimated the coverage rate by age group and sex. We used Wald chi-square test to examine differences in completion rate by sex.

Results: We identified 951 participants (population estimate: 3,121,387) who self-reportedly had IBD. Among these, 51 persons (population estimate: 191,830) were HPV-vaccine-eligible aged and 219 persons (population estimate: 859,711) were newly approved aged. Only 3.2% men while 63.2% of eligible women completed vaccination series as recommended. Eligible men had higher rates of incompletion compared to women (13.8% vs 1.3%). A higher proportion of vaccine-eligible men (83.0%) did not initiate the HPV vaccine compared to women (35.5%) (p<0.001).

Among the newly approved age group, only 0.5% of men completed vaccine and 1.3% did not complete their doses, while women, 2.3% was complete with the doses and 9.6% initiated but did not complete the vaccine (p<0.001).

Conclusion: IBD patients might greatly benefit from receiving HPV vaccination given the possibly high risk of HPV-associated cancers. However, the coverage for vaccine-eligible IBD patients was not enough and much lower than the goal of 80% coverage of Healthy People 2020. Moreover, according to the guideline, 27 to 45 years old patients who are not adequately vaccinated would be able to catch up their vaccination. Further study needs to be focused on promoting and informing HPV vaccination in IBD patients, for both currently vaccine-eligible patients and those who are aged between 25 and 45 and not adequately vaccinated.

P048
QUALITY OF LIFE AND OTHER PATIENT REPORTED OUTCOMES IN PATIENTS WITH POUCHITIS
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Background: While restorative proctocolectomy with ileal pouch anal anastomosis (IPAA) is the preferred surgical approach in patients with medically refractory ulcerative colitis (UC), the pouchitis is a common and distressing complication. Pouchitis can develop postoperatively and/or recur after pouchakedown surgery.

Aim: The aim of this study was to compare health-related quality of life (HRQOL) between patients with recent pouchitis (within the last 6 months) and those without pouchitis.

Methods: We performed cross sectional analyses to compare patient characteristics and patient-reported outcomes between recently reported pouchitis and specific Patient-reported outcomes measurement information system (PROMIS) domains (anxiety, depression, fatigue, pain interference, sleep disturbance, and social role satisfaction) and global HRQOL.

Results: Among 118 patients, 70 (59%) reported pouchitis in the prior 6 months.

Conclusions: Patients with recent pouchitis demonstrated a significant reduction in overall HRQOL as well as decrements in specific areas of social, emotional, and physical QOL compared to patients without pouchitis.