Abstract PTU-097 Table 1 Average annual, UC-related and all-cause per patient Cost (£), by relapse status

	0 relapses (n=70)	1 relapse (n=77)	2 relapses (n=34)	>2 relapses (n=20)	All (N=201)	p Value
UC-related medical costs	269.5	1174.8	1768.6	5034.7	1344.1	<0.0001
Diagnostic tests	16.5	88.4	120.1	187.7	78.6	<0.001
GP visits	101.8	258.9	260.1	409.2	219.3	<0.001
Gastroenterologist visits	107	264.7	330.4	473.2	241.6	<0.001
Nurse visits	8.9	23.3	37.9	35.1	21.9	0.0132
ER visits	21	133.2	65.4	1303.1	199	0.0039
Outpatient procedures	0	6.6	22.6	70.4	13.4	<0.001
Hospitalisations	14.3	399.8	932.2	2556	570.1	0.0006
Total all-cause cost	1208.5	1842.6	2672.1	6075.2	2183.2	<0.001

Conclusion Patients with mild-to-moderate UC have considerable care costs which increase significantly with the number of relapses. These findings support the importance of maintenance therapies in UC that aim to reduce relapse. Quantifying the relationship between relapse rate and costs will inform future health economic studies.

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Introduction The UK IBD Audit seeks to improve the quality and safety of care for IBD patients throughout the UK by auditing individual patient care and provision and organisation of IBD service resources. The inclusion of an inpatient experience questionnaire in the 3rd round of the audit provided the opportunity to obtain direct patient feedback regarding hospital care.

Methods Teams at participating sites were required to audit a consecutive sample of inpatients with UC and CD. Completion of local clinical data entry for each case triggered the generation of a patient survey comprising a self-completed questionnaire containing items taken from the National Inpatient Survey questionnaire (Picker Institute) with supplementary questions specific to IBD. Aggregated results are presented for all respondents.

Results Response rate: 33% (data for 2028 adults and 166 children). Results presented as adults [children] where appropriate. **Overall care** rated as only fair by 7% [6.7% children] and poor by 2.9% [0%]. Overall satisfaction correlated most strongly with rating of how well doctors and nurses worked together. **Composite scores** across six domains of acute adult care were comparable across all countries (no national differences). Scores for CD were lower than UC in several domains. Scores for **consistency and coordination of care** and **nursing** were relatively low compared to general adult inpatients (National Inpatient Survey, 2009). Only 60% of adults [76% children] reported a visit from a specialist nurse. **Hospital food**: Rated as poor by 20% [11%]; "Too little" food provided was reported by 15% [16%]; "Never" suited to dietary needs by 15% [8%]. No dietician visit in 59% [26%]. **Pain management**: "Ever in pain?" 85% [83%]; pain "usually severe" 52% [52%]; analgesic medication "not enough" 16% [12%]. At least 1 in 10 reported sub-optimal aspects of **discharge information** such as lack of information about drug side effects, the danger signs to watch for or how to manage their condition after going home.

Conclusion There are many positive findings from the UK IBD inpatient survey—over $\frac{3}{4}$ of adults and children rated care as "very good" or "excellent". There are areas for potential improvement. Patients place a strong value on co-ordinated care from experienced staff. Greater provision and involvement of IBD nurses at ward level could play a key role in promoting excellent inpatient care. All admitted IBD patients should receive input from specialist multidisciplinary teams experienced in managing these complex disorders.

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Introduction Over the last 20 years, health related quality of life (HRQoL) has developed into a scientific index of subjective health status in the management of ulcerative colitis (UC) and Crohn's disease (CD), with the majority of the available data to come from Northern Europe. But limited data are available from Southern Europe. Aim of our study was to characterise the HRQoL in patients with IBD from Central Greece and the investigation of socio-demographic factors and disease characteristics that affect their HRQoL in order to create a bank of data for future comparative studies.

Methods The population of the study consisted of 69 IBD patients who were recruited from the IBD referral centre for Central Greece. Data collection included the usage of the Greek version of IBDQ and a card with the sociodemographic and clinical characteristics of the population. Disease activity was assessed by Harvey-Bradshaw activity index for CD and by Simple Colitis Activity Index for UC. The impact of each characteristic in HRQoL was studied with one and two way ANOVA.

Results 43% of the patients were suffering from UC and 57% from CD. The majority were male (50.7%) but a prevalence of women was noticed in the CD group. 80% of patients were <60 yrs. 60% of