Disease and 10% had an alternative form of IBD (e.g. Proctitis, Lymphocytic Colitis or Collagenous Colitis). The ethnic mix in the responding cohort was 91% Caucasian, 6% Asian, 2% Mixed and 1% was not stated. The sample had a mean score of 7.8 (CI = 7 – 8.6). 98 (40%) of patients’ scores reflected “no depression”; 64 (26%) reflected “mild depression”; 33 (14%) reflected “moderate depression”; 86 (35%) reflected “moderately severe depression”; 12 (5%) of scores reflected “severe depression”.

Introduction

Previous studies have suggested that 15 to 30% of inflammatory bowel disease (IBD) patients also suffer from anxiety. Whilst most gastroenterologists would feel confident in recognising and diagnosing florid steroid induced psychosis, much of the associated anxiety experienced by IBD patients goes undiagnosed and untreated. Disease severity, recurrent flares, poor treatment adherence, disability, unemployment status, and socio-economic deprivation are all believed to be associated with anxiety in these patients. The severity of anxiety also appears to be directly correlated to the physical morbidity and malnutrition risk.

Objectives

To assess the true prevalence of anxiety within our IBD patients.

Methods

2400 patients with IBD in the Luton & Dunstable catchment area were invited to participate in a web-based quality of life assessment, with the option to request a paper copy. Eligibility criteria included age between 18 and 90 years of age, with no serious learning difficulties or pre-existing serious mental disorders. The severity of anxiety also appears to be closely correlated with the severity of depression, and yet very few are on active treatment or review for this. The prevalence and severity of depression in our cohort of responding IBD patients supports the argument for screening all new IBD patients in order to optimise clinical well-being and treatment efficacy.

Disclosure of Interest

None Declared.