Introduction Inflammatory bowel disease (IBD) can have a significant impact on physical, psychological and social wellbeing. We aimed to survey the impact of IBD on our patients' lives and their perceptions of psychological support use and availability.

Methods Inflammatory bowel disease (IBD) can have a significant impact on physical, psychological and social wellbeing. We aimed to survey the impact of IBD on our patients' lives and their perceptions of psychological support use and availability.

Results 6 patients were excluded as they had not completed the questionnaire. 94 patients were included (43 male, 51 female, average age 42 years, range 17–76). 46 had a diagnosis of Crohn's disease, 41 ulcerative colitis and 7 indeterminate colitis. Average disease duration for these patients was 15 years (range 1–51 years). Over the past 6 months 20 had symptoms constantly, 16 often, 17 occasionally, 10 sometimes, 13 rarely and 18 never. The average SIBDQ score was 48 (range 21–70). The average HAD score was 12.6 (range 0–33). When separated into HAD A (anxiety) and HAD D (depression) scores were 8.1 (range 0–18) and 4.8 (range 0–15) on average respectively, a score of 8 to 10 for either subscale being suggestive of the presence of the respective state. They were also asked which services they had previously used as forms of support. Of the 86 patients who answered this portion of the questionnaire, 13 (15%) said they had previously had counselling or psychological input, and 32 (37%) said they would like counselling or psychological input in the future if it was available.

Conclusion Our survey suggests there may be a higher rate of anxiety in patients with IBD, and that over a third of our patients would like access to psychological and counselling services if they were available. Psychological support is important to patients with IBD and should be incorporated into their management.

Disclosure of Interest None Declared.

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Introduction Anaemia is the most common extraintestinal manifestation of IBD, with iron deficiency being the most prevalent cause. The ECCO guidelines published in 2012 included the management of anaemia in UC. Previous studies have shown up to 1/3 of the IBD population are anaemic. Anaemia may affect quality of life in patients. There remains uncertainty in the clinical benefit in treatment of mildly anaemic and iron deficient patients. The aim of the study was to identify the burden of iron deficiency anaemia in patients with IBD in a tertiary referral centre and whether we are treating this according to the ECCO guidelines.

Methods Consecutive patients with IBD reviewed in general gastroenterology and specialist IBD clinics during one month period extending from the 1st of December 2012 to the 1st of January 2013 were included. Hb, MCV, ferritin and transferrin saturations were recorded. Results were documented prospectively. Iron deficiency was diagnosed on the basis of recent ECCO guidelines. Anaemia was defined as Hb < 12 g/dL in females and < 13 g/dL in males Treatment with oral or parenteral iron was also noted.

Results Out of 104 patients seen during this period, 21 (20.2%) patients had iron deficiency out of which 11 (10.6%) were anaemic. 3/11 (27.3%) patients with iron deficiency anaemia had a Hb of less than 10, 2/3 of which received parental iron. One received no treatment. Out of the remaining patients with milder iron deficiency anaemia (Hb > 10 g/dL), 3 had no treatment, 1 had IV only, 2 had oral only and 2 had both IV and oral. In the Iron deficient non anaemic group, 6/10 had no treatment, 2/10 had oral iron and 2/10 had parental iron.

Conclusion Our study showed 20.2% of IBD patients attending over a one month period had iron deficiency anaemia or iron deficiency. Treatment of iron deficiency with and without anaemia is variable and could improve with adherence to a clear protocol. The question of whether the treatment of iron deficiency without significant anaemia in IBD improves fatigue and QOL requires further research.

Disclosure of Interest None Declared.

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Introduction Fibrosis is a major limitation to successful non-surgical treatment of Crohn's disease (CD) and is a cause of significant morbidity. The pathophysiological determinants of intestinal fibrosis in CD remain uncertain. The renin-angiotensin system (RAS) plays a critical role in blood pressure control and fluid and electrolyte homeostasis but has recently been implicated in fibrogenesis in multiple organ systems. Angiotensin II is the main active peptide in the RAS and evidence suggests it has important proliferative and profibrogenic roles acting through its AT1 receptor. Pharmacological blockade of the AT1 receptor has become a key element in the management of chronic cardiac and renal disorders and abrogates fibrosis. It also appears anti-fibrotic in chronic liver disease. Subsequent studies suggest that the AT2 receptor may act to oppose many of the proliferative and fibrogenic actions of AT1. Few studies have investigated a role for the RAS in intestinal fibrosis in CD.

Aim A preliminary study to use immunohistochemistry to determine AT1 and AT2 expression in resected ileum of patients with CD.

Methods Immunohistochemistry for AT1 and AT2 receptors was performed on archival formalin fixed paraffin embedded ileum of patients who had undergone resection for stricturing CD (n = 6), histologically normal ileum in patients undergoing colectomy for ulcerative colitis (UC) (n = 4) or right hemicolectomy for colon cancer (n = 1). We used commercial antibodies for AT1(SC1173) and AT2(SC9040) and the secondary antibody (Vector ImmPRESS Anti-Rabbit Ig (peroxidase) Polymer Detection Kit) under optimised conditions.

Results AT1 and AT2 staining patterns differed quite clearly between CD resection samples and those from UC and cancer controls. Control and UC cases showed clear staining of the muscularis for AT1 but consistently negative staining of epithelial or lamina propria compartments, whilst AT2 stained only the epithelial layer. Conversely, each of the 6 CD cases showed clear AT1 staining of the epithelial layer as well as muscularis but negative staining for AT2 in all areas. Occasional myofibroblast-like cells were also specifically stained by AT1. RTPCR analysis of RNA from CCD18CO cells (intestinal myofibroblast cell line) confirmed AT1 expression and no AT2 expression.

Conclusion These preliminary findings demonstrate a distinct difference in angiotensin receptor expression pattern in CD and non-CD ileum. This suggests a possible alteration in the balance between AT1 and AT2 receptor expression in CD strictures contributing to fibrogenesis and certainly merits further investigation

Disclosure of Interest None Declared.

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