**Introduction** Iron deficiency anaemia (IDA), as a consequence of intestinal bleeding and inflammation, is arguably the most common complication of inflammatory bowel disease (IBD). In controlled trials, oral iron is reportedly as effective as IV iron; however, few studies have included patients with active disease where inflammation through the release of hepcidin may limit the efficacy of oral or dietary iron.

**Methods** To further study the relationship between inflammation and anaemia, we hypothesised that haemoglobin (Hb) levels would rise more in anaemic patients that responded, than in patients who did not respond, to induction anti-TNF therapy. Using electronic case note review, we assessed the prevalence, severity, type and mean change in Hb (ΔHb) of 174 [97 Male] consecutive patients undergoing induction therapy with an anti-TNF agent [Infliximab 139: Adalimumab 35]. Anaemia was defined according to age-sex adjusted WHO criteria. Primary response was assessed at 14 weeks and defined as, at least two of: the absence of symptoms, having withdrawn from steroids, and/or a normal serum C-reactive protein. Non-response was defined as one or none of the above.

**Results** 89% [156/174] patients had Crohn’s disease: the mean [SD] age, age at diagnosis, and disease duration were 34 [17], 24[13], 10 [10] years respectively. Overall 49% [85/174] patients were anaemic at initiation of anti-TNF treatment with a mean [SD] haemoglobin of 10.9 [1.3] g/dl. Only 48% [41/85] had haematics checked within 3 months of commencing an anti-TNF. 63% [26/41], 31% [13/41] had anaemia of chronic disease and 5% [2/41] were folate deficient. Overall, 37% [31/85] of the anaemic patients were prescribed iron therapy. Considering all anaemic patients, there were no differences in the baseline Hb in patients who responded (11.1 [1.2] g/dl) compared with those who did not respond (10.6 [1.6] g/dl, p = 0.11) to anti-TNF therapy. Regardless of concurrent iron therapy, there was no difference in the mean [SD] change in Hb (ΔHb) between patients that responded to anti-TNF therapy (0.51 [1.2] g/dl) and those who did not (0.47 [1.4] g/dl, p = 0.85).

**Conclusion** Iron deficiency anaemia is common but frequently undertreated in IBD patients receiving anti-TNF therapy. Induction anti-TNF therapy, with or without oral iron therapy, has no effect on haemoglobin levels. In patients with IDA receiving anti-TNF therapies, gastroenterologists should consider IV iron therapy.

**Disclosure of Interest** None Declared.

**REFERENCES**