Patients attending our IBD clinic during November 2013 were asked to complete an anonymous questionnaire. We asked for demographic and disease specific information, in addition to detailed travel questions; including perceptions, pre-travel planning and recent travel experiences. Data was entered and analysed on an anonymised database. We hypothesised that there is limited data regarding IBD patients pre-travel preparation and travel experiences.

Methods

Patients attending our IBD clinic during November 2013 were asked to complete an anonymous questionnaire. We asked for demographic and disease specific information, in addition to detailed travel questions; including perceptions, pre-travel planning and recent travel experiences. Data was entered and analysed on an anonymised database. We hypothesised that there is limited data regarding IBD patients pre-travel preparation and travel experiences.

Methods

Patients attending our IBD clinic during November 2013 were asked to complete an anonymous questionnaire. We asked for demographic and disease specific information, in addition to detailed travel questions; including perceptions, pre-travel planning and recent travel experiences. Data was entered and analysed on an anonymised database. We hypothesised that there is limited data regarding IBD patients pre-travel preparation and travel experiences.

Results

A representative 136 IBD patients (67/136[49%] Crohn’s disease, 60/136[44%] male, age 18–85 years [median age 38 years]) responded. 51%[69/136] were immunosuppressed and 43%[49/116] had IBD related surgery. 62%[84/136] experienced an IBD flare in the last 6 months. 60%[82/136] reported IBD affected travel. 58%[79/136] travelled in the last 6 months, despite a majority of those (65%[51/79]) reporting IBD affected travel. 59%[47/79] of travellers had experienced a flare in the last 6 months, although again, most of those (77%[36/47]) reported IBD affected travel. Only 18%[14/79] travellers (71% [10/14] had a recent flare) sought pre-medical travel advice of any kind and only 41%[32/79] (69%[22/32] had a recent flare) had travel insurance, the majority (88%[28/32]) paid a premium. 20%[16/79] travellers reported a change in bowel habit while abroad, but of those only 27%[3/11] sought medical advice. We also report that 52%[36/69] of immunosuppressed patients are unaware of the need to avoid live vaccines.

Conclusion

A majority of IBD patients feel their disease affects travel. However, despite concerns, patients still travel abroad, even if they have suffered a recent flare. Our results suggest patients are not receiving the recommended travel medical advice, including the need to avoid live vaccinations if immunosuppressed, and are possibly under or not insured. The small numbers of travellers suffering a change in bowel habit abroad tend not to seek medical advice while away. Further detailed investigation in travel behaviour in IBD patients is required, but we suggest there is a need for greater IBD travel education.

References


Disclosure of Interest
None Declared.

ASSOCIATION OF Fecal Calprotectin WITH EXTENT AND DISTRIBUTION OF INFLAMMATORY BOWEL DISEASE

V A Astle*, NR Lewis. Nottingham Digestive Diseases Centre, Nottingham University Hospital, Nottingham, UK

10.1136/gutjnl-2014-307263.376

Introduction

Calprotectin is a protein released by neutrophils in response to the presence of inflammation in the bowel. Faecal calprotectin (FC) has been shown to be useful in the diagnosis of inflammatory bowel disease (IBD) as it correlates with mucosal disease activity and can help to predict response to treatment or relapse. Data from small, selected case series have observed FC correlates better with colonic rather than ileal Crohn’s disease (CD) and median FC concentrations are higher in extensive or left-sided ulcerative colitis (UC) disease than in proctitis. We report the association of FC concentration with extent and distribution of inflammation in consecutively performed tests at our centre.

Methods

All FC tests performed between 01/07/12 and 31/12/12 were systematically collected and sociations with activity and distribution using endoscopic, histological and radiological data explored. Proximal disease was defined as inflammation affecting the terminal ileum and ascending colon; left-sided disease as inflammation limited to the colorectum distal to the splenic flexure and pan-colitis with inflammation extending proximal to the splenic flexure.

Results

203 (n = 160 CD; n = 43 UC) patients with IBD had FC tests performed of whom 96 (47.3%) had endoscopic, histological or radiological evidence of active disease. The mean age of IBD patients was 44.7 (SD 17.0) years and 58% were female. The mean FC concentration was significantly higher in patients with active pan-colitis (1038.1 iu (SD 1104.1)) than in active left-sided disease (mean 820.2 iu (SD 1535.1)); p = 0.01. The mean FC concentration was significantly higher in active pan-colitis than in active proximal disease (mean difference -669.3 iu (95% CI -1046.3, -292.4)); p = <0.001. There was no significant difference in the mean FC concentration between active proximal or left-sided disease (mean difference -451.5 (95% CI -965.9, 62.9) or between CD and UC (mean difference 148.5 (95% CI -369.1, 651.5)).

Conclusion

Mean FC concentrations are significantly higher in active pan-colitis than in active left-sided or proximal disease, perhaps reflective of the greater extent of inflammation.
Further work is required to explore why FC concentrations are lower in proximal disease despite presence of active inflammation.

**REFERENCES**
3. Inflammatory Bowel Diseases 2013;19(2):332–341

Disclosure of Interest None Declared.

**PWE-117 HAVE PERIANAL SURGERY RATES DECREASED WITH THE RISE IN THIOPURINE USE IN CROHN’S DISEASE?**

2. Gastroenterology, St Georges Hospital, Imperial College, London, UK; 3. School of Primary Care and Public Health, Imperial College, London, UK; 4. Department of Computing, Imperial College, London, UK

**Introduction**  
Although thiopurines (TPs) have proven efficacy in the maintenance of remission in Crohn’s disease (CD) and may reduce the need for intestinal surgery, their impact on perianal disease is not firmly established since previous trials have not evaluated the efficacy of TPs on perianal disease as a primary endpoint. Our aim was to examine the temporal trends in perianal surgery and TP use using the Clinical Practice Research Datalink (CPRD).

**Methods**  
Using electronic primary care records, we performed a UK population based study. Incident cases of CD were identified between 1995 and 2009 from the nationally representative CPRD which contains clinical records and prescribing data for 13 million people in the UK and is a validated research database. Patients were included if they had been registered with a practice for greater than 12 months. The primary endpoint was first perianal surgery defined by READ/OXMIS coding. The cohort was divided into two defined historical eras: era 1 (1995–2002) and era 2 (2003–2009). We performed Kaplan-Meier survival analysis to establish the 5 year rates of first perianal surgery and trends in TP prescribing by era of diagnosis. Log-rank test for trend was used to compare survival outcomes between groups.

**Results**  
5235 patients met the diagnostic criteria for an incident case of CD. 2083 were diagnosed in era 1 (1995–2002) and 3152 in era 2 (2003–2009). The mean duration of follow up was 4.8 years/person. 56.3% of patients were female and median age at diagnosis was 38.5 years (IQR: 24.8–58.1 years). 124 patients underwent perianal surgery. The overall 5 year rate of perianal surgery was 2.2% (95% CI: 1.8–2.7%). Stratified by era of diagnosis the rate was lower in the more recent era: 2.7% (95% CI: 2.1–3.6%) and 1.7% (95% CI: 1.2–2.3%) in era 1 and era 2 respectively (log-rank test for trend p = 0.03). Conversely, during the same period, the 5 year cumulative probability of receiving a TP increased between era 1 and era 2 from 29.1% to 42.2% (log-rank test for trend p < 0.001).

**Conclusion**  
Over the 15 year study period, the risk of perianal surgery fell by one third which coincided with a one third increase in TP use during the same period. Other changes in IBD management are also likely to have contributed to this fall in surgery. Further studies to determine independent risk factors associated with perianal surgery are in progress.

Disclosure of Interest None Declared.

**PWE-118 PREDICTORS OF COLECTOMY AND THE IMPACT OF THIOPURINES ON THE RISK OF COLECTOMY IN ULCERATIVE COLITIS – A NATIONAL UK BASED OBSERVATIONAL STUDY**

2. Gastroenterology, St Georges Hospital, Imperial College, London, UK; 3. School of Primary Care and Public Health, Imperial College, London, UK; 4. Department of Computing, Imperial College, London, UK

**Introduction**  
Thiopurines (TPs) including azathioprine and mercaptopurine have an established role in maintaining disease remission in ulcerative colitis (UC) but their impact on the risk of colectomy remains unknown. Our aim was to establish predictors of colectomy and determine the effect of TPs on the risk for colectomy using the Clinical Practice Research Datalink (CPRD).

**Methods**  
We conducted a population based study using electronic primary care records in the UK. We identified incident cases of UC between 1989 and 2009 in the CPRD which contains prescribing and clinical data for 8% of the UK population and is a validated research database. Patients were included if registered with a practice for at least 12 months prior to diagnosis. We compared rates of colectomy between TP users and non-users and examined the impact of treatment duration. We performed survival analysis using the Kaplan-Meier method. Independent risk factors for surgery were determined using a multivariable Cox proportional hazards model.

**Results**  
Overall, 8673 patient met our inclusion criteria of which 479 (5.5%) went on to have a total colectomy during 21 years of follow up. 51.4% were male and the median age was 46 years (IQR: 32–62 years). Female patients were less likely to undergo colectomy (HR 0.70, 95% CI: 0.58–0.84, p < 0.001). There was a threefold increase in the risk of colectomy amongst TP users compared with non-users (HR 3.48, 95% CI: 2.84–4.37, p < 0.001). Of the TP users, those receiving greater than 12 months of treatment, were least likely to undergo colectomy compared with users for less than 3 months (HR 0.29, 95% CI: 0.21–0.40, p < 0.001). Early steroid users were almost twice as