Neurogastroenterology

Orals

**OYE-08** PSYCHOSOCIAL FACTORS ASSOCIATED WITH PAIN IN INFLAMMATORY BOWEL DISEASE: A CROSS-SECTIONAL STUDY


Introduction Pain is frequently reported by patients with inflammatory bowel disease (IBD). Pain in IBD is not fully explained by disease activity or other clinical findings, and a recent systematic review suggested that psychosocial factors have an important role in IBD-pain. The aim of this study was to investigate psychosocial factors associated with pain in IBD.

Methods 297 adults (>16 years) with IBD were recruited from outpatient clinics (n=114) and online (n=183). Participants completed validated questionnaires assessing pain and potential emotional, cognitive and behavioural correlates. Socio-demographic and clinical factors including disease activity were also recorded.

Results 243 (81.8%) of participants reported pain. Of these 243, mean age was 36 years; 153 (63%) had Crohn’s disease (CD), 90 (37%) had ulcerative colitis (UC), and 165 (67.9%) were female. 62.6% reported mild, 31.6% moderate and 5.8% severe pain. Mean disease activity was 7.52 for CD (Harvey Bradshaw Index: HBI) and 5.6 for UC (Simple Colitis Activity Index: SCCAI), indicating mild to moderate active disease. 40.3% of participants met established criteria for “chronic pain” and 18.5% reported opioid use. Female gender, smoking status, prior surgery and steroid use were associated with greater pain severity. Psychosocial factors associated with pain severity and interference included depression, catastrophising, fear avoidance and lower self-efficacy and psychological well-being (Table 1). Regression models explained 44.7% of the variance in pain severity and 48.6% of pain interference, with psychosocial factors explaining 9.7% and 23.5% respectively when controlling for demographic and clinical variables.

Conclusions Incidence of colorectal cancer in young adults is increasing and they tend to present at advanced stage. Our study showed that most patients were symptomatic for at least 3 months prior to diagnosis. Although rectal bleeding was the most common presenting complaint, microcytic anaemia and abdominal pain tend to be more common in right sided colon cancer. These findings should alert primary care clinicians and specialists alike when faced with a young adult with gastrointestinal symptoms.

REFERENCES


**OYE-09** OUTCOMES OF GUT-FOCUSED HYPNOTHERAPY IN SCHOOL CHILDREN AND ADOLESCENTS WITH SEVERE REFRACTORY IRRITABLE BOWEL SYNDROME

Syed S Hasan, Pamela Cruickshanks, Peter J Whorwell, Dipesh H Vasant. Neurogastroenterology, Wythenshawe Hospital, Manchester University Foundation Trust, Manchester, UK

Introduction Irritable Bowel Syndrome (IBS) symptoms in school children and adolescents are relatively common, often causing considerable embarrassment, social withdrawal, disruption to education and psychological distress. Pharmacological options in this group are limited due to safety concerns concerning antidepressants, making behavioural therapies such as gut-focussed hypnotherapy an attractive treatment option. Here, we evaluated outcomes from gut-focussed hypnotherapy in patients with IBS ≤ 18 years of age.

Methods Consecutive young patients (≤18 years of age) with severe IBS symptoms referred to our tertiary neurogastroenterology unit received 12 sessions of gut-focussed hypnotherapy at weekly intervals using the Manchester Protocol. All patients completed the Tellgen Absorption Scale before treatment and all completed the following measures before and after hypnotherapy: IBS symptom severity score (IBS-SSS), Hospital Anxiety and Depression scale (HADS), Non Colonic Symptom score and quality-of-life (QoL) score. Interference with education and the impact of hypnotherapy was also recorded. The primary outcome measure was response to hypnotherapy...
OWE-10  COGNITIVE BEHAVIOURAL THERAPY FOR IRRITABLE BOWEL SYNDROME: 24 MONTH FOLLOW-UP OF ACTIB TRIAL PARTICIPANTS

1 Assoc Hazel Everitt*, 2 Sabine Landau, 3 Alice Sibelli, 4 Stephanie Hughes, 5 Gillian O’Reilly, 6 Sulka Windgassen, 7 Rachel Holland, 8 Paul Little, 9 Paul McCrone, 10 Felicity Bishop, 11 Kim Goldsmith, 12 Nicholas Coleman, 13 Robert Logan, 14 Rona Moss-Morris.

1 University of Southampton, Southampton, UK; 2 Kings College Hospital, London, UK; 3 Kings College, London, UK; 4 Kings College Hospital, London, UK; 5 University of Southampton Hospital, Southampton, UK; 6 Salford Royal Foundation Trust; 7 Manchester University Foundation Trust

Introduction The ACTIB (Assessing Cognitive behavioural Therapy (CBT) for IBS) randomised controlled trial (n=558) was a 3 arm multicentre trial which showed that telephone therapist-delivered CBT (TCBT) and web-based CBT (WCBT) with minimal therapist support were significantly more effective than treatment as usual (TAU) at reducing IBS symptom severity and impact at 12 months in adults with refractory IBS.

Methods A 24 month naturalistic follow-up of ACTIB participants. Participants were recruited from 74 primary care general practice (GP) surgeries and 3 secondary care gastroenterology outpatient clinics in the South of England and London, May 2014 to March 2016. 24 month data collection completed May 2018. TAU participants were given access to the WCBT website from 12 months. Co-primary outcome measures (IBS Symptom Severity Score (IBS SSS) and Work and Social Adjustment Scale (WSAS)). Formal trial arm comparisons were Intention-to-treat analyses by multiple imputation to account for missing data.

Results 57.9% (323/558) of participants randomised were followed up to 24 months. Only 10 TAU participants chose to access WCBT.

Preliminary results Compared to TAU (IBS SSS score 198 at 24 months), IBS SSS scores were 40.5 (95% CI 15.0 to 66.0) points lower (p<0.002) in TCBT and 12.9 (95% CI -12.9 to 38.8) points lower (p=0.3) in WCBT at 24 months. Assessing IBS SSS responders (participants with a clinically significant IBS SSS change (≥50 point) from baseline to 24 months: 84/119 (70.6%) were responders in TCBT, 62/99 (62.6%) in WCBT and 48/105 (45.7%) in TAU. Compared to TAU (WSAS score 7.6 at 24 months) WSAS was 3.1 (95% CI 1.3 to 4.9) points lower (p<0.001) in TCBT and 1.9 (95% CI 0.1 to 3.7) points lower (p<0.04) in WCBT. Patient enablement (responders): TCBT compared to TAU OR 8.3 (95% CI 4.2 to 16.4) p<0.001, WCBT to TAU OR 3.3 (95% CI 1.8 to 6.0) p=0.001; Hospital anxiety and depression scale (HADS) TCBT to TAU 3.1 (95% CI 1.6 to 4.7) p<0.001 and WCBT to TAU 95% CI 2.7 (1.0 to 4.4) p=0.002.

Conclusions At 24 months sustained benefits were seen in both CBT groups compared to TAU, particularly on impact of IBS symptoms. Some previous gains were reduced compared to 12 month follow-up in the intention-to-treat analysis. Complete case analysis indicated those who had adhered to CBT treatments maintained large clinically significant gains in both symptoms and impact at 24 months. Increasing access to CBT for IBS could achieve long term benefits for patients.