

**Table 1.**

	Women (%)	Men (%)	p
Self-esteem	43.4	21.1	0,012
Body-image	28.3	8.8	0.005
Work responsibility	57.7	32.4	0.006
Domestic responsibility	40.4	15.2	0.002

**Table 2.**

	Women	Men	p
IBDQ-32 score	166 (148–188)	184 (166–2002)	0.003
Stress	42 (35–48)	42 (36–45)	0.4
Anxiety	7 (4–11)	4 (3–7)	0.001
Depression	3 (1–7)	2 (1–4.7)	0.094

**Conclusion:** Our results demonstrate that women with IBD show a higher diagnostic delay and misdiagnosis compared with men. This delay is more evident in CD. Moreover, there is a higher impact of IBD diagnosis in women on the gender roles, the quality of life and the emotional sphere.

## P248

### Validation of IBD-disk for the assessment of daily-life burden of patients with inflammatory bowel disease

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**Background:** The IBD-disk is a 10-item visual tool assessing inflammatory bowel diseases (IBD)-related disability. It could be a valuable tool in daily practice but it has not been validated. In a cohort of patients with IBD, we aimed to determine the correlation between the IBD-disk and each of its components with the IBD daily-life burden.

**Methods:** A 1-week cross-sectional study has been conducted in 42 centres affiliated to the GETAID in France and Belgium in November 2018. Patients were asked to fulfil the IBD-disk questionnaire and an IBD daily-life burden visual analogic scale (VAS: 0 = no burden; 10 = maximal burden). The validation included for internal consistency, correlation analysis and diagnostic performance assessment. In addition, we evaluated the completion rate as well as patient satisfaction for IBD-disk. Multivariate analysis was performed to determine predictors of moderate-to-severe IBD-related disability.

**Results:** Among the 2011 IBD outpatients who responded to the survey (67.8% of patients with Crohn's disease), 49.9% were in clinical remission. The full completion rate of the IBD-disk was 73.8%. It was considered easy to fulfil by 88.4% of patients. The mean IBD-disk score was 39.0 ± 23.2 (best score 0, worst 100). The IBD-disk score was well correlated with IBD daily-life burden VAS ( $r = 0.62$ ;  $p < 0.001$ ). With the optimal IBD-disk cut-off of 40, AUROC for high IBD daily-life burden was 0.81 (CI95%: 0.79–0.83;  $p < 0.001$ ). Using multiple logistic regression, a shortened IBD-disk score using only 5 items (abdominal pain + regulating defecation  $x^2$  + work and education  $x^3$  + emotions + energy) of the IBD-disk had similar correlation and diagnosis performance than the complete IBD-disk score (AUROC=0.82 [0.79–0.83];  $p < 0.001$ ) for assessing IBD daily-life burden. In multivariate analysis, moderate-to-severe disability (overall IBD-disk score > 40) was significantly increased in patients with frequent sick leave > 0.3 per year, with general practitioner appointment > 2 per year, with concerns about the lack of efficacy of their current treatment, perceived need of psychotherapist or IBD-nurse whereas it was decreased in patients with clinical remission assessed by patient global assessment and employed or student occupational status.

**Conclusion:** The IBD-disk had a good completion rate and demonstrated a close correlation with daily-life IBD burden and good internal consistency, in a large multicentre cohort of IBD patients. Our results suggest that the IBD-disk could be a valuable tool in routine practice to assess daily-life IBD burden. Although a simplified 5-item IBD-disk demonstrated better performance to assess IBD daily-life burden, the overall score, the IBD-disk allows exploring all dimensions of IBD daily-life burden.

## P249

### Use of a point-of-care screening tool to identify depression and anxiety in patients with inflammatory bowel disease

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**Background:** Depression and anxiety are comorbidities of inflammatory bowel disease (IBD). Recent guidelines from the ACG recommend screening for depression and anxiety in IBD patients, but the most effective and efficient way to do this is not established. We used a novel computerised adaptive testing technology to screen IBD patients for depression and anxiety and compared the screening results to disease activity.

**Methods:** Consecutive patients at our tertiary IBD clinic were asked to complete the validated CAT-MH™ survey from Adaptive Testing Technologies (Chicago, IL). This tool is provided as a text or email link and takes 3–5 min to complete. We reviewed disease and patient characteristics. Categorical variables were assessed using Fisher's exact test. Clinical remission status was determined by the senior author, blinded to the CAT-MH™ results.

**Results:** 134 patients (75 women, 112 Caucasian, 84 Crohn's disease) participated in the study, 85 of whom had no prior history of psychiatric disorders. We identified 51 patients with depression (46 mild, 3 moderate, 2 severe); 32/51 (62.7%) were previously undiagnosed. Thirty-six subjects tested positive for anxiety (24 mild, 10 moderate, 2 severe); 20/36 (55.6%) were previously undiagnosed. 2/134 patients were positive for suicidal ideation in the past month.

Sex, race, type of IBD, surgical history, and number of discontinued medications were not significant (Table 1). Patients with active disease had a significantly greater relative risk for having depression (RR 2.26, 95% CI 1.50–3.39) and anxiety (RR 1.88, 95% CI 1.09–3.24) (Figure 1).

**Conclusion:** We demonstrate the utility of a novel screening tool for depression and anxiety in IBD patients. Furthermore, we illustrate the positive association between clinically active disease status and the presence of depression and anxiety. Physicians should consider patients with clinically active IBD at risk for depression and anxiety and treat or refer them accordingly.

## P250

### Root cause analysis to identify missed opportunities for the diagnosis of colorectal cancer in inflammatory bowel disease

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**Abstract P249 Table 1.** The proportion of patients testing positive for depression and anxiety.

N=134	Positive for Depression n/N (%)	Positive for Anxiety n/N (%)
<b>Sex</b>		
Female sex	31/75 (41.3)	24/75 (32)
Male sex	20/59 (18.6)	12/59 (20.3)
P-value	0.47	0.17
<b>Race</b>		
White	42/112 (37.5)	28/112 (25)
Non-white	9/22 (40.9)	8/22 (36.4)
P-value	0.81	0.29
<b>Type of IBD</b>		
Ulcerative Colitis	18/50 (36.0)	11/50 (22.0)
Crohn's Disease	33/84 (39.3)	25/84 (29.8)
P-value	0.72	0.42
<b>Smoking Status</b>		
Current or Former	12/30 (40.0)	9/30 (30.0)
Never	39/104 (37.5)	27/104 (25.9)
P-value	0.83	0.65
<b>Past Surgeries Related to IBD</b>		
Yes	26/57 (45.6)	16/57 (28.1)
No	25/77 (32.5)	20/77 (25.9)
P-value	0.15	0.85
<b>Number of Discontinued Medications</b>		
0-2	26/72 (36.1)	18/72 (25.0)
3+	25/60 (41.7)	18/60 (30.0)
P-value	0.47	0.56
<b>Disease Status</b>		
Active	25/40 (62.5)	16/40 (40.0)
Clinical Remission	26/94 (27.7)	20/94 (21.3)
P-value	0.0002*	0.033*
<b>*significant if p ≤ 0.05</b>		