

whose SES-CD was  $\geq 3$  whereas it was 88% in patients whose SES-CD was  $\leq 2$  ( $p < 0.01$ ). This tendency was observed both in patients who were treated with/without biologics. Cox regression analysis after adjustment of possible confounding factors revealed that SES-CD  $\leq 2$  was found to be independent determinants of non-relapse (HR 0.17; 95% CI 0.06–0.48).

**Conclusions:** The present study demonstrated that endoscopic remission (SES-CD  $\leq 2$ ) predicted long-term prognosis even in patients with clinical remission.

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**Sexual dysfunction in inflammatory bowel disease patients**

O. Yanartas<sup>1\*</sup>, H.T. Kani<sup>2</sup>, M. Banzragch<sup>3</sup>, E. Bicakci<sup>3</sup>, A. Sakalli Kani<sup>4</sup>, O. Atug<sup>3</sup>, K. Kuscu<sup>1</sup>, N. Imeryuz<sup>3</sup>, H. Akin<sup>3</sup>. <sup>1</sup>Marmara University, School of Medicine, Psychiatry, Istanbul, Turkey, <sup>2</sup>Marmara University, School of Medicine, Internal Medicine, Istanbul, Turkey, <sup>3</sup>Marmara University, School of Medicine, Gastroenterology, Istanbul, Turkey, <sup>4</sup>Istanbul University Cerrahpasa Medical Faculty, Psychiatry, Istanbul, Turkey

**Background:** Sexual dysfunction (SD) in Inflammatory Bowel Disease (IBD) has a complex background and influences on the quality of life. Our aim was to determine the frequency and the characteristics of SD and its' relation with Quality of Life (QoL), anxiety and depression in IBD patients.

**Methods:** Patients asked to answer 3 self-report questionnaires in outpatient clinics between May and November 2013. Hospital Anxiety and Depression (HAD) scale has 2 separate parts; risk of anxiety and depression. Arizona Sexual Experience Scale (ASEX) has subgroups as desire, arousal, penile erection/vaginal lubrication, ability to reach orgasm and satisfaction. Short Form-36 (SF-36) is used for QoL. Crohn's Disease Activity Index (CDAI), Modified Mayo Score (MMS), Truelove–Witts score (TWS) and demographic data were collected.

**Results:** A total of 177 IBD patients included. Mean age was 40.8±12.7 years. 99 (56%) were female, 80 (45%) Crohn's Disease (CD) and 97 (55%) were Ulcerative Colitis (UC). Demographic data of UC and CD groups were statistically similar. Mean MMS, TWS and CDAI were 2.4, 2.4, 130 respectively. All scores of ASEX were significantly worse in CD patients compared to UC patients ( $p = 0.001$ ). ASEX scores were similar in the female patients of CD vs UC statistically. Male patients' ASEX scores of CD were worse than UC male patients ( $p = 0.04$ ). In CD, UC and all patient groups ASEX scores were significantly worse in female patients than male patients ( $p = 0.002, 0.0001, 0.0001$  respectively). QoL were statistically

worse in female patients in all subitems ( $p < 0.05$ ) compared to male patients. Females had worse scores in all subitems of SF-36. Female patients' anxiety subscores of HAD were significantly worse ( $p = 0.005$ ) compared to male. There was no difference in depression subscore (male vs female).

**Conclusions:** CDAI positively correlated with HAD and ASEX whereas negatively correlated with SF-36 significantly. TWS was also positively correlated with depression subitem of HAD, and negative correlated with all subitems of SF-36 significantly. SD positively correlated with disease activity indexes both in CD and UC. Male CD patients had significantly higher SD compared to UC male patients but there was no difference between female CD and female UC. Also female patients in CD, UC and the whole group were statistically worse compared to male patients in all items of SD, QoL and also anxiety subscore of HAD. Worse scores in females may be due to lower women socioeconomic levels of women in our hospital region. Major limitation of this study is the absence of control group.

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**Severe disease activity and cytomegalovirus colitis are associated with an increased risk of venous thromboembolism in patients with inflammatory bowel disease**

K.-J. Kim\*, H.-S. Lee, S.H. Park, B.D. Ye, D.-H. Yang, K.W. Jung, J.-S. Byeon, S.-J. Myung, S.-K. Yang, J.-H. Kim, S.-M. Hong. *Asan Medical Center, Gastroenterology, Seoul, Korea, Republic of*

**Background:** There is still a paucity of data on venous thromboembolism (VTE) in Asian populations. Here, we evaluate the incidence and risk factors of VTE in patients with inflammatory bowel disease (IBD).

**Methods:** We compared Korean patients with VTE and IBD to matched IBD controls without VTE. In addition, we investigated the association between VTE and cytomegalovirus (CMV) colitis in patients who provided colonic tissue samples between July 1989 and January 2013.

**Results:** Of 4467 patients diagnosed with IBD at our center, 26 patients with VTE were identified, including 12 with Crohn's disease (CD) and 14 with ulcerative colitis (UC). The incidence of VTE was 0.58%. The recent use of steroids (OR = 7.00; 95% CI = 1.59–30.77;  $p = 0.010$ ) and elevated C-reactive protein (CRP) (OR = 1.17; 95% CI = 1.00–1.37;  $p = 0.046$ ) were associated with an increased risk of developing VTE. Moreover, each 1% rise in hematocrit decreased the risk of VTE by 14% (OR = 0.86; 95% CI = 0.77–0.97;  $p = 0.015$ ).

Table 1 (abstract P137): Comparison of patients according to questionnaires' subitems

	All patients			Crohn's disease			Ulcerative colitis			Female patients			Male patients		
	Female	Male	p	Female	Male	p	Female	Male	p	CD	UC	p	CD	UC	p
<b>SF-36 (mean values)</b>															
Physical functioning	60.26	79.09	0.0001*	59.70	82.88	0.001*	60.90	76.95	0.009*	59.70	60.90	0.83	82.88	76.95	0.38
Role physical	41.84	59.37	0.011*	46.56	64.42	0.088	36.36	56.52	0.032*	46.56	36.36	0.24	64.42	56.52	0.47
Bodily pain	51.56	66.77	0.0001*	52.19	62.07	0.11	50.83	69.43	0.001*	52.19	50.83	0.78	62.07	69.43	0.25
General health	37.06	50.80	0.0001*	34.88	49.96	0.009*	39.59	51.28	0.029*	34.88	39.59	0.33	49.96	51.28	0.83
Vitality	45.73	57.22	0.003*	44.60	51.92	0.2	47.04	60.21	0.013*	44.60	47.04	0.63	51.92	60.21	0.16
Social functioning	53.68	64.58	0.011*	55.14	65.38	0.13	51.98	64.13	0.035*	55.14	51.98	0.54	65.38	64.13	0.86
Role emotional	41.40	58.33	0.025*	39.86	58.97	0.15	43.18	57.96	0.1	39.86	43.18	0.74	58.97	57.96	0.93
Mental health	51.87	60.11	0.014*	52.00	54.92	0.56	51.72	63.04	0.014*	52.00	51.72	0.95	54.92	63.04	0.1
<b>ASEX (mean values)</b>															
Desire	3.66	2.63	0.0001*	3.72	3.08	0.05*	3.58	2.4	0.0001*	3.72	3.58	0.61	3.08	2.4	0.02*
Excitement	3.78	2.7	0.0001*	3.95	3.08	0.01*	3.54	2.5	0.0001*	3.95	3.54	0.17	3.08	2.5	0.06*
Penile erection/Vaginal lubrication	3.45	2.52	0.0001*	3.62	2.92	0.037*	3.2	2.31	0.004*	3.62	3.20	0.18	2.92	2.31	0.052
Ability to reach orgasm	3.78	2.47	0.0001*	3.97	2.54	0.0001*	3.51	2.43	0.0001*	3.97	3.51	0.14	2.54	2.43	0.06
Satisfaction from orgasm	3.26	2.2	0.0001*	3.41	2.48	0.02*	3.03	2.04	0.0001*	3.41	3.03	0.31	2.48	2.04	0.11
Sexual dysfunction	17.81	12.48	0.0001*	18.65	13.95	0.002*	16.57	11.69	0.0001*	18.65	16.57	0.14	13.95	11.69	0.04*
<b>HAD (mean values)</b>															
Anxiety	9.04	7.03	0.005*	9.17	7.92	0.24	8.89	6.58	0.022*	9.17	8.89	0.77	7.92	6.58	0.22
Depression	7.53	6.42	0.1	7.78	6.85	0.38	7.22	6.21	0.26	7.78	7.22	0.53	6.85	6.21	0.56

\*P values <0.05, statistically significant. CD, Crohn's disease; UC, Ulcerative colitis.