University/Hospital. Data were expressed as median and range and differences between groups assessed by the T test.
Results: Dermatological assessment was performed in 188 IBD patients (85 F, age 45.5 yrs, range 18–85; IBD duration 9 yrs, range 1–46). Among these 188 patients, there were 72 UC (35 M, age 47, range 23–85; UC duration 6 yrs, range 1–40; UC extent: distal 26, left 11, extensive 31, ileal pouch 3, ileostomy 1) and 116 CD (69 M, age 44, range 18–80; CD duration 10 yrs, range 1–46; CD colitis 8, ileo-colitis 24, ileitis 34, neo-terminal ileum 45, ileostomy 2, jejunum 1, distal ileum + jejunum 2). Non-IBD C included 50 patients (31 M, age 47, range 18–75). Among the 188 IBD patients, psoriasis was detected in 48 (26%; 28 CD, 20 UC). In the IBD group, the median age and IBD duration were comparable in patients with or without psoriasis (age 50.5 range 23–72 vs 44 range 18–85; IBD duration 8 yrs range 1–45 vs 9 yrs range 1–41; p = ns for both). Mild psoriasis was detected in a higher proportion of IBD patients (40/48; 83%) than non-IBD C (28/50; 56%; $p < 0.001$). Scalp psoriasis and sebopsoriasis were the more common psoriasis phenotype in IBD (16/48; 33%), followed by inverse psoriasis (7/48; 15%) and by palmo-plantar psoriasis (5/48; 10%). Psoriatic arthritis was detected in 9/50 (18%) non-IBD C and in 4/48 (8%) IBD patients (p = n.s.). In 4/48 (12%) IBD patients, psoriasis developed after anti-TNFs (palmo-palmar 3, sebopsoriasis 1).
Conclusions: Results from a cohort of IBD patients matched with non-IBD control patients suggest that specific phenotypes of psoriasis may be associated with IBD.

DOP067

Low FODMAP diet reduces irritable bowel symptoms and improves quality of life in patients with inflammatory bowel disease in a randomized controlled trial

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Background: Low FODMAP (Fermentable Oligo-, Di-, Monosaccharides and Polyols) diet (LFD) has been shown to be efficient in irritable bowel syndrome (IBS). The objective of this study was to investigate the impact of a LFD on IBS-like symptoms, disease activity and quality of life in inflammatory bowel disease (IBD) (SIBDQ).
Methods: Randomised, non-blinded controlled six weeks trial of IBD patients in remission or mild to moderate disease activity and IBS-like symptoms (Rome III criteria) were allocated to either LFD or normal diet. Patients had to fill out the IBS symptom severity scale (IBS-SSS) and quality of life (IBS-QOL) at week 0 and 6 on a web-based program and IBD activity symptom scores: SCCAI for ulcerative colitis (UC), HBI for Crohn's disease (CD) and quality of life (SIBDQ) on paper.
Results: A total of 89 patients: 61 (69%) UC and 28 (21%) CD, 67 (75%) females, median age 40 years (20–70) were randomized: 44 to LFD and 45 as controls. Significant reduction in IBS-SSS at week 6 in LFD compared to controls (114 vs. 68), p = 0.02 was observed. In UC a significant reduction of SCCAI (0.7 vs. 0.1), p = 0.02 but not in CD was observed. SIBDQ improved significantly in LFD (9.1–0.9), $p < 0.001$.
Conclusions: LFD is effective in IBD patients in remission or mild-to moderate activity, predominantly improving IBS-like symptoms in patients and further reduce disease activity for UC and improve SIBDQ.

DOP068

Cognitive-behavioural therapy (CBT) improves inflammatory responsiveness but not mental health short term in IBD patients: A pilot randomised controlled trial

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Background: Trial ID: ACTRN12609000913279 (Australian New Zealand Trial Registry). While psychological stress has been linked with disease course in IBD, it is uncertain whether psychotherapy has any clinical or anti-inflammatory effect on IBD. To date, CBT, a type of psychotherapy where patients are taught to recognise and modify unhelpful thinking styles, has not been extensively examined. Thus, this study aimed to investigate whether adding CBT to standard medical therapy prolongs remission in patients with clinically quiescent IBD in comparison with standard treatment alone.
Methods: A 2-arm parallel pragmatic randomised controlled trial (RCT) was conducted to compare a 10-week CBT program (either face-to-face or online) in addition to standard care compared to standard care alone. Participants were adults with clinical remission or only mild IBD symptoms for at least 3 months and have sufficient IQ & English to participate in the therapy. Outcome measures included disease activity, mental health and quality of life. A student t test, ANCOVA, their non-parametric equivalents and linear mixed-effects models were used.
Results: 174 IBD patients were enrolled in the trial (87 in each group). At the univariate level, a significant improvement in each of: mental quality of life (p = 0.002), general anxiety (p = 0.024), trait anxiety (p = 0.011) & maladaptive coping (p = 0.002) was noted at 6 months in the CBT group but not controls. Both groups improved in their levels of stress (p = 0.019 CBT & p = 0.033 controls). These differences however disappeared in multivariate comparisons. A subanalysis of 29 participants conducted to investigate CBT's potential effect on inflammatory activity showed that in contrast to standard care alone, CBT reduced LPS stimulated concentrations of GMCSF, IL-18 and TNF-α, and PMA/ionomycin stimulated concentrations of IFN-γ, IL-2, IL-13, IL-18, IL-21, IL-22 and TNF-α. Further, at study entry the concentration of LPS stimulated GMCSF and IL-18 and PMA/ionomycin stimulated IFN-α, IL-2, IL-13, IL-18 and TNF-α was lower in those who responded to CBT than in non-responders.
Conclusions: CBT seems to have specific effects on the immune system of remissive IBD patients as compared to standard medical therapy; although, it has little impact on overall mental health short-term.
Trial status: Recruitment complete. Long-term follow-up in progress.
Trial sponsor: The first author received the Angela McAvoy Fellowship from the Crohn's and Colitis of Australia, Abbott Australia and Janssen Australia provided untied educational grants.