between 2000 and 2005 were assessed. Demographic data, endoscopic findings, extraintestinal manifestations, perianal lesions, medical and surgical treatments were recorded in our prospective database; the mean time of patient follow up was 6.5 years. The evaluation of endoscopic activity was based on the Simplified Endoscopic Activity Score for Crohn’s Disease (SES-CD). Chi-square test and logistic regression were used for statistical analyses.

Results: 533 endoscopies were performed in 201 patients with CD. The mean value of SES-CD at the first colonoscopy was 9.15. Endoscopic relapse occurred in 66 patients, of which 25 had been smoking at the time of diagnosis and 13 pursued smoking afterwards. Severe stenosis or deep ulceration was revealed in 24 and 47 patients at the first, diagnostic colonoscopy. Of the 65 patients with severe endoscopic activity (SES-CD), 18 showed endoscopic relapse during the follow up. 20% of the patients underwent ileal resection, 22.9% needed colectomy and surgeries of abscesses and fistulae were performed in 18.4% and 15.4% of the cases, respectively. Statistically, smoking was shown to be a risk factor for endoscopic relapse (p=0.04). Initial SES-CD values did not correlate with the need for surgical interventions. Severe stenosis at the diagnostic colonoscopy predisposed to ileal (p=0.05) or colonic (p=0.0002) surgeries during the course of the disease. None of the examined further factors were in association with endoscopic relapse.

Conclusions: Our results did not reveal association between initial SES-CD values and disease outcome, however, severe stenosis predisposed patients to surgery. Considering demographic data, disease-specific parameters, extraintestinal complications, steroid, immunosuppressive and biological therapy, smoking was the only factor predicting severe endoscopic relapse. Our results confirm that achieving smoking cessation is a crucial goal of therapy in CD.

P155 Vitamin D status in inflammatory bowel disease: Are clinicians seeing the light?
R.O. Butcher1,*, L.E. Loo1, E. Nixon1, X. McFarlane1, J.K. Limdi1, 1Pennine Acute Hospitals NHS Trust, Gastroenterology, Manchester, United Kingdom

Background: There has been resurgent interest in recent years in the pro-hormone vitamin D beyond its classical role in bone metabolism recognizing its plausible effects in immune regulation. The aim of our study was to review practice relating to vitamin D assessment amongst IBD patients.

Methods: We conducted a retrospective review of 280 consecutive patients attending IBD clinics at our hospital. Clinical data including demographics, disease characteristics and therapy were obtained from case note and electronic patient record review. Measurement of serum 25-hydroxyvitamin D (25-OHD) concentration subsequent to IBD diagnosis was noted.

Results: Of 280 IBD patients reviewed, 128 were female. The median age was 47.5 (Range 16–91) and mean disease duration 9.7 years. One hundred and twenty nine patients had Crohn’s disease, 142 patients ulcerative colitis and 9 patients had an indeterminate colitis. Thirty-nine patients (13.9%) were current smokers and 77 patients (27.5%) ex-smokers.

Vitamin D status was assessed in 33 (11.8%) patients. In 29 patients (87.9%) measurement was undertaken within the last 2 years. The mean and median serum 25-OHD level was 16.9 and 15.7 ng/mL respectively (range 5–44.4). Eight (24.2%) of these patients had levels <10 ng/mL consistent with deficiency and 14 (42.4%) levels <20 ng/mL. Of the 8 patients with vitamin D deficiency (3 males; 5 females), six had Crohn’s disease and two had ulcerative colitis. Of the Crohn’s patients, 3 had ileo-colonic, 2 colonic and 1 ileal disease. Three had non-stricturing and non-penetrating disease, 2 stricturing and 1 penetrating disease. Of the ulcerative colitis patients 1 had extensive and 1 distal disease. All patients had received steroids during the course of their disease and 3 patients received azathioprine, 4 anti-TNF (3 infliximab; 1 adalimumab) and 4 had previous surgery. Patients with vitamin D deficiency had significant disease requiring immunomodulator, anti-TNF therapy and surgery in this cohort.

Conclusions: Vitamin D assessment in IBD patients is suboptimal. Hypovitaminosis D is under-recognized and consequently undertreated. The myriad emerging roles of vitamin D in the pathogenesis of IBD emphasize the importance of recognition and optimization of vitamin D status to above 30 ng/mL in this patient group.

P156 Development of quality standards for the management of inflammatory bowel disease by nurses: Perspectives of professionals and patients
P. Hernández-Sampelayo1,*, A. Torrejón Herrera1, L. Marín1, L. Oltra1, W. Seoane5, V. García-Sánchez4, F. Casellas2, N. Alfaro1, P. Lázaro1, M.I. Vera1, 1Gregorio Marañón University Hospital, Madrid, Spain, 2Vall d’Hebron University Hospital, Barcelona, Spain, 3Germans Trias i Pujol University Hospital, Badalona-Barcelona, Spain, 4Manises Hospital, Manises-Valencia, Spain, 5Santiago de Compostela University Hospital (CHUS), Santiago de Compostela, Spain, 6Reina Sofia University Hospital, Córdoba, Spain, 7Advanced Techniques in Health Services Research (TAISS), Madrid, Spain, 8Puerta del Hierro University Hospital, Madrid, Spain

Background: The nursing role in the management of inflammatory bowel disease (IBD) is very important, however, little is known about their quality standards.

Objective: To develop quality standards for nursing care, with inputs from the scientific evidence and opinion of health professionals (nurses, gastroenterologists and surgeons) and patients.

Methods: After a literature search on the management of IBD by nurses, two questionnaires were developed: Questionnaire A, for professionals composed by 178 items as potential indicators of quality of care, and questionnaire B, for patients (123 items). Common for both questionnaires were 117 items. With the questionnaires, a 2 two-round Delphi was conducted for each collective: Delphi A addressed to 27 IBD health professionals (12 nurses, 12 gastroenterologists, 3 surgeons) and Delphi B to 12 IBD patients.

The items were assessed by two kinds of scale: scale of 1 to 9 (1 not important, 9 very important) and continuous (e.g., number of visits per year).

Results: Patients consider necessary twice more visits a year that health professionals (6 vs. 3 visits), demand faster care (6 vs. 10 waiting days) and greater availability of nursing days for consultation (4 vs. 3 days/week). Patients and health professionals propose to devote at least half an hour on the first visit and after an ostomy, and at least 15 minutes on subsequent visits. Both consider as the most relevant resource the electronic medical records, telephone help hotline and patient registries. Regarding the nurses competences, patients believe that nurses should manage the telephone help and the supervision of ostomy problems, while health professionals give priority to medication management. Patients give more importance to the information that nurses about health care, options and conditions of treatment, diagnostic tests performed, disease status, disease evolution, and about the forthcoming diagnostic and therapeutic procedures. Regarding nursing training, health professionals prioritize clinical aspects, and patients also include communication skills.

Conclusions: The relevance of quality standards on the management of IBD by nurses differs between health professionals and patients. Our findings may help to improve