also assessed by standardized scales. Clinical and demographic data were obtained from our database and the electronic medical records . Univariate analyses and multiple linear regression analysis were performed to identify predictors associated with HRQOL.

Results: 91.3%(200/219) of patients included completed the questionnaires. The prevalence of anxiety and depression in our study population were 24%(48/200) and 16%(32/200). Univariate analyses showed that anxiety symptoms, depression symptoms , perceived stress , perceived social support ,disease activity , previous hospitalizations and relapses, hemoglobin and medical costs were strongly or moderatly correlated with HRQOL. Multivariate regression analysis revealed that both disease activity and anxiety symptoms were strong predictors of impaired HRQOL.

Conclusions: Our study demonstrates that psychological disorder contributes to impaired HRQOL in IBD, independent of the disease activity. Therefore, psychological distress should be considered in our current management of IBD patients and appropriate psychotherapy may improve HRQOL of these individuals.

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Long term outcome of children born to IBD mothers: preliminary result from a multicenter retrospective study in the Netherlands

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Background: The long term outcome of children born to mothers with inflammatory bowel disease(IBD) are relatively unexplored. The aim of this study is to analyze the health status of children who were born to mothers with IBD.

Methods: All women diagnosed with IBD prior to their pregnancy that gave birth between 1999 and 2011 were invited. After informed consent from both parents, the general practitioner (GP) was contacted for the following child outcomes: growth, number of infections for which antibiotics were needed, allergies and allergic reactions to vaccinations. Low birth weight was stated as <2500g, preterm birth as gestational age <37 weeks. The EUROCAT guideline was used to classify congenital abnormalities.

Results: In total 935 invitations (in 2 rounds) were sent to women with IBD from 8 Dutch hospitals. The response was 46.8%(438). Until November 2014 362 children from 239 IBD mothers (257(71.0%) CD,93(25.7%)UC and 12(3.3%)IBDU) were included. Median child age at follow up was 6 years(IQR 4-11). In utero 118(32.6%) children were not exposed to any IBD drug, 97(26.8%) to only mesalazine, 79(21.8%) to thiopurine, 38 children(10.5%) to anti- TNF, 20(5.5%) to both anti- TNF and thiopurine and 10(2.8%) were unknown.

There was no difference in anti- TNF exposed and the non- exposed children considering; median gestational age (39 weeks(IQR 38-40)), pre- term births (67(18.5%)), overall birth weight (3268 gram(IQR 2893-3638)), low birth weight (40(11%)) and major congenital abnormalities (8(2.2%)).

Five(1.5%) children showed a primary or secondary growth deficiency. None of these children were exposed to anti- TNF. Apart from one extended rash after vaccination there were no reports of severe vaccination reactions. Overall 88 children had allergies. These allergies were more common in the non anti- TNF exposed children(36.9%) compared to the anti- TNF exposed children(15.7%) (p=0.03). Median number of infections was 1(IQR0-3). There was no difference in infections rate between anti- TNF exposed children compared to non- anti TNF exposed. Furthermore, there was no increased infection rate in thiopurine exposed children or children exposed to both anti- TNF and thiopurine.

Conclusions: In this long term follow-up study in children born to IBD mothers we show no major adverse events, an overall normal growth and development as compared to the Dutch population. Apart from a lower incidence of allergies no difference was observed between in utero anti-TNF exposed and non-exposed children.

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Vedolizumab for the Treatment of Fistulising Crohn's Disease: An Exploratory Analysis of Data From GEMINI 2

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Background: Fistulising disease includes symptoms of anal pain, purulent discharge and incontinence, and is associated with high morbidity and impaired quality of life. Vedolizumab (VDZ) is a monoclonal antibody to α4β7 integrin with demonstrated efficacy and safety in the treatment of Crohn's disease (CD). This exploratory analysis evaluated the efficacy of VDZ in the subpopulation of patients with fistulising CD from a phase 3 placebo (PBO)-controlled trial (GEMINI 2, NCT00783692).[1]

Methods: In GEMINI 2, after 6 weeks (wks) of induction treatment with 2 doses of VDZ, 461 patients achieved a clinical response and received maintenance treatment (intent-to-treat [ITT] population) with PBO or VDZ 300 mg every 8 or 4 wks (Q8W or Q4W). Among patients with fistula at study entry, fistula closure, a prespecified exploratory endpoint, was assessed at each visit (2-6 wk intervals) until wk 52. The percentage of patients achieving fistula closure and mean time to fistula closure were calculated.