

CO-070 - FOOD-RELATED QUALITY OF LIFE AND ITS PREDICTORS IN INFLAMMATORY BOWEL DISEASE – A ROBUST CROSS-SECTIONAL CASE-CONTROL STUDY

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Introduction: Food-related quality of life (FR-QoL) is under-addressed in Inflammatory Bowel Disease (IBD). A FR-QoL tool to measure dietary restrictions and daily life limitations driven by eating and drinking in IBD was recently developed. **Aim:** To evaluate the impact of psychosocial and clinical factors in FR-QoL in a Portuguese IBD cohort, compared to healthy controls.

Methods: A 2-months cross-sectional case-control study, including outpatient consecutive adult IBD patients (cases) and subjects referred for colorectal polypectomies (controls) was performed. Patients filled an anonymised-encoded questionnaire including the validated FR-QoL-29 and SIBDQ tools, which were matched with physician's clinical activity assessment (Harvey-Bradshaw, partial Mayo). Statistics: Mann-Whitney test, Spearman correlation coefficient.

Results: We included 238 IBD patients (mean age 50.1 ± 15.4 years; 56.3% female; 69.7% UC; active disease: CD 19.1%, UC 13.3%) and 61 controls (mean age 67.3 ± 9.9 years; 60.7% male). Expectedly, FR-QoL was affected by clinical activity (active vs. inactive: CD 81.0 vs. 112.0, $p=0.046$; UC: 75.5 vs 102.0, $p=0.001$). Still, FR-QoL was always significantly lower in IBD patients than in controls, even for those in remission (inactive IBD: 104.0 vs. control 144.0; $p<0.001$).

For patients in remission, FR-QoL correlated with SIBDQ ($r=0.42$; $p<0.001$), being highly influenced by patients' affective status, as self-disclosed depressive humour (yes: 91.0 vs. no: 109.0; $p<0.001$).

Globally, FR-QoL was significantly impaired by concerns on food-triggered symptoms ($r=0.79$; $p<0.001$), daily life disruption due to eating habits ($r=0.78$; $p<0.001$), food being a persistent worry ($r=0.77$; $p<0.001$) and missing eating any desired food ($r=0.79$; $p<0.001$). Only 25.6% had received nutritionist counselling.

Conclusion: FR-QoL is significantly impaired in IBD. The identification of related psychosocial factors such as patient's affective status, and fear around eating, warrant a multidisciplinary approach.