



EP-013 - PAIN IN ULCERATIVE COLITIS: A FORGOTTEN PATIENT-REPORTED OUTCOME

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Introduction and Aims: The aim of ulcerative colitis (UC) treatment is the modification of its natural course. The main clinical goals are resolution of rectal bleeding and normalization of bowel habits. Remission of abdominal pain is not included in the therapeutic targets. We aimed to assess the prevalence of abdominal pain in UC and its relationship with disease activity, quality of life and mood disorders.

Methods: Prospective, observational, single-center study, including patients with UC who underwent colonoscopy or treatment in the Day Hospital between September/2020-January/2021. Data were collected through questionnaires consisting of validated scales for pain, anxiety, and depression [Hospital Anxiety and Depression Scale (HADS)], quality of life [Inflammatory Bowel Disease Questionnaire (IBDQ)], fatigue [Functional Assessment of Chronic Illness Therapy Fatigue Scale (FACIT-F)], and medical record consultation. Definitions: active disease - fecal calprotectin > 150 µg/g; high pain frequency - score < 4 on question 13 of the IBDQ.

Results: A total of 38 patients were included [female: 56.2%, median age: 45 (39-48) years]. The majority [57.9%] had extensive colitis, 81.6% were on biologic therapy and 73.7% were in clinical remission. The prevalence of abdominal pain was 73.7%, being significantly higher in individuals with active disease (92.9% vs. 62.5%, $p < 0.05$). Quality of life, assessed by the median IBDQ, was lower in patients with high abdominal pain frequency (189 vs. 149, $p < 0.01$). The intensity ($r: -0.47$; $p < 0.01$) and frequency ($r: -0.77$; $p < 0.01$) of abdominal pain correlated moderately and strongly with quality of life, respectively. The presence and high frequency of abdominal pain were not significantly associated with fatigue or mood disorders.

Conclusions: Abdominal pain is present in most UC patients and is associated with disease activity. Abdominal pain significantly affects patients' quality of life and is independent of mood disturbances or fatigue. Our data favors the inclusion of abdominal pain in UC patient reported outcomes.