satisfaction from nursing care in relation to the other areas investigated, not believing that the nursing care led to an improvement in their QoL.

Conclusions: Nursing care improved incontinence in patients with IBD, leading to a better QoL in these patients. Further prospective studies with nursing structured interventions will elucidate the role of nursing care in IBD management and QoL.

N015

Perception of IBD patients about sexuality

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Background: inflammatory bowel disease (IBD) can cause a great impact on the patient's life causing implications for functional capacity, social and emotional aspects and body image distortions that impact directly on sexual life. Considering that sexuality is one of the pillars that has a direct impact on the quality of life, it is extremely important this issue tobe addressed by the nurse during the patient care. The objective of this study was to analyse the perceptions of IBD patients about the impact of the disease on sexuality.

Methods: A cross-sectional study including qualitative and quantitative approach was performed. We included 99 Crohn's disease (CD) and ulcerative colitis (UC) patients from a single IBD Centre in São Paulo State, Brazil. Disease activity was evaluated through Cronh's Disease Activity Index (CDAI) and Mayo Score. The disease interference in the sexual life was evaluated through quantitative score (0–10), where zero meant no interference in the sexual activity or sexual act and 10 score meant too much interference, leading to sexual abstinence. Statistical analysis: descriptive statistics.

Results: Fifty-six CD patients and 43 UC patients were interviewed. The average age was 38.89 (±10.15) years, ranging from 21 to 59 years; it was observed a predominance of females (56.57%). Among CD patients, 53% presented perianal disease and 35.71% were in disease activity. The mean duration of the disease was 8.85 (±6.58) years. Among UC patients, 72% presented pancolitis and 16.28% were in disease activity. The mean duration of disease was 10.04 (±8.60) years. Regarding sexuality, 50.5% of patients reported there was no interference of the disease and 9% of patients reported sexual abstinence influenced by the disease. The IBD symptoms that most interfered in the sex life were abdominal pain (40%), flatus (28%) and weakness (24%). Despite this, 67.7% of patients reported a good sexual satisfaction. Sexuality was perceived by patients as synonymous as sexual act. Sharing the diagnosis with the partner can support the patients in the process of understanding the limitations resulting from the disease, such as the presence of some symptoms, like abdominal pain and dyspareunia and the presence of perianal disease like fistulae, fissure or perineal abscess. The support from the partner proved to be essential to the development of positive attitudes regarding sexuality.

Conclusions: The changes on the sexuality experienced by IBD patients are complex and challenging. There was great interference of disease in the patient´s sexual life. A multidisciplinary approach, especially nursing team, is fundamental to the patient care.

N016

Is QUOTE-IBD a valid questionnaire for measurement of quality of care in IBD?

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Background: The inflammatory bowel diseases (IBD) ulcerative colitis and Cohn's Disease are chronic and have negative effects on everyday life.[1] This makes quality of care crucial to achieve best health possible.[2] The questionnaire Quality of Care Through the Patient's Eyes-Inflammatory Bowel Disease (QUOTE-IBD) was the first published validated IBD-specific quality of care questionnaire.[3] The aim of this study was to validate the Swedish version of the QUOTE-IBD.

Methods: QUOTE-IBD measures the importance and performance of various care aspects and the combined effect of the two as a quality impact score (QI).[3] Adult outpatients (n = 400) at a gastroenterology clinic in the south-east of Sweden were asked to answer the questionnaire. Since there is no other existing questionnaire that measures the same aspects specifically for IBD as QUOTE-IBD, Visual Analog Scales (VAS 0–100 mm) were used for validation. VAS was also used as a proxy measure for the patient's global assessment of quality of health care.[3]

Results: The response rate was 61% (n = 234) and 56% answered every question in the questionnaire. The response rate for Performance was 62%, and the item non-response was up to 22%, while Importance was completely answered by 88%. All QUOTE-IBD dimensions (QI) correlated significantly ($p < 0.05$) with their respective VAS (range r's = 0.16–0.43), except for accommodation (r's = –0.02). Cronbach's alpha for the Performance part of the questionnaire was 0.86, and for Importance 0.89. Cronbach's alpha for the 13 IBD-specific questions was 0.78. Test–retest (n = 32) for the QUOTE-IBD dimensions were significant ($p < 0.05$) with a range r's = 0.31–0.80, except for accommodation (r's = –0.15).

Care dimension	Quality impact score	Performance
Total care	0.42*	0.45**
Information	0.40**	0.42**
Courtesy	0.43**	0.43**
Competence	0.16*	0.25*
Accessibility	0.36**	0.49**
Continuity of care	0.38**	0.41**
Accommodation	–0.02	–0.02

Total score as well as dimensional scores of QUOTE-IBD and VAS-scales for quality impact and performance scores. Spearman's correlation coefficients, $**p \leq 0.01$. $*p \leq 0.05$.

Conclusions: The construct validity of the Swedish version of QUOTE-IBD is fairly good with a moderate reliability and good internal consistency. The high number of missing responses for Performance items may be related to the questions being too specific, which in turn can explain the moderate level of construct validity.

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N017

The impacts of an inflammatory bowel disease nurse specialist on quality of care and costs in Finland

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Background: The increasing burden of inflammatory bowel disease (IBD) causes growing need for health care resources. Although specialised IBD nurse is considered a valuable and cost-effective member of a multidisciplinary team, only some clinics responsible for IBD care employ such nurses. We evaluated the impact of an IBD Nurse on the quality of care and cost effects of IBD patients in Finland.
Methods: The impact of an established IBD Nurse to the quality of care and cost effects of IBD patients were assessed in a healthcare professional electronic survey (conducted in 2017) and in an analysis of hospital district administrative data, respectively. Hospital district administrative data were obtained from eight districts covering years from 2008 to 2016, and comprised all hospitalisation and outpatient data for a population of 1.34 million.
Results: Forty-nine physicians (gastroenterologists 47%) and 88 nurses (IBD nurses 26%) responded to the survey. Of the physicians, 92% reported that established IBD nurse had released physician's resources by consulting patients independently. The most important IBD nurse contributions listed were patient support and follow-up (79–81% of the respondents). The role of specialised IBD nurse role were established in four out of eight healthcare districts. IBD clinics with an established IBD nurse produced more patient contacts, but a larger proportion of the contacts was managed by IBD nurse and a smaller share was escalated to physicians appointments. Also, larger proportion of patient were contacted remotely. Clinics with an established IBD nurse had reported less patient hospitalisation (4–9% vs. 11–19%). Estimated annual cost savings in IBD care ranged between 43 300 and 453 600€ in clinics with an established IBD nurse.
Conclusions: The introduction of an established IBD nurse led to better quality of care and potentially significant cost savings by improving patients' access to care, reducing hospitalisation and reallocating physician's time resources.

N018

Nursing intervention improves medication adherence to thiopurines in IBD outpatients: A single-centre prospective study

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Background: Thiopurines are widely used immunomodulators for maintaining remission of patients with inflammatory bowel disease (IBD). However, there are few reports showing the real-world data of medication adherence to thiopurines for adult IBD patients, and the efficacy of patient education for medication adherence has not been clarified. We then conducted a single center prospective study to investigate whether nursing intervention can improve adherence to thiopurines in IBD patients.
Methods: IBD patients receiving constant doses of thiopurines for more than one year were enrolled from May 2016 to May 2017. After obtaining baseline questionnaire including 8-item Morisky Medication Adherence Scales (MMAS-8), a nurse provided each patient with the guidance about the importance of medication adherence by using the defined leaflet. The same questionnaires as baseline were obtained after 2 and 6 months. Primary endpoint was set at the alteration of MMAS-8 scores between the baseline and 6 months after the guidance.
Results: Among a total of 110 patients enrolled, 74 patients were analysed after excluding patients who discontinued thiopurines during the study period or answered the questionnaires incompletely. Anti-TNF agents were concomitantly used in 50 patients (67.6%), and 59 patients (79.7%) were in remission (CDAI of 150 or less for CD or pMayo of 2 or less for UC). Mean baseline MMAS-8 score was 6.54 out of 8, and the scores were significantly lower in female patients less than 40 years old, patients who feel poor disease condition, or those who fail to realise disease improvement. After 6 months of nursing intervention, mean MMAS-8 score was increased to 6.75, but not significant. However, in 22 patients with low baseline MMAS-8 scores of less than 6, MMAS-8 scores were significantly improved from 4.19 to 5.20 (p = 0.0005). Interestingly, the significant increase in mean corpuscular volume (MCV), a marker for the efficacy of thiopurines, was observed in both baseline MMAS-8 low and high (6–8) patients. Clinical activity indices were comparable after 6 months, possibly because a majority of outpatients in remission were included.
Conclusions: Nursing intervention is effective for improving adherence to thiopurines especially for patients whose baseline adherence are low. Also, MCV is increased even in patients whose baseline adherence are high, suggesting that all IBD patients receiving thiopurines can receive a significant benefit from nursing intervention.

N019

Nurse-led video conference (VC) clinic follow-up of IBD patients in the remote and rural setting of the Scottish Highlands

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Background: The Highland region of Scotland has the highest prevalence of inflammatory bowel disease in the UK. NHS Highland covers an area of 25 656 kg^2 geographically the largest health board in the UK. This provides logistic challenges to the provision of healthcare with more remote patients needing to travel for many hours by road, ferry and aircraft to reach specialist care. Our patient population is around 300 000 with in excess of 1200 IBD patients. Our challenge is therefore to provide equity of care to all our patients, irrespective of geography. Our aim was to re-design our service to provide high quality, patient focused care in keeping with the UK National IBD standards. Whilst improving timely rapid access to specialist advice and assessment. Pressure on delivering healthcare continues to increase with a rising prevalence of IBD, greater patient expectations and development