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NO001
Clinical and psychological factors associated with erectile dysfunction in inflammatory bowel disease patients

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Background: Inflammatory Bowel Disease (IBD) can change patients' quality of life (QoL) and sexuality. The objectives were to evaluate the prevalence of sexual dysfunction and identify clinical and psychological factors associated with erectile dysfunction (ED) in men with IBD.
Methods: An observational study with 43 IBD outpatients and 48 controls was conducted. The Crohn's Disease Activity Index (CDAI) was used to assess the clinical activity of Crohn's Disease (CD) patients. Mayo score was used to assess the clinical activity of Ulcerative Colitis (UC) patients. The Inflammatory Bowel Disease Questionnaire (IBDQ) was used to measure QoL. The hospital anxiety and depression scale (HADS) was used to measure anxiety and depression. Erectile dysfunction was assessed with the International Index of Erectile Function (IIFE). Statistical analysis: descriptive statistics, Chi-square test (χ^2), Pearson correlation test and logistical regression. This study was approved by the Research Ethics Committee (CAAE: 27545914.2.0000.5411).
Results: We evaluated 25 CD patients and 18 UC patients. The mean age was 38.8y (±13.5) for patients and 37.6y (±9.9) for controls. Regarding CD patients, 28% presented with activity disease, 64% perianal disease; among UC patients, 17% presented activity disease. 33% patients anxiety and 11% depression. ED was found in 27.9% of patients and 12.5% of controls (p=0.11). The presence of ED in the IBD group was associated with weight loss (p=0.0593), fatigue (p=0.0277), weakness (p=0.0445), perianal disease (p=0.0078) and satisfaction with sex life (p<0.0001). Depression (OR: 1.501; 95% CI: 1.106–2.037, p=0.0091) (R=–0.32180; p=0.0354) and low self-esteem (OR: 0.817; 95% CI: 0.709–0.942, p=0.0053) (R=0.43244; p=0.0038) were associated with increased risk of ED. Patients with a better QoL (OR: 0.981; 95% CI: 0.963–0.999, p=0.0379) had a decreased risk of ED, which was nor associated with the diagnosis of the disease (p=0.67) neither with the presence of disease activity.
Conclusions: Erectile dysfunction was a common finding in our study. Factors associated with ED were disease symptoms as weight loss, fatigue, weakness and presence of perianal disease. Psychological facto

NO002
Decision-making about emergency and planned stoma surgery for IBD: a qualitative exploration of patient and clinician perspectives

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Background: Many IBD patients worry about needing a stoma and may endure poor quality of life (QoL) and difficult bowel symptoms to avoid one. Stoma care advice abounds, but the emotional impact of anticipating and having stoma forming surgery (SFS), and whether expectations match the actual experience, is under-reported. This study explored patients' and clinicians' views of SFS and how pre-operative concerns compare to outcomes.
Methods: We purposively recruited UK participants from hospital outpatient and community sources, and clinicians from public hospitals. We conducted four focus groups and 29 semi-structured interviews with people with IBD and either: a current temporary, recently-reversed or permanent stoma, or stoma naïve and worried about the prospect, and individual interviews with 18 IBD clinicians. Interviews were audio recorded and transcribed. Data were analysed thematically.
Results: Four themes emerged:
Pre-operative concerns and expectations: patients and clinicians cite body image, stoma visibility, leakage and smell, and impact on relationships as concerns. Patients expect a stoma to disrupt preferred activities. Clinicians expect to avoid SFS in young adults.
Decision-making: patient decision-making about SFS is complex. Some clinicians, expecting patients to react negatively, avoid the topic. Others advocate early mention of surgery, with dialogue about SFS increasing when medication does not control IBD. The words "failure" and "last resort" transmit negativity about this therapeutic option to patients.
Surgery and recovery: disease status often forces consent for SFS, but age, gender, QoL, relationships, and prior contact with others with a stoma are influential. The immediate post-operative period is the most challenging.
Long-term outcomes: most patients' pre-operative concerns prove unfounded, with outcomes often better than expected. Patients' ability to accept a stoma may be influenced by duration and quality of information, preparation and support.
Conclusions: Patients need balanced information on benefits and challenges of all treatment options including surgery, from an early stage. Multi-disciplinary team dialogue about likely SFS should