score. The proportion of websites with excellent or good grading was significantly higher in those from government agencies and professional societies (33.3% and 30% vs. 2% and 0%, $p < 0.05$). None of the health press websites showed excellent or good grading. Surprisingly, no websites from patient organisations were identified.

Conclusion: The quality of online information on p-IBD is highly variable. Most of the easily found websites are from hospitals, but professional societies and government agencies provide a higher quality of information. Improvement of online information on p-IBD is still needed.

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Are patients with inflammatory bowel disease receiving an adequate immunisation?

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Background: Inflammatory Bowel Disease (IBD) treatment may increase the risk of infections. Vaccines are part of the comprehensive IBD patient care. The aim of this study was to describe indications and adherence of immunisations in IBD and identify possible associated factors.

Methods: A cross-sectional, analytic study was conducted in patients from an IBD Program of a tertiary centre in Chile, between April – June 2019. Demographic and clinical data were obtained from the hospital IBD registry, approved by the local IRB. Patients were asked to answer a vaccine survey and complementary information was obtained from the National Immunization Registry. Descriptive and association statistic were used (χ^2; p <0.05).

Results: A total of 243 patients were included (Table 1). The influenza vaccine rate has significantly increased (Figure 1), reaching 67% in 2019, being higher in women (66% vs. 34%; p 0.045) and patients in biological therapy (BT) (29% vs. 14%; p 0.011) (Table 1). Vaccination rates are shown in Figure 2. Combination of Influenza/Hepatitis B/Pneumococcus vaccines was administered in 56 patients (23%), significantly higher in patients with BT and with fewer years of IBD. Forty patients received a live virus vaccine, 18% were on immunomodulatory treatment. The survey showed that 57 patients (23%) have not been immunised with any vaccine, mainly due to lack of time, lack of medical prescription and high cost.

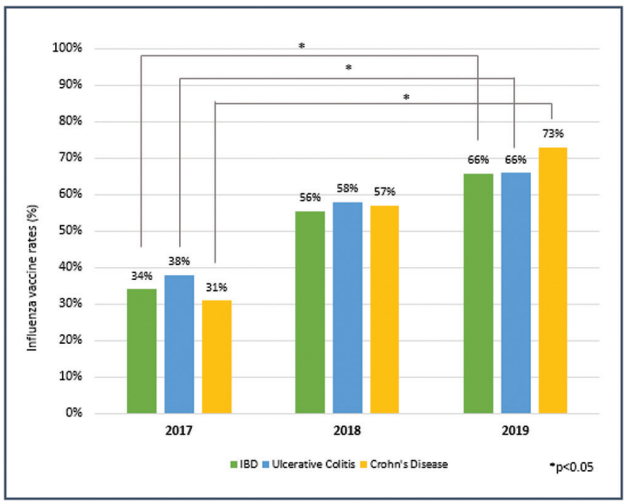

Figure 1. Influenza vaccine rates per year (2017–2019).

Table 1. Demographic and clinical characteristics of inflammatory bowel disease patients by Influenza vaccine 2019

	Influenza vaccine 2019 n = 164 (67%)	Without influenza vaccine 2019 N = 79 (33%)	*p* value
Female	109 (66)	42 (53)	**0.045**
Age in years (median; range)	36 (18–78)	37 (18–75)	0.490
Insurance			0.673
Private	133 (81)	66 (83)	
Public	31 (19)	13 (17)	
Educational level			0.451
Basic/high school	27 (17)	11 (14)	
College/university	107 (65)	47 (59)	
Postgraduate studies	30 (18)	21 (27)	
Smoking habit	8 (5)	23 (29)	**<0.001**
Type of IBD			0.221
Ulcerative colitis	97 (59)	51 (65)	
Crohn's disease	63 (38)	23 (29)	
Non-classifiable IBD	4 (3)	5 (6)	
Years of disease (median; range)	5 (0–49)	6 (6–47)	0.603
IBD current treatment			
5-ASA	64 (39)	38 (48)	0.179
Immunomodulators	36 (22)	17 (22)	0.879
Biological therapy	47 (29)	11 (14)	**0.011**
Prednisone	3 (2)	1 (1)	
Budesonide	3 (2)	3 (4)	
CAM	0 (0)	1 (1)	
Without treatment	11 (7)	8 (10)	0.352

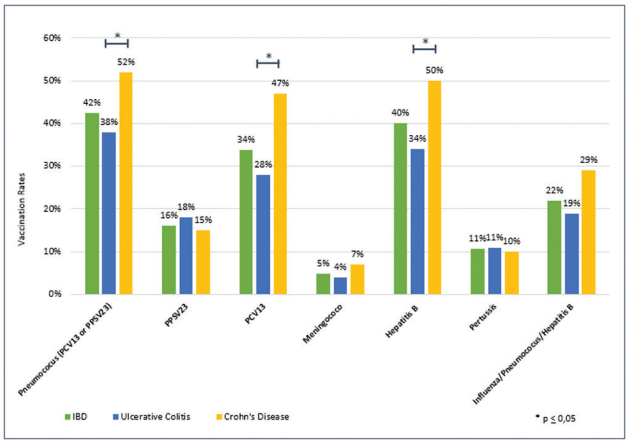

Figure 2. Vaccinations rates in patients with inflammatory bowel disease.

Conclusion: In this cohort, vaccination rates are low, however, adherence to Influenza vaccine has increased. Immunisation should be considered early by the multidisciplinary team, educating patients about its importance.

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Assessment of body weight changes in patients with inflammatory bowel diseases initiating biologic therapy: A prospective cohort study

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Background: Biologic therapies are effective in inducing sustained clinical and endoscopic remission in inflammatory bowel diseases. While side effects are infrequent, prior studies have inconsistently suggested that tumour necrosis factor α (anti-TNF) therapy may be associated with weight gain. We performed this prospective study to compare weight gain across different biologic therapy classes with distinct mechanisms of action.

Methods: This prospective cohort study recruited patients with moderate to severe IBD initiating outpatient biologic therapy with anti-TNF (infliximab, adalimumab), vedolizumab or ustekinumab. Weight measurements were performed at weeks 0, 14, 30 and 54. Disease activity at these time points was assessed using the Harvey Bradshaw Index (HBI) for CD and Simple Clinical Colitis Activity Index (SCCAI) for UC. Remission was defined as HBI <4 or SCCAI 2. Changes in weight between baseline and each of the follow-up visits were modelled as a continuous variable and multivariate regression assessed the independent effect of therapeutic class on this outcome.

Results: Our study enrolled 314 patients (197 CD, 117 UC) initiating biologic therapy with 120 patients starting anti-TNF (38%), 140 patients started vedolizumab (45%) and 54 patients on ustekinumab (17%). All patients provided their weight and height at baseline; 261, 184 and 131 patients provided data on weight at week 14, week 30 and week 54, respectively. The mean baseline body weight was similar among all therapeutic classes. Patients initiating UST were more likely to have Crohn's disease (CD), have perianal involvement and have prior biologic exposure. From baseline, the weight significantly increased at week 14 with a mean of 0.36 kg (± 3.8kg, p = 0.004) and continued to increase compared with baseline with 0.96 kg (± 3.9kg, p < 0.001) and 1.29 kg (± 4.2kg, p < 0.001) at week 30 and 54, respectively (Figure 1). On univariate and multivariable analysis, no significant differences between any of the biologic therapies for weight gain was seen at any time point (weight gain anti-TNF: 0.31 kg, 1.06 kg, 1.33 kg; VDZ: 0.30 kg, 0.83 kg, 1.10 kg; UST: 0.63 kg, 1.21 kg, 2.31 kg at week 14, week 30, week 54, respectively) (Figure 2). Weight gain at week 14 was significantly higher in those with CD (+1.25 kg, 95% CI 0.19–2.30, p = 0.021) and being on steroids at baseline (+1.07kg, 95% CI 0.03–2.10, p = 0.043). Early weight gain predicted continued weight gain at week 30 (+0.83kg, 95% CI 0.63–1.03, p < 0.001) and week 54 (+0.48, 95% CI 0.21–0.74, p = 0.001). Neither clinical response to therapy nor disease activity parameters showed any statistical association with weight gain.

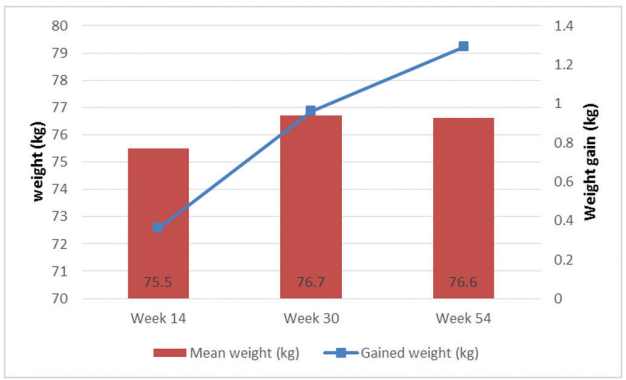

Figure 1.

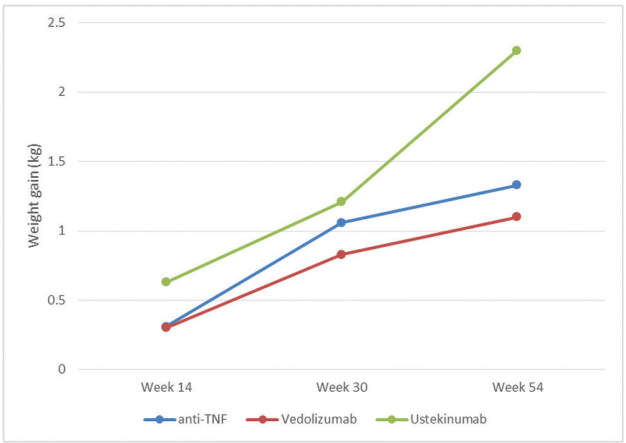

Figure 2.

Conclusion: There was no difference in weight gain between the different biologic therapeutic classes.

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De-escalation of dose-intensified anti-TNF therapy in IBD patients in sustained deep remission

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