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SOCIOECONOMIC AND PSYCHOLOGICAL FACTORS ASSOCIATED WITH NON-ADHERENCE TO TREATMENT IN IBD PATIENTS: RESULTS OF THE ISSEO SURVEY

S. Nahon

Service d'hépatogastroentérologie, Centre Hospitalier Intercommunal Le Raincy-Montfermeil, Montfermeil, France

Introduction: Treatment is a key condition in preventing relapses in inflammatory bowel disease. The aims of the ISSEO study were specifically to study socioeconomic and psychological factors and adherence to treatment in a large cohort of IBD patients.

Methods: A questionnaire concerning demographic, clinical and psychosocial characteristics was mailed to 6000 IBD patients belonging to the French association of IBD patients (AFA). The questionnaire was also available on the website of the AFA for non-member patients to answer. Good adherence to treatment was defined as taking $\geq 80\%$ of prescribed medication. Socioeconomic deprivation was assessed using the specific EPICES score (<http://www.cetaf.asso.fr>) developed in France. Anxiety and depression were assessed using the HAD scale.

Results: 1069 women and 594 men (43.6 ± 15.4 yrs) completed the questionnaire, 1450 (87%) of them belonged to the AFA. 1044 had Crohn's disease, 36 indeterminate colitis and 583 ulcerative colitis. Adherence $\geq 80\%$ was reported by 90% of patients. Logistic regression identified the following factors for good adherence: anti-TNF alpha therapy (OR 2.3, 95% CI 1.46-3.63) and membership of the AFA (OR 1.67, 95% CI 1.05-2.64), while anxiety (OR 0.62, 95% CI 0.42-0.90), and constraints related to treatment (OR 0.32, 95% CI 0.23-0.47) were associated with non-adherence.

Conclusion: In this large cohort of IBD patients, psychological distress and constraints related to treatment decrease adherence to treatment, while membership of a patients' association improves it.