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Conclusions: MES 0 is associated with a lower rate of clinical relapse compared to MES 1. The greater strength of our meta-analysis is the rigorous selection of studies including patients in clinical remission without the use of steroids. Only the value of MES 0 should be used to define MH and should be considered the therapeutic goal in patients with UC.

AF.42

SARS-COV-2 ANTIBODIES POSITIVITY IN IBD POPULATION AND CORRELATION WITH THERAPY: A PILOT STUDY

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Background and aim: Immunomodulant treatments seem to improve outcome in COVID-19. Guidelines recommend to hold IBD biologic therapy during COVID-19. The paper aims to investigate SARS-CoV-2 antibody positivity in IBD cohort and evaluate its correlation with clinical/therapeutic variables.

Materials and methods: Prospective cohort study. IBD patient were tested for SARS-CoV-2 IgG. Demographic/therapeutic/clinical data of IBD population were collected. IgG ≥ 15 and ≥ 7 were set for SARS-CoV-2 antibodies positivity. Throat swab was performed in case of IgG positivity. Correlations between antibodies positivity and therapeutic/clinical data were assessed.

Results: 103 IBD patients were enrolled. 18.4% had IgG ≥ 7 and 11.6% ≥ 15 . At multivariate analysis antibodies positivity correlated with IBD treatment. For IgG ≥ 7 OR was 1.44 and 0.16 for AZA and mesalazine, respectively, versus biologic drugs ($p=0.0157$ between them). OR for having COVID-19 symptoms was 7.47 and 0.52, for AZA and mesalazine, respectively ($p=0.004$). All but one patient with COVID-19 symptoms did not require to hold the IBD treatment nor medical assistance.

Conclusions: IBD patients resulted as low risk population for severe COVID-19 disease. The RR of having SARS-CoV2 antibodies and symptoms was higher for patients under AZA, then under biologic therapy and lastly mesalazine. None of the patients under biologic therapy developed severe COVID-19 disease.

AF.43

SOCIAL FUNCTIONING, WORK-PRODUCTIVITY AND PSYCHOLOGICAL ASSESSMENT IN A COHORT OF PATIENTS WITH INFLAMMATORY BOWEL DISEASE: AN OBSERVATIONAL STUDY

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Background and aim: Patients with inflammatory bowel disease (IBD), ulcerative colitis (UC) and Crohn's disease, claims to suffer a significant hindrance because of the frequency of psychological complaints. The aim of this study was to analyze social functioning, work productivity, psychological assessment in IBD and to correlate these parameters with disease history.

Materials and methods: An observational study was performed in 99 IBD patients. Data regarding to social functioning, work activity and psychological assessment were assessed through Social

Functioning Questionnaire (QFS), Work Productivity and Activity Impairment questionnaire (WPAI) and State-Trait Anxiety Inventory (STAI 1,2). IBD activity was measured by Partial Mayo score. Student's t test or Wilcoxon rank sum test were used to compare continuous variables between subgroups; chi-square test was used to compare categorical variables. Univariate and multivariate linear regression were used to assess the relationship between psychosocial and demographic and disease-related characteristics and to compare outcomes with determinant associated results, respectively.

Results: Univariate analysis showed a statistically significant correlation of the overall QFS score with the level of education (0.6; 95% CI = 0.1-1.2; $p=0.028$) and the status of unemployed (- 4.5; 95% CI = -8.9 to -0.1; $p=0.044$). The impairment of WPAI was greater in subjects with UC with severe activity (15.5; 95% CI = 1.0-30.0; $p=0.038$). Overall impairment in subjects with stable employment correlated with age (- 0.5; 95% CI = -0.9 to -0.1; $p=0.010$) and was greater in surgery (15.8; 95% CI = 3.0-28.6; $p=0.016$). Psychological evaluation showed that STAI 1-2 correlated significantly with the Partial Mayo score (respectively 1.8; 95% CI = 0.6-2.7; $p=0.004$ and 1.3; 95% CI = 0.1-2.5; $p=0.042$) and age (respectively -0.2; 95% CI = -0.3 to -0.1; $p=0.028$ and - 0.3; 95% CI = -0.5 to -0.1; $p=0.037$). State anxiety seemed to increase in the case of long-standing IBD (-0.3; 95% CI = -0.5 to -0.1; $p=0.037$), while the non-worker status correlated with trait anxiety when compared to paid employment (- 7.0; 95% CI = -0.9 to 13.1; $p=0.026$).

Conclusions: Social functioning was correlated to the employment status and to the level of education. Work productivity was lower in UC patients with severe activity and who undergone at least one surgery related to IBD. The state of anxiety was related with age, duration and activity of illness, while the trait of anxiety was major in non-worker patients.

AF.44

IG GLYCOSYLATION IN ULCERATIVE COLITIS: IT IS TIME FOR NEW BIOMARKERS

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Background and aim: Ulcerative colitis (UC) is a chronic relapsing disease, which needs a continue monitoring, especially during biological therapies. An increasing number of patients is treated with anti-Tumor Necrosis factor (TNF) drugs, and current research is focalized to identify biomarkers able to monitor the disease and to predict therapeutic outcome.

Materials and methods: We enrolled consecutive UC patients treated with anti-TNF, naïve to biologic drugs. Therapeutic outcome was evaluated after 54 weeks of treatment in terms of clinical remission (Partial Mayo Score -PMS- <2) and mucosal healing (Mayo Endoscopic Score <2). On serum samples collected at baseline and after 54 weeks of treatment, a Lectin-based ELISA assay was performed, and specific glycosylation patterns were evaluated by biotin-labelled lectins. We have also collected 21 healthy controls (NHS) samples, age and sex-matched.

Results: Out of 44 UC patients enrolled, 22 achieved clinical remission and mucosal healing after 54 weeks. At baseline, when Protein A was used as coating, UC patients non-responders showed a reduced reactivity to Jacalin (JAC) in comparison with NHS ($p=0.04$). After one year of treatment, a decrease in JAC binding was seen only in responders, in comparison with baseline ($p=0.04$). When JAC binding was tested selecting IgG by means of Fab anti-IgG Fab, UC patients displayed an increased reactivity after anti-TNF therapy ($p<0.0001$ vs controls). At baseline, PMS inversely correlates with JAC binding when Fab anti-IgG Fab was used in solid phase ($r^2=0.2211$;