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The Italian collaborative study on Quality of Life in Inflammatory Bowel Disease: preliminary report on features and mode of operation of the participating centres
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Background: The evaluation of Quality of Life (QoL) and patients' satisfaction with medical care and health care facilities may allow a better management of patients (pts) with Inflammatory Bowel Disease (IBD). **Aim:** 1. to collect data on the structure of Italian centres dedicated to the follow-up of IBD pts. 2. to measure QoL and pts' satisfaction with medical care 3. to elucidate the possible correlation between QoL and pts' satisfaction with the organization of the centre. **Methods:** 70 gastroenterologic hospital and university institutions were invited to participate to the study and to fill in a standardised 16 item questionnaire about their IBD outpatient clinic facilities, as the first part of the study. **Results:** In 50% of centres there is an outpatient clinic dedicated to IBD pts, where in 77% of cases the first consultation takes place; 79% of centres have 1-2 rooms for the clinical consultation of these pts, while 21% have 3-4 rooms; 68% perform 1-2 follow-up sessions a week, while 21% do 3-4 and 11% 5-10 sessions per week. In 75% of the centres, 1-5 patients are seen in each follow-up session. In 84% of centres there is a team of dedicated gastroenterologists, but a patient may not be seen by the same specialist in 56.5% of cases. In more than 76%, however, the same nursing staff works with the IBD pts. Patients in remission are usually seen every 6 months (71% of centers) and undergo endoscopic evaluation every 12 months (70%) or 24 months (23%). During colonoscopy, some i.v. sedation is used in 64% of centres. At the end of the consultation, the patient is booked for the next follow-up visit in most cases. In an emergency, pts can contact a dedicated physician by phone in all places, while in 89% patients can make routine appointments by phone. More than 68% of the centres regularly collaborate with surgeons, only 53% have collaboration with dieticians, 37% with rheumatologists and 34% with psychologists. In only 15.7% there is a dedicated interdisciplinary team. In 58% of centres information about IBD and pts' associations is provided. There were no statistically significant differences regarding features of the IBD outpatient clinics comparing centres in Northern, Central and Southern Italy. **Conclusions:** this survey provides data on the characteristics of Italian centres dedicated to the clinical care of IBD patients as a first step of a collaborative study on QoL and pts' satisfaction in IBD.

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ENDOSCOPIC TREATMENT OF ACUTE BILIARY PANCREATITIS (PAB)

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Association between biliary stone and acute pancreatitis is known. Literature shows as between 30% and 60% of the acute pancreatitis recognizes a biliary etiology. The present study values the role of the ERCP in the treatment of the acute biliary pancreatitis (PAB). Since the October 1999 to the November 2000, in our division of general and urgency surgery and organ transplantations, we observed 16 patients (8 males and 8 female with median age of 42 years) with a laboratory and radiological diagnosis of PAB. Seven patients had a moderate pancreatitis, nine a light pancreatitis, 4 were previously submitted to colectomy. All the patients underwent, within the 24 hours, to ERCP with PTE. Three patients underwent to pre-cut with FNK. In 12 patients the ERCP allowed the extraction of microstones from the common bile duct, in 1 the ERCP showed a recent passage of a stone, in 3 it showed biliary sand. All the patients underwent to clinical remission in the 48 following hours. Our records suggest that the ERCP is a good diagnostic and therapeutic procedure for the precocious treatment of the biliary acute pancreatitis.

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PEPPERMINT OIL TREATMENT IMPROVES QUALITY OF LIFE IN PATIENTS WITH IRRITABLE BOWEL SYNDROME (IBS).

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Irritable bowel syndrome (IBS) is a common chronic gastrointestinal disorders characterized by lower abdominal pain or discomfort associated with altered bowel habit. Peppermint oil is a naturally occurring carminative oil which relaxes gastrointestinal muscle both in vivo and in vitro. Peppermint oil has now been incorporated in several over-the-counter remedies for the symptomatic treatment of IBS but evidence to support the use of such products is still unclear. Aim of our study was to evaluate the effect of a new product containing peppermint oil (MINTOIL, long retarded micro-coated capsules) on the quality of life of patients with IBS. **Methods:** To study the efficacy of MINTOIL treatment we developed and validated a new self-reported measure of IBS-related quality of life questionnaire, that takes into consideration not only the intensity but also the subjective relevance of physical and psychosocial distress. The items of the questionnaire were conceptually related to three different areas: Symptoms (5 items), Discomfort (7 items, impact of IBS on emotional status), Impact (6 items, effect of IBS on familiar relationship). For each item the patient is asked to score on the 4-point scale, severity of the symptom (occurrence) and the subjective relevance of the symptom related impairment in one's own life (relevance). Higher scores mean a lower quality of life. The questionnaire was evaluated in eighty patients with IBS (Rome criteria) (58 F and 22 M) attending the Gastroenterology Unit between December 1999 and February 2001. After one-month treatment with 2 cps X3/die, questionnaire was administered again. **Results:** A highly significant correlation between test and retest score was observed. IBS patients showed significant reduction of mean total scores after one month of treatment with MINTOIL (33.7 ± 22.3 vs. 51.2 ± 23.5 $p < .01$). No significant correlation of age and sex with total scores was observed. **Conclusion:** MINTOIL treatment provides a significant global improvement of IBS-symptoms and ameliorates quality of life of IBS patients.

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COX-2 INHIBITION CAN CHANGE PORTAL AND SPLENIC BLOOD FLOW

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In cirrhotic patients with portal hypertension there is evidence of an increased splanchnic blood flow. Several investigations point to prostacyclin (PGI₂) as mediator of mesenteric vasodilatation, raising the possibility that selective COX-2 inhibitors (COXIB) could control this mechanism. Aim of this work is to measure any possible effect of COXIB on the different components of portal flow. Study population was 13 pts: 11 with cirrhosis (n=7 had associated active hepatitis HBV and/or HCV; n=4 had alcoholic cirrhosis); 2 with congenital hepatic fibrosis. In basal condition, hemodynamic measurements were performed by pulsed doppler sonography, using a Apogee 800 equipment (Advanced Technology Laboratories, USA). After one week treatment with COXIB (celecoxib 400 mg/die per os) the same parameters have been measured. **Results:** mean portal flow was 882 ± 345 ml/min in basal condition and it increased not significantly (999 ± 503 ml/min) after COXIB treatment; mean splenic flow also increased not significantly from 783 ± 823 ml/min to 1177 ± 1006 ml/min. Pts have been stratified according to the etiology and presence of inflammatory activity to understand the meaning of these changes: those (n=7) with virus-related cirrhosis had a mean, basal portal flow of 842 ± 223 ml/min which increased, after COXIB treatment, to 1017 ± 277 ml/min ($p < 0.05$); after COXIB, splenic vein flow also increased, from 426 ± 161 ml/min to 892 ± 367 ml/min ($p < 0.05$). In patients with alcoholic cirrhosis there were scattered and less pronounced changes: portal flow changed from 1096 ± 511 ml/min (basal) to 1167 ± 818 ml/min after treatment and average splenic vein blood flow changed from 1496 ml/min to 1747 ml/min after treatment. No significant changes were observed in the other components of portal flow: mean velocity and vessel diameter of portal-splenic-superior mesenteric vein, hepatic and superior mesenteric artery resistance index, spleen diameter. **Conclusions:** an increase in portal blood flow was observed after treatment with COXIB in a small group of patients with active, viral cirrhosis while in alcoholic cirrhosis and congenital hepatic fibrosis the changes appear less pronounced. The present data point to a decrease in intra-hepatic resistance as the inner mechanism of effect of the selective COX-2 inhibitor celecoxib, interrupting the cascade of inflammatory mediators involved in cirrhotic portal hypertension.