

arthritis, including IBD-related arthritis in IBD patients 20 years after diagnosis, and to investigate potential associations with IBD severity.

Methods: All patients with newly diagnosed IBD in four well-defined counties in southeastern Norway from 1990 to 1993 were included in the IBSEN study. The patients were followed for 20 years with regular follow-ups including clinical exams and questionnaires. The patients answered standardised questions regarding rheumatic symptoms and findings at the 5- and 20-year follow-ups. Peripheral spondyloarthritis was diagnosed according to the ASAS criteria and included patients with peripheral arthritis, dactylitis and/or enthesitis. Patients in whom other causes of peripheral arthritis (i.e. rheumatoid arthritis, reactive arthritis etc.) were ruled out, were defined as having IBD-related peripheral arthritis. Patients with and without peripheral spondyloarthritis and IBD-related peripheral arthritis were compared with regard to diagnosis, age, gender and variables indicative of IBD severity; disease location, extent, use of medication and patient-reported disease course. Crude comparisons were performed using the Chi-square test or Fisher's exact test when appropriate.

Results: After 20 years, 599 (79.2 %) patients from the original cohort were alive and 441 (73.6 %) (296 UC and 145 CD) were evaluated. Throughout the disease course, peripheral spondyloarthritis had occurred in 123 patients (27.9 %). Peripheral arthritis, including those not related to IBD, had been diagnosed in 104 patients (24.0 %) and IBD-related peripheral arthritis had been present in 76 patients (17.2 %). No difference in the occurrence of these conditions between patients with UC and CD was found. The proportions of females were significantly higher ($p < 0.01$) in the groups with peripheral spondyloarthritis (61.8 %) and IBD-related arthritis (67.1 %) compared with those without peripheral spondyloarthritis (46.4 %). There were no significant associations between IBD location, extent, medication use or patient-reported disease course in the groups with and without IBD-related peripheral arthritis or peripheral spondyloarthritis.

Conclusions: The accumulated incidence of peripheral spondyloarthritis and IBD-related peripheral arthritis throughout 20 years of disease course was high, and were more common in females. IBD-severity did not differ between patients with and without the investigated rheumatic conditions.

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Prevalence of inflammatory bowel diseases in Israeli Jewish and Druze adolescents, a longitudinal comparative study

S. Daher^{1*}, L. Katz^{2,3}, T. Houry¹, E. Lev⁴, A. Assa⁵, E. Israeli¹
¹Hadassah-Hebrew University Medical Center, Institute of Gastroenterology and Liver Diseases, Jerusalem, Israel, ²Sheba Medical Center, Department of Gastroenterology, Ramat Gan, Israel, ³Tel-Aviv University, Sackler School of Medicine, Tel Aviv, Israel, ⁴Hebrew University Hadassah Medical School, Jerusalem, Israel, ⁵Schneider Children's Hospital, Institute of Gastroenterology, Nutrition and Liver Diseases, Petach Tikva, Israel

Background: The "hygiene hypothesis" postulates that individuals raised in a sanitary environment are more likely to develop inflammatory bowel diseases (IBD). We performed a longitudinal, population-based study in order to evaluate the point-prevalence of established and new-onset IBD in Jewish (mostly urban, westernised

society) and Druze (rural, agricultural society) adolescents, upon recruitment to, and during service in the Israel Defense Forces (IDF), respectively, over the years 1970–2014. We also explored associations of demographic, socioeconomic and anthropometric parameters with the risk for IBD.

Methods: A retrospective, longitudinal, population-based study, based on computerised IDF personal and medical registry. Information on IBD diagnosis (utilising a unified diagnostic code for both Crohn's Disease and Ulcerative colitis), ethnicity, birth date and order, number of siblings, living place, socioeconomic and educational status, and anthropometric measures were obtained for 3044682 Jewish and 31000 Druze adolescents between 1967 and 2014.

Results: In total, we found 7001 cases of IBD, 4814 upon recruitment and 2187 during military service, with a steady, linear annual increase in point prevalence. We found a six fold increase in established cases upon recruitment (~age 17) from 0.05% in 1980 to 0.3% in 2010, and a similar six fold increase in new onset disease among healthy soldiers (18–21 years of age) from 0.02% in 1980 to 0.12% in 2010. There was a slight male predominance in both groups (established and new onset disease). Only 25 IBD cases were of Druze origin, with first cases being new onset and appearing for the first time in 1989. There were 13 cases upon recruitment, beginning only from 2001, and being since then comparable to Jewish population in terms of prevalence per 105 population. Variables associated with increased risk for IBD among the Druze population were small number of siblings ($p = 0.03$), higher education ($p = 0.006$) and shorter stature ($p = 0.018$). Significant associations for the whole study population were higher socioeconomic status ($p < 0.001$) and living in large cities or in urban districts ($p < 0.001$).

Conclusions: We found a steady increase in the prevalence of paediatric IBD in Israel and in the incidence of new onset disease as reflected by point prevalence at time of discharge from service. The appearance and increased incidence of IBD from the 1990's among Druze soldiers may be attributed to a shift towards western lifestyle and diet adopted by this, formerly agricultural, population over the study period, paralleling the improving socioeconomic status of rural Israeli populations over the years. Parameters reflecting improved childhood hygiene were associated with increased risk for developing IBD.

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Prevalence and phenotype of inflammatory bowel disease across primary and secondary care: Implications for colorectal cancer surveillance

N. Heerasing, P.J. Hendy, L. Moore, G.J. Walker, C. Bewshea, T. Ahmad, J. Goodhand, N.A. Kennedy*
 University of Exeter, IBD Pharmacogenetics, Exeter, UK

Background: Patients diagnosed with inflammatory bowel disease (IBD) with colonic involvement have increased risk of colorectal cancer (CRC). Colonoscopic surveillance reduces the risk of CRC-associated death through early detection; national/international guidelines recommend chromoendoscopy. We aimed to assess the burden of IBD in primary care unknown to our service and to identify patients eligible for, but not being offered, surveillance.

Methods: We conducted a population-based observational study across primary and secondary care to evaluate the incidence and prevalence of IBD in our catchment area. Cases were identified from