population is far from being achieved. Likely explanations might be the excessive screen time of adolescents and limited promotion of MVPA potential benefits in this population with chronic diseases by healthcare providers.

P759

Incidence and clinical impact of perianal disease in patients with ulcerative colitis: a nationwide population-based study

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Background: The risk and clinical impact of perianal disease (PAD) in ulcerative colitis (UC) patients have not been fully evaluated. We investigated the incidence of PAD in UC patients and compared clinical characteristics and outcomes of UC according to the presence of PAD.

Methods: We performed a nationwide population-based cohort study and a hospital-based cohort study. Using the 2010–2014 data from the Korean national health insurance claims database, we calculated incidence rates and standardised incidence ratios (SIRs) of PAD in UC patients compared with the general population. We evaluated the clinical characteristics and outcomes of UC patients with PAD in both population-based and hospital-based cohorts. To reduce clinically meaningful confounding factors, we also conducted matched analyses.

Results: In the population-based cohort, the incidence rate and SIR of PAD in UC patients were 3.74/1000 person-years (95% confidence interval [CI], 3.25–4.31) and 2.88 (95% CI, 2.50–3.32), respectively. In the hospital-based cohort, the cumulative probabilities of PAD at 1, 5, 10, and 20 years after diagnosis were 1.0%, 2.3%, 4.0%, and 6.3%, respectively. In both population-based and hospital-based cohorts, UC patients with PAD showed higher proportions of corticosteroid use and extensive colitis at diagnosis. The requirements for anti-tumour necrosis factor agents and colectomy were significantly higher in UC patients with PAD before and after matched analysis.

Conclusions: The risk of PAD is higher in UC patients than in the general population. UC patients with PAD have distinct clinical features and poor outcomes, as indicated by the greater need for UC-related medications and colectomy.

P760

The risk of inflammatory bowel disease based on body mass index and waist circumference: a nationwide population-based study

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Background: The relationship between the occurrence of inflammatory bowel disease (IBD) and the indicators of obesity and underweight including body mass index (BMI) and waist circumference (WC) still remains unclear. The aims of this study was to determine the risk of developing IBD based on the baseline levels of BMI and WC, and changes in body weight.

Methods: We conducted a nationwide population-based cohort study using claims data from the National Health Insurance (NHI) database in Korea. A total of 19,356,194 individuals who attended a national health check-up program from 2011 to 2012. Among them, 10,699,693 (55.3%) individuals who had not undergone a national health check-up 2 years before the baseline, who had been diagnosed with IBD previously or had insufficient data were excluded in this study. Study endpoint was newly diagnosed IBD including Crohn's disease (CD) and ulcerative colitis (UC) during the follow-up to 2017. Obesity, overweight and underweight was defined based on the Asia-Pacific BMI classifications as follows: obesity, ≥25 kg/m^2; overweight, 23 to 24.9 kg/m^2; and underweight, < 18.5 kg/m^2.

Results: A total of 8,656,501 participants were enrolled in the study. Among them, obese, overweight and underweight individuals were 2,864,672 (33.1%), 2,197,148 (25.4%), and 289,580(3.3%), respectively. During the follow-up, IBD were newly detected in 267 (0.09%) of underweight, 2,365 (0.07%) of normal weight, 1,412 (0.06%) of overweight, 1,438 (0.06%) of class I obese, and 127 (0.04%) of class II obese groups. Compared with normal weight, the risks of developing CD was significantly higher in underweight (adjusted HR by age and sex, 1.73; 95% CI, 1.35–2.21), but lower in overweight (adjusted HR, 0.61; 95% CI, 0.52–0.72), class I (adjusted HR, 0.51; 95% CI, 0.43–0.60) and II obese groups (adjusted HR, 0.47; 95% CI, 0.32–0.71), respectively. The risk of developing UC was also significantly higher in underweight (adjusted HR, 1.31; 95% CI, 1.13–1.52), but lower in overweight (adjusted HR, 0.90; 95% CI, 0.83–0.97), class I (adjusted HR, 0.77; 95% CI, 0.72–0.83) and II obese groups (adjusted HR, 0.55; 95% CI, 0.45–0.67), respectively, compared with normal weight group. BMI and WC at baseline showed inverse linear associations of risk for developing IBD. Moreover, the interval decrease in body weight within 2 years significantly increased the risk for developing CD, but not UC, in proportion to the percentage of weight loss.

Conclusions: Underweight increased the risk for developing IBD, but overweight and obesity reduced the risk of IBD compared with normal weight. BMI and WC was inversely associated with risk of IBD. Physicians would be aware of the potential for developing CD in individuals experiencing unintentional weight loss.

P761

Healthcare quality assessment in inflammatory bowel disease Units in Spain under patient's perspective. IQCARO project

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