

P264**Analysis of nutritional status and nutrient intake in patients with inflammatory bowel disease: a prospective, case-control study**

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Background: Anthropometric data and dietary intake pattern are poorly known in Asian inflammatory bowel disease (IBD) patients. The aim of this study was to investigate the nutritional status and nutrient intake of IBD patients compared with control population.

Methods: From February to June 2018, a total of 65 outpatients, including 33 ulcerative colitis (UC) and 32 Crohn's disease (CD) were prospectively enrolled in Gangnam Severance Hospital. As a control group, age- and gender-matched 260 subjects were included among the Korean National Health and Nutrition Examination Survey (KNHANES) data. Anthropometry and body composition data were collected by bioelectrical impedance analysis (BIA); meanwhile, nutrient intake was measured based on diet diary.

Results: Based on Asia Pacific criteria, more than half of both UC and control group were obese or overweight, on the other hands, CD was relatively low, about 1/3. Compared with the UC group, body fat index including both fat mass index (FMI) and body fat percentage (BFP) were significantly lower in the CD group. Following nutrients intake including intake of energy, carbohydrate, niacin, sodium and potassium were significantly lower in UC than the control group. Meanwhile, intake of carbohydrate, thiamine, niacin, sodium, potassium and iron was significantly lower in CD than the control group. In addition, the ratio of energy intake through protein and fat was significantly higher in the IBD than the control group.

Conclusion: Similar to the control group, more than half of UC patients were overweight or obesity, meanwhile, the proportion of obese patients in CD was lower than in the control group. The ratio of energy intake through protein and fat was significantly higher in IBD than in the control group. Our results may have clinical implications for risk of IBD development in terms of dietary pattern and further direction of nutritional intervention.

P265**IBD's features depending on the age group of patients and the timing of diagnosis of the disease**

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Background: Untimely diagnosis increases the number of severe forms of IBD, which enlarges the possibility of life-threatening complications, extraintestinal presentations, and the patient's need for surgical treatment.

Methods: We analysed the data of 1130 patients with an established diagnosis of UC or CD. The dynamics of the timing of diagnosis of

IBD, the nature of the disease, the frequency of occurrence of intestinal complications, extraintestinal presentations were evaluated. **Results:** The maximum frequency of start of both UC and CD falls on the young age of patients - from 19 to 38 years. The duration of symptoms before diagnosis is established is 2.3 years (27.4 months) for CD, 1.1 years (12.1 months) for UC. 81.8% of patients with UC are diagnosed no more than 4 years, but in 10.9% of patients this interval was 4–9 years; in 3.6%, 9–13 years; in 1.9%, 13–18 years, and in another 1.8%, more than 20 years. In CD 59.5% of patients fall into the diagnosis interval up to 4 years, in 27.4% this period takes from 4 to 9 years, in 7%—10–15 years, and in 6% more than 6 years. At the age of 18–25 years severe course of IBD is observed in 12% of patients, at the age of 26–30 years—in 18%, 31–40 years—in 9%. Older people are more likely to experience mild IBD, and the percentage of severe and moderate forms is 4% and 29%, respectively, after 60, and less than 0.5% and 19.5%, respectively, after 70 years. Extraintestinal presentations were observed in 43.4% of patients, with 25% of them having more than one of them. In patients with CD, the development of complications in the first 4 years of the disease was noted in 62%, in UC—in 58.9%. In patients with intestinal complications, the diagnosis period was 2.9 years, without them—2.4 years. However, in patients with a history of surgical treatment of IBD, the diagnosis period was less than 1 year. 69, 3% of revealed patients with a history of needing one or more hospitalisations associated with IBD, and 15.8% underwent surgery for IBD.

Conclusion: Based on the data obtained, it can be concluded that the main part of complications occurs in the first few years after the onset of the disease. With late diagnosis, the probability of developing not only intestinal complications, but also extra-intestinal presentations significantly increase, which reflects a more severe form of the disease. The shorter time of diagnosis of IBD in patients who need surgical treatment is explained by more pronounced symptoms that require urgent medical care. However, the proportion of IBD with severe and moderate form is greater in young age groups, and as the 'growing up' groups - the number of patients with mild IBD begins to prevail.

P266**Atopic diseases are associated with the development of inflammatory bowel diseases: A nationwide population-based study**

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Background: The association between atopic diseases and inflammatory bowel diseases (IBD) still remains unclear. We conducted a nationwide population-based study to investigate the effect of atopic diseases on the development of IBD.

Methods: A total of 9,950,548 subjects who received medical check-up between 2009 and 2012 were included and followed up until 2017. The presence of any atopic disease including atopic dermatitis (AD), allergic rhinitis (AR), and asthma were evaluated.