rural patients (p < 0.001). This difference was consistent during the entire study period. About one third of patients had a family history of IBD.

Conclusions: The incidence and prevalence of paediatric IBD in Manitoba is rising. The majority of our patients were residents of urban Manitoba confirming the important role of environmental etiological factors.

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Smoking in patients with IBD: increasing smoking rates and alarmingly low use of supportive measures to achieve smoking cessation – Data from the Swiss IBD cohort study

L. Biedermann1 *, N. Fournier2, B. Misselwitz1, P. Frei1,3, J. Zeitz1, C.N. Manser1, V. Pittet2, M. Fried1, S.R. Vavricka1,4, G. Rogler1.
1 University Hospital Zurich, Gastroenterology & Hepatology, Zurich, Switzerland, 2 University of Lausanne, IUMSP, Lausanne, Switzerland, 3 Seesiptal Horgen, Gastroenterology & Hepatology, Horgen, Switzerland, 4 Hospital Triemli, Gastroenterology & Hepatology, Zurich, Switzerland

Background: Smoking is one of the most extensively investigated environmental factors in IBD, with a well-known divergent effect on course of disease in UC and CD. However, there are only limited data on factors associated with smoking in patients with IBD including age- and sex-matched comparisons to the general population. Even less is known about the magnitude of supportive measures to smoking IBD patients to achieve cessation. Especially in UC, some physicians might be reluctant to use supportive measures, due to the misconception that no overall health benefit would be obtained from smoking cessation in UC. We aimed to address these questions using prospectively obtained data from patients of the Swiss IBD Cohort Study (SIBDCS).

Methods: Data from patients participating in the SIBDCS were analysed and compared to the general Swiss population (GSP) matched by age, year and sex.

Results: Among a total of 1770 IBD patients analysed (49.1% male), 29% are current smokers. More than twice as many patients with CD are active smokers compared to UC (39.6% vs. 15.3%, p < 0.001). The overall smoking rate in IBD patients is not different to the GSP. However, surprisingly and in contrast to the GSP, significantly more women than men with CD smoke (42.8% vs. 35.8%, p = 0.025; in contrast to 13.2% vs. 17% active smokers with UC in women and men, respectively, difference not significant). In addition, while smoking rates in men with CD are not different to the GSP, women with CD smoke significantly more often than the GSP throughout all age groups. Indeed, the highest smoking rate observed at all was 51.7% in women with CD aged 45–54 years, which is virtually twice as high as in the matched GSP (26.6%, p < 0.001). In contrast the smoking rates in UC are significantly lower than in the GSP throughout all age groups. In the GSP a clear trend of decreasing smoking rates has been observed within the last years. In striking contrast an increasing trend can be found in the overall Swiss IBD patients (p = 0.003). Importantly, this increasing trend is significant for women with IBD in general and CD in particular, while no such trend was observed in men.

Only 13% of smoking IBD patients received any support to cease smoking. This number is significantly lower in UC compared to CD patients (2.3% vs. 13.8%, p = 0.001; no differences according to sex, age-groups, level of education and country of origin).

Conclusions: Despite the well-established detrimental effects, smoking rates in CD are alarmingly high, especially in women. In contradiction to the general Swiss population we found a significant trend for increasing smoking rates in recent years in our cohort. There is an unacceptable underuse of supportive measures to achieve smoking cessation, especially in UC.

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Risk factors for depression and anxiety in Crohn's disease

F. Furfaro1, D. Gridavica1, C. Bezzio1, L. Orlandini1, A. Dell’Era2, M. Monteleone1, S. Ardizzone1, G. Maconi1.
1 Luigi Sacco University Hospital, Gastroenterology and IBD Unit, Milan, Italy, 2 Luigi Sacco University Hospital, Gastroenterology Department, Milan, Italy

Background: Crohn’s disease (CD) is a long-life inflammatory disease affecting gastrointestinal tract, characterised by extraintestinal manifestations and complications that impaired quality of life. Many patients are affected by psychiatric co-morbidity too, in particular depression and anxiety. A few studies have investigated mood disorders in CD. The aim of our study was to assess prevalence of depression and anxiety and related risk factors in a consecutive series of patients with quiescent CD.

Methods: It was a prospective cohort study in which we enrolled 185 consecutive patients, regularly followed in a tertiary centre for IBD care, with confirmed diagnosis of CD, in clinical remission, aged from 18 to 80 years. Eligible patients were enrolled during ambulatory visits assessing demographic and clinical features of CD. Within 1 month from the visit, patients were interviewed by phone to assess the presence of psychiatric disorders using standardized questionnaires: the Hospital Anxiety and Depression Scale (HADS) and a questionnaire assessing the use of antidepressant or anti-anxiety therapy during the course of CD. Development of anxiety and depression was defined by HADS > 8 or by the use of antidepressant or anti-anxiety treatment since diagnosis. Statistical analysis were performed by Kruskall-Wallis test, Bonferroni correction, χ² test, p-value < 0.05 was considered statistically significant.

Results: One hundred eighty-five patients were included in the study and 73 patients (39.5%) showed mood disorders since diagnosis. Thirty-four patients (18.4%) have been under psychiatric treatment since diagnosis. Anxiety/depression were significantly correlated with female sex (p:0.016), history of perianal disease (p:0.006) and perianal surgery (p:0.03). Smokers showed a high, although not significant, prevalence of anxiety/depression compared with patients without mood disorders (p:0.08). Anxiety with or without depression was more significantly correlated with perianal disease and female sex whilst depression alone wasn’t significantly correlated with any variable considered in the study. We didn’t find significant relationship between surgery and anxiety/depression.

Conclusions: Among psychiatric disorders, anxiety is the most frequent condition in patient affected by CD in clinical remission. Risk factors for anxiety/depression were female sex and history of perianal disease and perianal surgery.

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Reduced recurrence rates in Crohn’s disease in the era of biological therapy: A 7-year population-based follow-up study of inflammatory bowel disease

M. Kjærbæk Vester-Andersen1, I. Vind1, M. Prosberg1, T. Jess1, M. Anderson3, B. Bengtsson4, T. Blixt5, F. Bendtsen1.
1 Copenhagen University Hospital, Hvidovre, Department of Gastroenterology, Hvidovre, Denmark, 2 National Health Surveillance and Research, Department of Epidemiological Research, Copenhagen, Denmark, 3 Department of Epidemiological Research, National Health Surveillance and Research, Copenhagen, Denmark, 4 University of Copenhagen, Rigshospitalet, Department of Gastroenterology, Copenhagen, Denmark, 5 University of Copenhagen, Frederiksberg Hospital, Department of Internal Medicine, Frederiksberg, Denmark

Background: To evaluate the cumulative probability of recurrences in a population-based cohort and to assess the association with baseline factors.