

Abstract P89 Table 1 Patient response to concerns

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Infertility due to IBD	13.50%	11.50%	22.40%	12.80%	6.40%
Infertility due to medication	11.50%	12.80%	17.30%	16.70%	7.70%
Miscarriages	9.00%	14.70%	18.60%	16.00%	7.10%
IBD harming child	7.70%	12.20%	16.70%	16.70%	13.50%
Medications harming child	7.70%	7.10%	17.30%	19.90%	15.40%
Inheritance risk	5.10%	6.40%	6.40%	9.00%	16.70%
Unable to care for child	4.50%	10.30%	7.70%	9.00%	6.40%
Complicated pregnancy	4.50%	4.50%	10.30%	10.30%	7.10%

patients had not accessed information previously. Concerns were explored (table 1). Participants who had accessed information utilised a variety of sources: 19.8% had spoken to an IBD clinician, 31.4% accessed CCUK online resources, 2.6% read leaflets and 3.8% asked friends/family.

53% of parous women breastfed. No women reported concerns that IBD could directly harm their child via breastfeeding; 1 had concerns that IBD medications could harm their child via breastfeeding.

The majority (59%) stated they would like more information, with 33.6% patients preferring to receive it from an IBD clinician. Other methods included leaflets (28.1%), posters (12.1%) and patient education events (6.0%). The participants would rather discuss fertility and pregnancy issues with their IBD clinician (26%) than with their GP (17%).

**Conclusion** Many patients feel uninformed regarding pregnancy with IBD, with a variety of concerns. Information should be readily available for both genders, and integrated into patient-clinician discussions.

## P90 POST-OPERATIVE CROHN'S DISEASE RECURRENCE IN GLASGOW – HOW COMMON IS IT AND DOES DEPRIVATION MATTER?

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**Introduction** 50% of patients with Crohn's Disease (CD) will have surgery within the first 10 years, with 35% requiring additional surgery. The REMIND cohort linked male gender, smoking and previous resection to recurrence.<sup>1</sup> The link between CD and deprivation is debated<sup>2</sup>, and its influence on recurrence is unknown. We aimed to define our local post-operative CD population, highlighting recurrence rates.

**Methods** CD resections between 2008–2014 were identified from NHS Greater Glasgow & Clyde Pathology Archive. Data including gender, age at diagnosis and resection, Montreal Classification and smoking status was obtained from Electronic Patient Records. Scottish Index of Multiple Deprivation (SIMD) score was determined by postcode and was ranked 1–5 (most to least deprived).

A minimum of 5 years of follow up data was collected. Type of recurrence was recorded as: 1) clinical recurrence - symptom flare requiring course of steroids or inpatient admission; 2) biochemical recurrence - faecal calprotectin >250µg/l; 3) endoscopic recurrence; or 4) surgical recurrence – the need for further CD-related surgery.

**Results** 304 patients (59.5% female) were included. Median age at diagnosis was 29 (range 3–82 years) and at resection was 43 (range 17–85 years). 82.9% had terminal ileal, colonic, or ileocolonic involvement. Upper GI and perianal disease occurred in 17.1% and 12.8% respectively. 94% had a stricturing or penetrating phenotype. 52.9% of patients were never-smokers, 16.5% were ex-smokers and 30.6% were current smokers. 33.6% patients had a SIMD score of 1.

47% of patients had clinical recurrence and 48.7% had biochemical recurrence with 49 patients 16.1% requiring further surgery for Crohn's disease.

There were significant associations between younger age at diagnosis/resection, male sex, current smoking and biochemical, surgical and clinical recurrence respectively. There was no significant association between SIMD score and recurrence of any type.

**Conclusions** Our data suggests rates of post-operative recurrence in line with existing published data. Risk factors for this are similar to those identified in the REMIND study<sup>1</sup>, with younger age at diagnosis/resection, male sex and smoking all associated with higher rate of recurrence. Our data suggests deprivation does not influence recurrence rates. However more work is needed to validate this in larger, prospective cohorts.

## REFERENCES

- Auzolle, *et al.* Male gender, active smoking and previous intestinal resection are risk factors for post-operative endoscopic recurrence in Crohn's disease: results from a prospective cohort study. *Aliment Pharmacol Ther* 2018 Nov;**48**(9):924–932
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## P91 TRENDS IN IBD MORTALITY IN THE ERA OF BIOLOGICS

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**Introduction** It is arguable that the only truly valid endpoints of healthcare are death and quality of life. Few RCTs are powered to examine these and so even for therapies of proven value and high cost such data are often not available. We have therefore examined the changing mortality from IBD at a population level in several countries in the era of biologic drugs.

**Methods** We obtained from the WHO mortality database the recorded deaths due to IBD and population figures for a number of advanced economies in which ICD coding within these data were adequate to identify IBD as a cause of death. From these we calculated cause-specific mortality rates for IBD. We went on to conduct interrupted time series analyses for each nation using SEER joinpoint software. The methodology is described in, Kim HJ, Fay MP, Feuer EJ, Midthune DN. 'Permutation tests for joinpoint regression with applications to cancer rates' *Statistics in Medicine* 2000; **19**:335–351: (correction: 2001;20:655).