CONCLUSION: In our diarrhoeal patients, CDC is now less common in IBD compared to non-IBD patients. We also found that the prevalence of CDI is lower in the Swiss IBD cohort between July 2006 and May 2013, were included in the analysis. 870 patients (43%) drank regularly alcohol: 818 low-to-moderately, 52 heavily. Drinkers were older, by the majority male, had a higher body mass index and smoked more often. The proportion of Crohn’s disease patients was higher in non-drinkers (49%) than in low-to-moderate drinkers (52%). Drinkers reported less extraintestinal manifestations than non-drinkers (32% vs. 39%, P<0.01). Low-to-moderate drinkers (31%) with ulcerative colitis have a lower (p=0.03) proportion of pancolitis than non-drinkers (43%). However heavy drinkers with ulcerative colitis had to be hospitalized less often before enrolment, which, after stratification, seems to be due to the known protective effect of smoking. Generally heavy drinkers received significantly less immunomodulators (AZA, MTX) and anti-TNF-inhibitors. During follow-up (6925 patient-years) the need for surgery was similar in non-drinkers and low-to-moderate drinkers. However heavy drinkers with Crohn’s disease had to undergo less surgeries and developed fewer abscesses and fistulas.

Disclosure of Interest: None declared

RESULTS: 2019 patients, who had answered the question about alcohol consumption at enrolment in the Swiss IBD cohort were followed-up for 6925 patient-years. Heavy drinkers were 1.35 times more likely to be hospitalised than non-drinkers (CHR: 1.35, 95% CI: 1.07-1.71, p=0.008). Heavy drinking was also associated with a higher risk of UC-related hospitalisation (CHR: 1.56, 95% CI: 1.05-2.31, p=0.028). The risk of UC-related hospitalisation was significantly lower in non-drinkers compared to low-to-moderate drinkers (CHR: 0.68, 95% CI: 0.45-1.03, p=0.04). In patients with CD, heavy drinkers had to be hospitalised 1.79 times more often than non-drinkers (CHR: 1.79, 95% CI: 1.07-2.95, p=0.02). Low-to-moderate drinkers also showed a trend towards increased UC-related hospitalisation compared to non-drinkers (CHR: 1.35, 95% CI: 0.81-2.23, p=0.23). The risk of UC-related hospitalisation was significantly lower in non-drinkers compared to low-to-moderate drinkers (HR: 0.68, 95% CI: 0.45-1.03, p=0.04). Long-term heavy drinkers were 1.79 times more likely to be hospitalised than non-drinkers (HR: 1.79, 95% CI: 1.07-2.95, p=0.028). Heavy drinking was also associated with an increased risk of UC-related hospitalisation. Patients who smoked were more often heavy drinkers and had a lower body mass index. The proportion of heavy drinkers in the Swiss IBD cohort was 17.2% (43% in non-IBD patients). The prevalence of alcohol consumption was lower in non-drinkers (49%) than in low-to-moderate drinkers (52%). Drinkers reported less extraintestinal manifestations than non-drinkers (32% vs. 39%, P<0.01). Low-to-moderate drinkers (31%) with ulcerative colitis have a lower (p=0.03) proportion of pancolitis than non-drinkers (43%). However heavy drinkers with ulcerative colitis had to be hospitalized less often before enrolment, which, after stratification, seems to be due to the known protective effect of smoking. Generally heavy drinkers received significantly less immunomodulators (AZA, MTX) and anti-TNF-inhibitors. During follow-up (6925 patient-years) the need for surgery was similar in non-drinkers and low-to-moderate drinkers. However heavy drinkers with Crohn’s disease had to undergo less surgeries and developed fewer abscesses and fistulas. We found no CDI in our 88 IBD samples.

Disclosure of Interest: None declared

CONCLUSION: The prevalence of regular alcohol consumption within the Swiss IBD cohort was 43%, whereas 94% drank low-to-moderately. Patients with higher alcohol consumption were older, preferably males with a higher body mass index and more often smokers. Heavy drinkers received less treatment for UC-related hospitalisations.