Introduction The incidence and prevalence of inflammatory bowel disease in Asia, is generally lower than what we see in the West, however, in recent years there has been a significant increase. Currently there is little information available regarding the impact of ethnic diversity seen in our IBD cohort as compared to that predicted regionally. The regional IBD excel database was analysed for differences in the ethnic diversity seen in our IBD cohort as compared to that predicted within the local population. In addition, differences in disease type were also assessed for between the different IBD ethnic groups, using the Mann Whitney unpaired t-test.

Results The local population is made up by White 68% Asian 19% (Indians 4.4% Pakistanis 10.6% and Bangladeshi 4%), Black 7%, Mixed 3% and Chinese + others 3%. The IBD database contains 2755 patients, but 270 did not want to disclose their ethnicity. Of the remaining 2485, 2059 (83%) were White, 303 (12%) were Asian, (Indians 111, Pakistanis 153 and Bangladeshis 35), 92 (4.5%) were Black, 28 (1%) were Mixed and 3 were Chinese. IBD was less common within the Asian cohort, but there was a statistical differences seen in the type of IBD suffered by the local Caucasian and Asian populations (p = 0.0141). Asian patients had proportionally more UC and less Crohn’s, with the exception of the Bangladeshi who had a higher (but not statistically significant) prevalence of Crohn’s disease.

Conclusion IBD is less common in the Asian community. Proportionally UC is more frequently experienced than Crohn’s within the Asian population. This may be related to the known increased genetic predisposition of Southern Asians (Indians, Pakistanis and Bangladeshi) to ulcerative colitis.

Disclosure of Interest None Declared.