Abstract PTU-059 Table

Hospitalization and Colectomy Rates in ULTRA 1 and 2: Week 8 ADA Responders

Patients	ADA		PBO		RR (ADA/PBO)	P-Value
	n/PYs at Risk	IR (n/PYs at Risk)	n/PYs at Risk	IR (n/PYs at Risk)		
All-cause hospitalisation	46/260.4	0.18	58/222.3	0.26	0.68	.047 ^a
UC-related hospitalisation	29/266.5	0.11	49/223.6	0.22	0.50	.002 ^a
Colectomy	6/271.9	0.02	11/231.7	0.05	0.46	.122 ^a
Hospitalizations	E/PYs	IR (E/PYs)	E/PYs	IR (E/PYs)	RR(ADA/PBO)	
All-cause	55/272.7	0.20	71/232.8	0.31	0.65	.021 ^b
UC-related	32/272.7	0.12	59/232.8	0.25	0.48	< 0.001 ^b

IR, incidence rate; PYs at Risk, time at risk in patient years; n, number of patients with event; E, total number of events; RR, relative risk.

^aZ-score and normal approximations.

^bPoisson regression with time offset.

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PTU-060 PHENOTYPIC CHARACTERISATION OF INFLAMMATORY BOWEL DISEASE IN SOUTH ASIANS IN THE UNITED KINGDOM-INSIGHTS INTO A SHIFTING LANDSCAPE

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Introduction The aetiology of inflammatory bowel disease (IBD) remains elusive. The increasing incidence of IBD in developing countries and immigrant populations appears to outpace what genetic influences alone could instigate. There is a relative dearth of literature on the phenotypic characteristics of South Asian immigrant populations. The aim of our study was to define the clinical phenotype of IBD in South Asians in North-West England.

Methods We conducted a retrospective study of 102 patients of South Asian origin attending IBD clinics at our hospital. Clinical data including demographics, disease characteristics (Montreal classification), treatment and blood results were obtained using electronic case records.

Results Of 106 patients reviewed, 55 were male. The median age was 38 years (range 16–80) and mean disease duration was 9.5 years. Seventy-six patients had ulcerative colitis (UC) and 30 had Crohn's disease (CD). Five patients were current or ex smokers (4.7%). Seventeen patients had extra-intestinal manifestations of IBD (16.0%). Of UC patients 37 had pancolitis, 34 left sided disease and 5 had proctitis. Of patients with CD, 3 had ileal disease, 11 colonic disease and 16 had ileocolonic disease. Five CD patients had stricturing disease, 10 had penetrating disease (6 also stricturing) and 15 had non-penetrating, non-stricturing disease. Perianal disease was noted in 3 at diagnosis and in 5 subsequently. Eighty four patients received steroids, topical steroids (31), 5-ASA (99), topical 5-ASA (31), azathioprine (56), 6-mercaptopurine (4), cyclosporine (2), methotrexate (10), infliximab (21) and adalimumab (10). Fifty eight patients received at least one immunomodulatory therapy

with the median time to use being 12 months (range 0–276 months). Thirteen patients (7 CD, 3 UC) required surgery (3 total colectomy, 10 subtotal). Mean time to surgery was 4 years (range 0–13 years). Seventeen patients had disease progression leading to Montreal reclassification (median time 60 months; range 1–216 months).

Conclusion We noted a higher prevalence of UC with predominantly pancolonic disease and a significant proportion of CD with penetrating or stricturing disease. The majority of patients required immunomodulatory therapy. Epidemiologic insights from such populations may provide further clues in defining an aetiological paradigm for IBD and should form an important area of further research. A case control study exploring differences is underway at our institution.

Disclosure of Interest None Declared

PTU-061 VITAMIN D DEFICIENCY IS WIDELY PREVALENT IN SOUTH ASIAN PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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Introduction There has been resurgent interest in recent years in the pro-hormone vitamin D in its role and plausible effects on immune regulation and inflammatory bowel disease (IBD). We postulated a wide prevalence of vitamin D deficiency in South Asian patients with implications for the control of their IBD. The aim of our study was to review vitamin D assessment in a South Asian IBD cohort.

Methods We conducted a retrospective review of 102 South Asian patients attending IBD clinics in our institution. Clinical data including demographics, disease characteristics (Montreal classification) and therapy were obtained from electronic record review. Serum 25-hydroxyvitamin D (25-OHD) concentrations were recorded in all patients tested and in all having serial measurements.

Results Of 106 patients reviewed, 55 were male. The median age was 38 years (range 16–80) and mean disease duration was 9.5 years. Seventy-six patients had ulcerative colitis (UC) and 30 had Crohn's disease (CD). Five patients were current or ex smokers (4.7%). Vitamin D status was assessed in 52 patients (49%), 26 had serial measurements. Median 25-OHD was 10.25 (range 3.3–44.4). Fifty one patients had levels < 25 ng/ml consistent with deficiency and all 52 had insufficient levels < 50 ng/ml. Of the patients with deficiency 35 had UC and 16 had CD. Of the UC patients, 18 had pancolitis, 13 had left sided disease and 4 proctitis. Of the CD patients 5 had penetrating disease and 4 had stricturing disease. Forty-three of the deficient patients had received