Disease state	Yrs spent in state (Ref 2)	Mean 2-month cost of state £	Mean lifetime cost £ (no discount)	Mean lifetime cost £ (5% discount)
Remission	10.36	185	11,472	4,708
Post-surgical remission	11.11	101	10,368	4,255
Mild	11.73	176	12,347	5,067
Drug-responsive	0.38	936	2,130	874
Drug-dependant	1.83	398	4,367	1,792
Drug-refractory	0.76	671	3,057	1,255
Surgery	0.47	5,201	29,277	12,014
TOTAL	42.46	N/A	73,020	29,964

S1424

No Association between Month of Birth and Crohn's Disease

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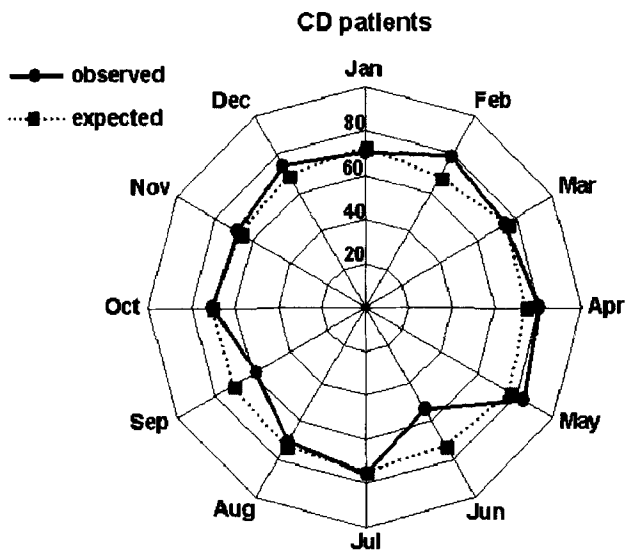
Background: Environmental factors trigger the onset of inflammatory bowel diseases (IBD) in genetically predisposed individuals. Exposure to seasonal external factors during the maturation of the immune system is suspected to be an IBD-inducing factor. Several studies suggested an association between the month of birth and the later development of IBD. We investigated the seasonality in month of birth in a large cohort of Belgian patients with Crohn's disease (CD).

Patients and methods: We collected data from 862 patients (476 familial and 386 sporadic cases) born between 1935 and 1990 with clinically, endoscopically and histopathologically proven CD. The monthly numbers of live births in Belgium in the same period were obtained from the national civil registry. We compared the monthly-observed number of births of later CD patients with the expected number under the assumption of no association, and used a Chi-square test to interpret the differences.

Results: The observed differences in the number of births each month between CD patients and the general population were not statistically significant (Chi-square = 10.27; p = 0.51). Also when the familial and sporadic CD subsets were analyzed separately, no significant differences were found.

Conclusion: It is unlikely that an environmental yearly re-occurring factor during pregnancy or postpartum can be linked with the occurrence of CD later in life. It is possible that other external factors without a defined seasonal pattern play a role in the development of CD.



S1425

The severity of somatic complaints in Crohn's Disease: the role of psychological factors

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Crohn's Disease (CD) patients may present with a high number of somatic complaints. Often, the severity of these symptoms cannot be fully explained by the disease activity. Moreover, medically unexplained somatic symptoms are often associated with psychological factors. Therefore, we hypothesized that psychological factors might play a role in the presentation of a high Severity of Somatic Complaints (SSC) in CD patients. Aim 1) To compare the SSC between CD patients and non-IBD gastroenterological (GE) control patients; 2) to assess the determinants of the SSC in CD, considering biological and psychological variables. Methods Consecutive CD and GE in- and outpatients completed the Hospital Anxiety and Depression Scale (HADS) and the PHQ-15 (Kroenke et al, 2002), a valid new questionnaire evaluating the severity of 15 somatic complaints (range 0-30; high SSC >14). CD patients also completed the Toronto Alexithymia Scale (TAS-20) and the Positive and Negative Affect Schedule (PANAS), consisting of the subscales Positive Affect (PA) and Negative Affect (NA). Previous surgery, smoking, CRP, hematocrit, BMI, time since diagnosis, CDAI and the Vienna Classification components were determined. Results 79 CD patients and 74 GE controls participated. 1) The overall SSC was significantly higher in CD patients (9.7 ± 5.6) than in GE controls ($7.6 \pm .3.9$; $t = 2.7$; $p = .007$). The difference in SSC between CD patients and GE controls without depression was a trend, while the SSC in CD patients (15.2 ± 5.9) and in GE controls (9.1 ± 3.2) with depression differed significantly (Z-2.8; $p = .005$). 2) SSC was correlated with hematocrit (r-.32; $p = .005$), CDAI ($r = .47$; $p < .001$), TAS-20 ($r = .37$; $p = .001$), PANAS PA (r-.51; $p < .001$), PANAS NA ($r = .38$; $p = .001$), HADS Depression ($r = .66$; $p < .001$), HADS Anxiety ($r = .54$; $p < .001$). SSC was significantly higher in women ($p = .03$) and inpatients ($p = .01$). Stepwise multiple linear regression with significant correlates ($p < .05$) identified CDAI (unique variance (UV) = 15.8%), HADS Depression (UV = 16.1%), HADS Anxiety (UV = 7.2%) as independent determinants of SSC ($R^2 = .59$; $p < .001$). Conclusion SSC was higher in CD patients compared to GC controls, especially in depressed patients. SSC in CD patients was determined by both disease activity and psychological variables. Furthermore, the latter explained more of the variance. More severe depressive and anxiety symptoms, and higher disease activity predicted a higher SSC. Psychological factors should also be considered when high SSC is present in CD patients.

S1426

Risk Factors and Cumulative Risk for the Development of Pouchitis after Restorative Proctocolectomy for Ulcerative Colitis in the Japanese Population

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Background: Restorative proctocolectomy is the surgical treatment of choice for ulcerative colitis (UC). However, patients undergoing restorative proctocolectomy sometimes suffer from pouch-related complications. Pouchitis is one of the most frequent late complications. The cumulative risk and risk factors for pouchitis have not been well investigated in the Japanese population. The aim of this study is to clarify the cumulative risk and risk factors for the development of pouchitis in the Japanese population. Patients and Methods: Fifty-seven consecutive patients with UC undergoing restorative proctocolectomy were retrospectively reviewed. We reviewed outpatient, inpatient, and operative records for the presence of pouchitis, gender, age of onset of UC, the history of smoking within seven years, type of operation (handsewn vs. double stapling technique), and the presence of extraintestinal manifestations. Two patients were excluded, since the follow-up period was less than six months. The diagnosis of pouchitis was made according to the pouchitis disease activity index. Kaplan-Meier estimation was used for the cumulative risk and Cox regression model was used for the risk factor assessment. Results: Nine patients were found to have pouchitis. The cumulative risk for the first attack of pouchitis was 9.5 % at 1 year, and 14.8 % at 5 years. Multivariate analysis revealed the presence of extraintestinal manifestations was the sole risk factor for the development of pouchitis (Hazard ratio 15.7 P = 0.0015). Conclusion: The presence of extraintestinal manifestations is the sole risk factor for the development of pouchitis in the Japanese population.

S1427

The Act of Breastfeeding Does not Increase the Risk of Postpartum Disease Activity in Women with Inflammatory Bowel Disease (IBD)

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Background: Women with inflammatory bowel disease (IBD) have an increased risk of experiencing a flare of their disease in the postpartum period of pregnancy. Work in other autoimmune disorders has found that breastfeeding may be associated with an increased risk for developing postpartum disease relapse. Aim: To assess the risk of postpartum disease activity as related to breastfeeding behavior. Methods: Women with IBD followed at a tertiary care center with a history of childbirth within the past 5 years were recruited. A questionnaire regarding disease type, disease activity during and after pregnancy, medication use, smoking, and breastfeeding behavior was administered during a routine clinic visit. The exposure of interest was breastfeeding prior to the onset of disease activity following a successful asymptomatic pregnancy. Results: Fifty consecutive women who fit eligibility criteria completed the survey. Overall, only 58% (29/50) of the women had breastfed their infant. Reasons for this included physician recommendation, fear of medication interactions and personal choice. Of those who did breastfeed, 48% (14/29) experienced a postpartum flare of their disease. The unadjusted Odds Ratio for the risk of disease activity with a history of breastfeeding was 2.33 (95% CI 0.71-7.7, p = 0.13). When stratified by disease type, the OR for ulcerative colitis was 5.9 (0.48-51, p = 0.14) and Crohn's disease 0.64 (0.13-3.1, p = .26). The majority of women who breastfed had stopped taking medications. Conclusions: A significant number of women with IBD do not breastfeed their children. Any relationship between breastfeeding and disease activity may be more a consequence of discontinuation of medications to control disease. More work is needed in this area to better characterize breastfeeding behavior in postpartum IBD.

S1428

Evolutive trend of no-stricturing no-penetrating behavior in Crohn's Disease. Is it really indolent?

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Behavior of Crohn's disease (CD), as defined by the Vienna classification, may change over time. Aim: To analyze the evolutive trend and severity of no-stricturing no-penetrating (inflammatory) pattern of CD. Material and methods: From a computed database constituted by 246 consecutive patients with CD, we selected those patients diagnosed between 1990 and 1997 with an initial complete morphologic study to asses location of disease. Among the selected 180 patients with complete data, 73 showed an uncomplicated disease without evidence of stricturing or penetrating pattern at diagnosis. Their mean age was 28 years (range: 13-68). The more frequent location were colon (37%) and ileocolon (35%). Mean follow-up was almost 8 years (range: 51-139 months). We analyzed (X2 and Fisher exact test) the relationships between final evolutive behavior and the following variables: i) initial location and initial treatment ii) the need for corticosteroids, immunomodulatory therapy