

systematically takes patients through the consent process with videos and images to illustrate the more complex concepts. Patients are given the opportunity to print and sign a consent form which they can bring to the endoscopy unit on the day of their procedure.

Results Our own survey of 412 patients attending for endoscopy showed that 69% had Internet access and 83% felt that this website would be helpful. We found that 73% of patients were already using the Internet to obtain medical information and that 77% thought that the information they found was at least as good, if not better, than that received from health professionals.

Conclusion A major benefit of online consent is that information can be interactive and multimedia enriched, which aids understanding. It will also allow patients the conveniences of time and location as well as improve efficiency in the endoscopy department.

Competing interests None.

1. **Calvert, et al.** A multi-centre survey assessing Internet use among endoscopy patients — is online consent a feasible alternative? Presented as a poster UEGW/WCOG London, 2009.

Inflammatory bowel disease I posters

PTU-029 MANAGING THE LONG-TERM CARE OF INFLAMMATORY BOWEL DISEASE PATIENTS: THE COST TO EUROPEAN HEALTH CARE PROVIDERS

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Introduction Inflammatory Bowel Disease (IBD), which includes Crohn's disease (CD) and Ulcerative Colitis (UC), is a chronic condition characterised by substantial morbidity. Patients with IBD are considered expensive to manage although their use of health care resources has not been sufficiently estimated. To date, few studies have quantified the total cost of caring for IBD patients, preferring to focus on the cost-effectiveness of specific treatments instead. Estimating the resources used and costs incurred when caring for IBD patients is crucial to help healthcare providers plan patient clinical management. This need intensifies with advances in biological therapies and genetic diagnostic tools such as microarrays. Our study developed a framework to estimate the total cost of caring for IBD patients. This framework allows both the estimation of the costs of current care pathways in various settings, and the economic analysis of proposed future interventions. We apply the framework to consider the cost of care for UC and CD patients in the UK and mainland Europe.

Methods Decision models were built to simulate the natural disease history of UC and CD based on clinical pathways mapped in four European hospitals. A healthcare provider perspective was adopted and model inputs applied from published sources and expert opinion. Two hypothetical cohorts of 10 000 UC/CD patients presenting with symptoms of varying severity were modelled over a 10-year period. The average starting age ranged from 25 to 85 years and the models were adjusted to capture differences in clinical management across Europe. Healthcare cost data (test, treatment, surgery, consultation costs) were taken from UK sources and expressed in 2008 prices.

Results The average cost of care over the entire 10-year period for a 45-year-old UC/CD patient was £8035/£7759 in the UK and £7657/£9546 in mainland Europe. These costs are comparable with previous estimates. The average cost per patient fell with patient age. Much of the clinical course for both patient groups was spent in remission, and most costs were incurred soon after diagnosis. The costs of surgery, azathioprine and hospital admission had the greatest effect on the results.

Conclusion Our study confirms that IBD patients are expensive to manage and illustrates the importance of differentiating between alternative clinical management scenarios. The framework we

develop is an informative analytical tool which allows healthcare providers to predict the resources required and costs incurred from treating both current and future IBD patients.

We acknowledge EC financial support and assistance received from members of the IBDchip consortium.

Competing interests None.

PTU-030 OBESITY: A RISK FACTOR FOR CROHN'S DISEASE OR A DISTINCT OBESITY-RELATED ENTEROPATHY?

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Introduction Obesity is a rapidly increasing problem with an increasing number of adverse health consequences being discovered. It is associated with a pro-inflammatory state.¹ In epidemiological studies obesity has been associated with diarrhoeal symptoms,² and increased levels of a marker of inflammation, calprotectin, in the faeces.³ The objective was to determine whether obesity at diagnosis is a risk factor for Crohn's disease vs ulcerative colitis and also vs community controls.

Methods 524 consecutive patients attending gastroenterology clinics at Mayday University Hospital and St George's Medical School were administered a questionnaire enquiring about weight at diagnosis if not available from the notes and height as well as other risk factors for inflammatory bowel disease. 480 community controls aged 50–70 were randomly selected from the registers of 4 local general practices as part of another study. Outcome measures: odds ratio of association of obesity at diagnosis with Crohn's disease vs ulcerative colitis at all ages and Crohn's disease vs community controls in the 50–70-year age group as a secondary analysis.

Results Obesity at diagnosis was more common in subjects with Crohn's disease vs ulcerative colitis odds ratio 2.017 (1.18–3.43) $p=0.01$ and also Crohn's disease vs community controls in the 50–70-year age group odds ratio 3.22 (1.59–6.52) $p=0.001$ after controlling for age at diagnosis, sex and smoking at the time of diagnosis. The strength of association for CD vs UC was increased further after adjustment for weight and height at diagnosis to odds ratio 3.84 (1.83–8.15) $p=0.0003$ as was the case when BMI and BMI squared were modelled as the explanatory variables. This reflects a U shaped relationship between BMI at diagnosis and risk of Crohn's vs ulcerative colitis.

Conclusion Obesity may play a role in the pathogenesis of Crohn's disease and it maybe that an obesity related enteropathy is a distinct entity.

Competing interests None.

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PTU-031 TOTAL DIETARY SUGAR INTAKE AND THE AETIOLOGY OF CROHN'S DISEASE: DATA FROM A EUROPEAN PROSPECTIVE COHORT STUDY (EPIC)

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Introduction There are plausible biological mechanisms for how diet may be involved in the aetiology of Crohn's disease, with numerous case-control studies reporting positive associations with an increased

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