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Neighbourhood deprivation and treatment for irritable bowel syndrome in primary health care and specialist care in Sweden

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Background & Aim: Many diseases are associated with socioeconomic disparities, such as neighbourhood deprivation. However, no study has determined whether neighbourhood deprivation is associated with irritable bowel syndrome (IBS). We aimed to determine whether there is an association between neighbourhood deprivation and primary health care and specialist treatment of IBS.

Method: The entire Swedish population (N= 5,504,751) aged 20-69 years was followed from 1 January 2001 until hospitalization for IBS, death, emigration, or the end of the study period (31 December 2010). Treatment for IBS in primary health care was determined for cases diagnosed in four Swedish counties (2001-2007). Specialist treatment of IBS was determined according to the nationwide Swedish hospital discharge register and the Swedish outpatient care register for 2001-2010. Data were analysed by multilevel logistic regression, with individual-level characteristics (age, marital status, family income, educational attainment, migration status, urban/rural status, mobility, and comorbidity) at the first level and level of neighbourhood deprivation at the second level.

Results: Totally 36,966 IBS cases (72.4% females) were identified. Neighbourhood deprivation was not significantly associated with IBS treatment in primary health care neither in women nor in men. However, women (OR = 0.90, 95% 0.86-0.96, p-value<0.001) but not men living in highly deprived neighbourhoods had lower OR for specialist treatment. Depression, anxiety, and chronic obstructive pulmonary disease was associated with increased OR for specialist and primary healthcare treated IBS both among women and men.

Conclusions: Neighbourhood deprivation is not associated with IBS treatment in primary health care. However, women living in highly deprived neighbourhood have less access to specialist health care treatment of IBS, even after adjustment for individual socioeconomic factors and comorbidities.