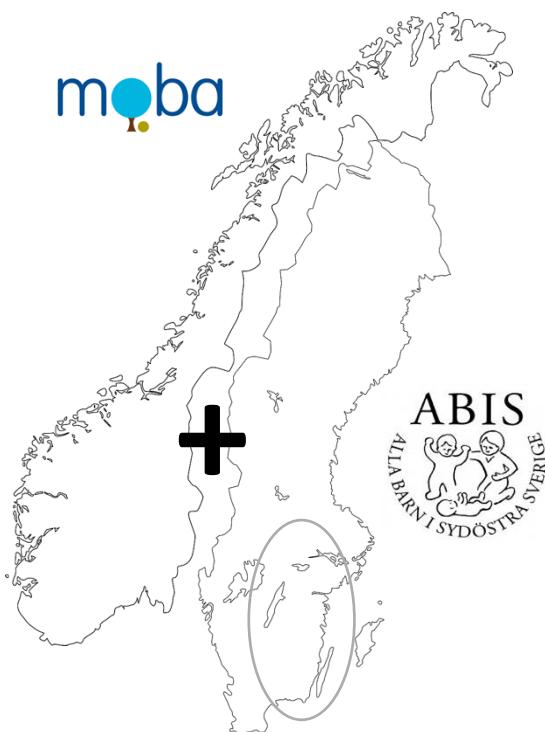


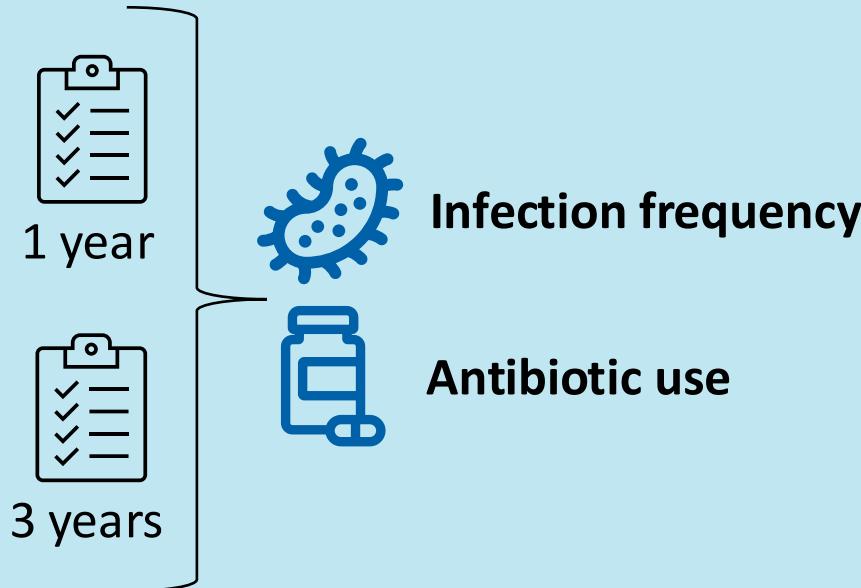
Antibiotic use in early life was, independent of the infection frequency, a significant risk factor for IBD. Adjusting for childhood infections, non-penicillin antibiotics were associated with later UC risk.

Study Population



→ 103,046 children
→ 1,663,898 person-years
→ 395 IBD events

Exposures



Outcome



≥2 diagnostic IBD records
in national patient registers

Main findings

aHR 1.33 (95% CI 1.01 – 1.76) for IBD
for any vs no antibiotics

aHR 1.38 (95% CI 1.02 – 1.87) for IBD
for any vs no penicillin

aHR 2.94 (95% CI 1.60 – 5.41) for UC
for any vs no non-penicillin antibiotics

Adjusted hazard ratio (aHR): child's sex, parental origin, IBD, maternal immune mediated comorbidities, education, smoking, and child's infection frequency