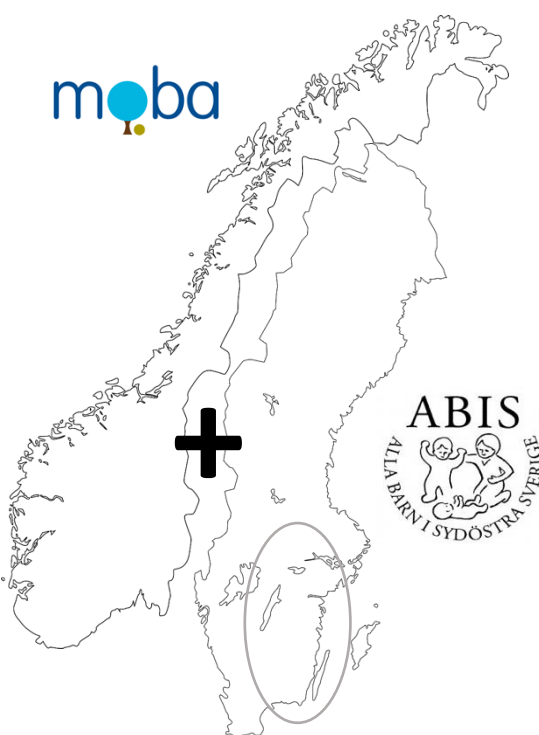




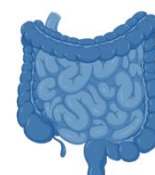


Antibiotic use in early life was, independent of the infection frequency, a significant risk factor for **IBD**. Adjusting for childhood infections, **non-penicillin antibiotics** were associated with later **UC** risk.

Study Population	Exposures	Main findings
 <p>→ 103,046 children → 1,663,898 person-years → 395 IBD events</p>	<div data-bbox="662 399 1528 1013"><p>1 year</p><p>3 years</p><p>Infection frequency</p><p>Antibiotic use</p></div> <div data-bbox="662 1028 1528 1128"><p>Outcome</p></div> <div data-bbox="662 1142 1528 1342"><p>≥2 diagnostic IBD records in national patient registers</p></div>	<p>aHR 1.33 (95% CI 1.01 – 1.76) for IBD for any vs no antibiotics</p> <p>aHR 1.38 (95% CI 1.02 – 1.87) for IBD for any vs no penicillin</p> <p>aHR 2.94 (95% CI 1.60 – 5.41) for UC for any vs no non-penicillin antibiotics</p> <p>Adjusted hazard ratio (aHR): child's sex, parental origin, IBD, maternal immune mediated comorbidities, education, smoking, and child's infection frequency</p> <p>AP&T</p>