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Summary

ANTIBIOTIC USE FROM CHILDHOOD AND RISK OF ADULT IRRITABLE BOWEL SYNDROME: FINDINGS FROM A PROSPECTIVE BIRTH COHORT

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Antibiotic use from preadolescence through early adulthood was associated with increased odds of IBS at age 24 in a Swedish population-based birth cohort, with a significant dose-response relationship.

KEY POINTS

- In 2,853 participants from the BAMSE birth cohort, any antibiotic use from age 9–11 years through age 23 was associated with 1.5-fold higher odds of IBS at age 24 (adjusted OR 1.5, 95% CI 1.0–2.2) compared with no antibiotic use.
- A dose-response relationship was observed: participants with 6 or more prescriptions had adjusted OR 1.7 (1.1–2.6) for IBS, with a statistically significant trend across prescription categories (P for trend less than 0.001).
- After adjustment for sex and socioeconomic status, tetracyclines (OR 1.4, 95% CI 1.1–1.8) and cephalosporins (OR 6.0, 95% CI 1.9–18.8) were the only antibiotic classes significantly associated with IBS.
- IBS prevalence at age 24 was 10.0%, with 79.4% of cases occurring in females.
- In sex-stratified analyses, any antibiotic use showed higher odds of IBS in females (adjusted OR 1.6, 95% CI 1.0–2.6) than in males (adjusted OR 1.2, 95% CI 0.6–2.4), though confidence intervals overlapped.
- Antibiotic prescription data were objectively recorded from the Swedish Prescribed Drug Register, avoiding reliance on retrospective recall used in prior studies.

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