**Table 1: Definition of used Parelsnoer Information Model items**

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| **Diagnosis of IBD** |  |
| Crohn’s diseaseUlcerative colitisIBD-unclassifiedIBD-Indeterminate  | Diagnosis of IBD was defined by clinical symptoms of the disease and confirmed by endoscopy, radiology or histology. If differentiation between CD and UC was not possible, patient were classified as Inflammatory Bowel Disease Unclassified (IBD-U). In the case that a pathologist was not able to differentiate between CD or UC following colectomy, the patient was classified as Inflammatory Bowel Disease Indeterminate (IBD-I).  |
| **Family history of IBD** |  |
|  | Family history of IBD was registered up to 3rd degree relatives |
| **Smoking status** |  |
|  | Smoking status at diagnosis was documented. Patients were classified as never smokers, current smokers or former smokers |
| **Education level** |  |
|  | Patients were classified in two groups; low education (Lower general education; Lower vocational education; General secondary education; Vocational secondary education; Did not finish primary school) and high education (Pre-university secondary education; Vocational post-secondary education; University) |
| **Disease behavior** | Disease behavior is reported if it occurred at any point in the disease course up to baseline. |
| Fistulising disease | Fistulising disease is confirmed by physical examination, radiological or endoscopy assessment. |
| Stricturing disease | A stricture had to be symptomatic. An anal stenosis had to be symptomatic and confirmed by physical examination. |
| Penetrating disease | Penetrating disease is defined as an intestinal abscess or intestinal perforation due to disease activity.  |
| **Prescribed medication** |  |
| Anti-tumor necrosis factor alpha | Prescribed medication included anti-tumor necrosis factor alpha (TNF-alpha) agents (infliximab, adalimumab or certolizumab). Data on medication use was available for the entire disease course; medication use was therefore defined as medication ‘ever used’ |
| Immunomodulators | immunomodulators (mercaptopurine, azathioprine, thioguanine or methotrexate). Data on medication use was available for the entire disease course; medication use was therefore defined as medication ‘ever used’ |
| **IBD-related surgical interventions** |  |
|  | IBD-related surgical interventions included small bowel resection, ileocecal resection, colon resection, resection other, strictureplasty, ileostomy/colostomy, surgery for abscesses or fistula, stoma and pouch |
| **Extra-intestinal manifestations**  |  |
| Skin manifestations | Skin manifestations unrelated to the use of IBD medication such as pyoderma gangrenosum, erythema nodosum, hidradenitis suppurativa, psoriasis or palmoplantar psoriasiform pustolosis, and metastatic CD. |
| Musculoskeletal manifestations | Arthritis was defined as red and swollen joints, dactylitis, reactive arthritis and gout. Arthropathy was defined as painful joints, without any swelling or redness, with an inflammatory pattern: pain at night or at rest (e.g. sacroiliitis, ankylosing spondylitis, enthesitis, and inflammatory back pain). |
| Ocular manifestations | Ocular manifestations included uveitis and episcleritis. |
| **Complications** |  |
| Osteopenia | Osteopenia was defined as a bone mineral density T-score lower than -1. |
| Thromboembolic event | A thromboembolic event was confirmed by additional tests (radiology, endoscopy or histology). |

IBD: inflammatory bowel disease; CD: Crohn’s disease; UC: Ulcerative colitis