This study quantifies the risk of hospitalisation relating to overweight and obesity.

**Methods** 241,949 45 and Up Study participants with linked hospital admissions and death data were followed from recruitment (February 2006 onwards) through to June 2009. Self-reported height and weight were used to classify patients into BMI categories, using cut-points of 15, 18.5, 20, 22.5, 25, 27.5, 30 and 35 kg/m². Rates of incident hospitalisation by BMI were compared using Cox regression, adjusting for a range of confounders.

**Results** Preliminary results on the first 103,040 participants show incident hospitalisation rates to be 299 (95% CI 294 to 304) per 1000 person years for males and 248 (95% CI 243 to 252) for females. Compared with those of healthy-weight (BMI 20–22.5 kg/m²), rates in those with severe obesity (BMI 35–50 kg/m²) were higher among males (HR: 1.36, 95% CI 1.21 to 1.54) and females (HR: 1.52; 95% CI 1.38 to 1.67). There were clear gradients as weight increased from healthy to higher BMI, more so among females than males, and in people aged 45–64 compared to those aged 65–84, with no evidence of increasing risk of hospitalisation with increasing BMI in those aged over 85.

**Conclusions** Given the excess risk of hospitalisation among overweight and obese individuals, the burden to the health system attributable to overweight and obesity is likely to be substantial, particularly among middle-age adults. High BMI was not significantly related to hospitalisation in the elderly.

**P2-146** **EPIDEMIOLOGICAL AND CLINICAL CHARACTERISTICS OF BEHÇET’S DISEASE IN JAPAN, BY YEARS AFTER DISEASE ONSET, USING A CLINICAL DATABASE ON PATIENTS RECEIVING FINANCIAL AID FOR TREATMENT**

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Objective Behçet’s disease is an autoimmune disease with multisystem vasculitis. The objective of this study was to explore the natural history of Behçet’s disease after onset, using a clinical database on patients receiving financial aid for treatment.

**Methods** In the fiscal year 2005, 16,627 patients with Behçet’s disease were registered to receive public financial aid from the Ministry of Health, Labour and Welfare (MHLW) in Japan. The MHLW has an on-line registration system of intractable diseases including Behçet’s disease. We obtained the 2005 clinical database, which contained 9416 patients with Behçet’s disease. We confirmed the distribution of years from disease onset, and calculated duration from onset to the first doctor’s visit. We analysed changes in disease severity, and prevalence of the types of Behçet’s disease, according to years after disease onset.

**Results** The proportion of years from disease onset of less than 1 year was 9%, 2–5 years was 15%, 6–15 years was 30%, and more than 16 years was 46%. The average duration from onset to the first doctor’s visit was about 2.5–3 years. Prevalence of the complete first type of Behçet’s disease increased with the years after disease onset. Regarding disease severity, the proportion of severe cases increased with the years from disease onset.

**Conclusion** Using a clinical database with Behçet’s disease, we characterised the clinical/epidemiological features of Behçet’s disease according to years after disease onset.

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