was found for intermediate levels of glucose intolerance, although the study was underpowered to assess this association.
Conclusions: Irrespective of the exposure measure and the confounders controlled for, diabetes was consistently found to be associated with an increased risk of TB. This study may underestimate the true association between the two diseases, due mainly to exposure misclassification, as only 24.8% of the sample took the OGTT. Due to the inclusion of ''ever diagnosed'' as opposed to incident TB cases, the direction of the association could not be reliably assessed and may operate in both directions. Some unmeasured factors may have attenuated or increased the relationship, although the majority of known confounders were controlled for. These results may be more generalisable to low TB prevalence populations than to populations where TB is endemic.

064 PREVALENCE OF CHRONIC KIDNEY DISEASE IN SOUTH ASIAN AND BLACK MINORITIES: FINDINGS FROM A POPULATION BASED SCREENING STUDY IN LONDON, UK

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Background: People of both South Asian and Black ethnic origin have 3–4 fold higher rates of acceptance onto renal replacement therapy than Caucasians in the UK. They are known to have a higher prevalence of type 2 diabetes and Blacks also have a higher prevalence of hypertension but little is known about the comparative prevalence of chronic kidney disease (CKD) in these ethnic groups.
Objective: To investigate the prevalence of CKD in Blacks and south Asians compared to Caucasians.
Methods: Cross sectional study based on screening all adults registered with over 50 general practices aged 35–74 in a multiethnic area in West London, UK from 2002–7. Baseline assessment included renal function (serum creatinine converted to estimated glomerular filtration rate using 4 variable MDRD equations) and single urinary albumin: creatinine ratio (ACR) from 2004. Logistic regression was used to model adjusted odds ratios of low eGFR (<60 and <45 ml/min/1.73 m^2) indicative of stage 3–5 and stage 3b–5 CKD respectively, by ethnic group separately by gender, with Caucasians as reference group.
Results: Response rate to screening was 60%. Of 31 507 participants, 19 769 (63%) were South Asian (SA), 9222 (29%) Caucasian and 2516 (8%) Black (B). All had eGFR calculable. Age adjusted prevalence of eGFR <60 was 1.29 (1.10 to 1.51) in SA males, 0.87 (0.62 to 1.23) in B males, 0.74 (0.63 to 0.89) in SA females and 0.35 (0.23 to 0.54) in B females. Corresponding figures for eGFR <45 were SA males 1.89 (1.38 to 2.58) B males 1.64 (0.93 to 2.89) SA females 0.92 (0.56 to 1.34) and B females 0.50 (0.21 to 1.18). Full adjustment for prevalent diabetes, hypertension, vascular disease and social deprivation did not alter these patterns.
Conclusion: Despite a higher prevalence of underlying risk factors such as Type 2 diabetes, CKD prevalence of stage 3–5 (eGFR<60) was generally lower in both ethnic groups except South Asian males. However more advanced CKD (eGFR <45) in men was commoner in both ethnic groups suggesting they are more susceptible to progressive kidney damage. Urinary albumin excretion, an important marker of kidney damage, is being measured currently and data will be presented. The reasons for the gender difference in kidney function require further exploration.

Disability and capability

065 THE ASSOCIATION BETWEEN PARTICIPATION OF CHILDREN WITH CEREBRAL PALSY AND THE PHYSICAL, SOCIAL AND ATTITUDINAL ENVIRONMENT: A CROSS-SECTIONAL EUROPEAN STUDY

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Background: Both the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities affirm the right of children with disabilities to participate on an equal basis with others in family life, health maintenance, education, public life, recreational, leisure and sporting activities.
Objective: To assess, for children with cerebral palsy, the extent of availability of needed items in the physical, social and attitudinal environment and to evaluate how this is associated with the children's participation in life situations.
Design: Following preliminary qualitative studies, the European Child Environment Questionnaire (ECEQ) was developed to record which items in the physical, social, and attitudinal environment of home, school, and community are available to children with disabilities. The ECEQ was administered to parents of children with cerebral palsy. Children's participation was assessed using the Life-H questionnaire. The 60 items of ECEQ were grouped into domains using item response models. Structural equation modelling was used to relate the child's participation to environmental factors, allowing for impairments, pain and socio-demographic characteristics.
Setting: Eight European regions with population registers of children with cerebral palsy; one further region recruited children from multiple sources.
Participants: 1174 children with cerebral palsy aged 8–12 years randomly selected from the population registers, 743 (63%) agreed to joined in the study; the further region recruited 75 children.
Main Outcome Measures: Children's participation, assessed on 10 domains of the Life-H questionnaire.
Results: Children with pain and those with more severely impaired walking, fine motor skills, communication and intellectual abilities had lower participation across most domains, but the socio-demographic factors examined were not associated with participation. We identified nine domains describing the accessibility of the environment. All domains of both participation and environment showed significant ($p<0.001$) variation between regions. Results of the structural equation modelling will be presented.
Conclusions: Some European regions facilitate participation of children with cerebral palsy better than others and some regions have a more accessible environment than others, implying some countries could improve provision.

066 TWENTY-YEAR SURVIVAL OF CHILDREN BORN WITH CONGENITAL ANOMALIES: A POPULATION-BASED STUDY

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Objective: To estimate the survival, up to age 20 years, for a range of congenital anomaly groups and subtypes.
Design: Population-based registry (Northern Congenital Abnormality Survey, NorCAS).
Setting: The former Northern Region of England (the area extending from North Cumbria to the Tees area and up to the