having pain interference (extremely, quite a bit, moderately) and having no pain interference (a little bit, not at all).

Life-Course SEP Measures (1) Age left school (young adulthood SEP): those who left school at ≤ the minimum school leaving age assigned low SEP; those who left school at > the minimum school leaving age assigned high SEP, (2) Longest job (adult working life SEP) and (3) Current/recent job (most recent adult SEP): using the National Statistics Socio-economic Classification, Routine and manual occupations were assigned low SEP; Intermediate and Managerial and professional occupations were assigned high SEP. Life-course SEP trajectories were constructed for each respondent from the three measures.

Other Measures BMI, HADS, health locus of control, adequacy of income.

Analysis Confined to participants who provided data at three SEP time-points (n=2535). Association of pain interference with each SEP trajectory (High, High, High (HHH) as reference trajectory) was calculated by logistic regression and adjusted for age, gender and BMI. Forward stepwise logistic regression was used to adjust for potential confounding psychosocial and social factors. Latent class analysis identified any clustering in SEP trajectories.

Results Adjusted response to the three stages of the survey was 71–85%. The LLL SEP trajectory was significantly associated with pain interference compared to HHH (OR 2.73; 95% CI 2.16 to 3.45); this association was not altered by age or gender. Adjustment for the remaining factors reduced the association but it remained significant (OR 2.05; 95% CI 1.56 to 2.70). Latent class analysis identified two clusters of SEP trajectories: those that started Low remained Low, those starting High remained High.

Conclusion In this study, adults with a consistently low SEP throughout their life-course were more likely to report pain interference in later life.

P22 CHILDHOOD SOCIOECONOMIC POSITION AND ADULT SMOKING: ARE CHILDHOOD COGNITIVE ABILITY, PSYCHOSOCIAL ADJUSTMENT AND PARENTAL INVOLVEMENT IMPORTANT?

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Background Studies have shown that childhood socioeconomic position (SEP) is related to smoking in adulthood, independent of adult SEP. Educational attainment partially mediates this association; however, previous studies suggest three childhood factors which may also be important-childhood cognitive ability, psychosocial adjustment and parental involvement.

Objective To assess whether childhood psychosocial adjustment, cognitive ability and parental involvement are important in the association between childhood SEP and adult smoking status, over and above educational attainment.

Data, Participants and Variables Data on 7709 participants from four sweeps of the 1958 National Child Development Study were used for this study—birth (1958), age 7 (1965), age 16 (1974) and age 42 (2000). Childhood SEP was indicated using father's social class at birth and adult smoking status was taken at age 42 years (categorised as: 1 never/infrequent smokers, 2 ex-smokers, 3 current smokers). All childhood factors investigated were measured at age 7 years. Childhood cognitive ability was measured using score in the Copying Designs Test, psychosocial adjustment was measured using the teacher-assessed Bristol Social Adjustment Guide (BSAG) and parental involvement was based on questions asked of the mother and father regarding the frequency of occasions spent reading and on outings with the child. Confounding variables included were mother's smoking, age at birth of child and educational level, number of siblings and participant's own educational attainment at age 16 years (indicated by exam scores). Those with complete data on all variables used were included in the analysis.

Statistical Methods Multinomial logistic regression was used to examine the associations of childhood SEP and childhood factors with adult smoking status, both independently and mutually adjusted, and then adjusted for confounders and participant's educational attainment. Analyses were conducted separately for men and women.

Results Childhood SEP was an important predictor of current adult smoking status, even after adjustment for childhood factors and educational attainment. Also, parental involvement for men (most vs least frequent parental reading OR 0.75, 95% CI 0.60 to 0.94; most vs least frequent parental outings OR 0.55, 95% CI 0.35 to 0.86), and both parental involvement (most vs least frequent parental reading OR 0.68, 95% CI 0.55 to 0.85) and psychosocial adjustment (most vs least maladjusted OR 1.28, 95% CI 1.01 to 1.64) for women, remained important determinants of current adult smoking over and above childhood SEP, other childhood factors and educational attainment.

Conclusions These findings suggest that childhood disadvantage is associated with adult smoking behaviours and the early childhood social environment is important in the development of these.

Children/Adolescence

P23 PATTERNS OF ANTIRETROVIRAL THERAPY IN A EUROPEAN STUDY OF HIV-INFECTED CHILDREN AND ADOLESCENTS

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Background Antiretroviral therapy (ART) has resulted in increasing median survival times in HIV-infected individuals by sustaining viral load suppression. Since children and adolescents are likely to have long-term exposure to ART, it is important to understand patterns of drug use to investigate the emergence of unintended sequelae.

Aim To investigate patterns of ART in children and adolescents.

Study Design Cross-sectional analysis of HIV-infected subjects aged 2–22 years across 15 clinical sites in Belgium, Italy and Poland.

Method Prevalence of both "ever-use" and "current-use" (at recruitment) of ART drug classes: nucleoside analogue reverse transcriptase inhibitors (NRTIs); non-nucleoside analogue reverse transcriptase inhibitors (NNRTIs); and protease inhibitors (PIs), and individual drugs were investigated.

Results Among 468 participants (51% female) the median age was 13.5 years (IQR 9.9–17.0) with 320(68%) of white ethnicity and 104 (22%) Black African. Overall, 291(62%) were virologically suppressed (HIV-RNA ≤50copies/ml) at enrolment and 35(7%) had severe immuno-suppression (age-stratified CD4%). Only 23 (5%) subjects were ART-naive (median age=10.0 years, IQR; 6.1–14.3); 15 had experienced moderate or severe immuno-suppression/HIV-disease, with 15 having detectable viral load at recruitment. Of the ever-treated subjects, 98% (n=436) had received zidovudine or lamivudine in the past and 72% (n=324) currently; 82% (n=368) and 72% (n=323) had been ever-exposed to PIs and NNRTIs, respectively. Median and modal lifetime number of drugs was six. Over their lifetime, 119 (27%) subjects had been exposed to ≥8 drugs (median age=15.7 years, IQR; 12.3–18.0). Age was associated with duration of total drug use ($p<0.001$), with median age of ART initiation of 3.6 years (IQR: 1.1–7.4) Median total duration of drug use was 8.7 years (IQR=5.7–11.2 years). Nine percent of currently treated subjects (n=38) had suboptimal management, defined as NRTIs-only (24 showing evidence of incomplete viral suppression), and 91% (n=384) had treatment with combination ART (cART). The most common PI in current-use was kaletra (n=170, 40%),