how alcohol habits change with age and in different subgroups. The aim is to study stability and variations in alcohol habits for demographic subgroups over time.

**Methods** The data derives from the longitudinal population-based study of mental health (the PART-study) in Stockholm County, Sweden. The data were gathered using postal questionnaires and register data, including three measure points 1998–2000 ($n_1=10441$), 2000–2003 ($n_2=8613$ persons), and 2010 (tentative $n_3=5776$) with ages ranging between 20 and 64 years at t1. The Alcohol Use Disorders Identification Test (AUDIT) was used to measure alcohol habits. Intra-class correlations over the three time points are used as measures of stability, calculated from the AUDIT-scores for different subgroups.

**Results** The results will be presented for subgroups, comparing the intra-class correlations. The findings and the contextualisation of the results will be discussed for the subgroups with stable and high variation in alcohol habits.

**Conclusion** While a vast number of studies have described the stability of alcohol habits for whole cohorts, the literature on stability and variation in specific subgroups is sparse. The findings will add to the knowledge about alcohol habits in demographic subgroups.

**P1-528 STATISTICAL MODELS IN LONGITUDINAL EVALUATION OF CHANGES IN HEALTH BEHAVIOURS**

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**Introduction** During long-lasting intervention program, the socio-demographic structure of the target population may change and influence the results of the overall evaluation. The Primary Prevention Program of Neural Tube Defects in Poland which was carried out in 1997–2007 in the whole country, gives the opportunity to discuss application of different statistical models in this context.

**Methods** Three surveys were conducted on representative samples of women aged 18–35 years during the Program activity. The samples were drawn from patients of the same randomly selected primary health centres in five chosen main administrative regions in 2001 (n=775), 2003 (n=756) and 2007 (n=756). Relative changes in women’s knowledge and behaviour concerning folic acid were analysed by Poisson regression and generalised estimating equation models.

**Results** The proportion of women taking folic acid during the pregnancy increased from 52% in 2001 to 68% in 2003 and 86% in 2007 and the proportion of women beginning supplementation before the pregnancy increased from 11% to 15% and 29%, respectively. The behaviours towards folic acid strongly differentiated according to socio-demographic characteristic, which was also not stable during the period of program implementation. For example, the proportion of post-secondary educated women increased from 20.4% in 2001 to 23.1% in 2003 and 41.7% in 2007. These changes influenced slightly, although not significantly and depending on statistical approach chosen, the overall magnitude of effects.

**Conclusions** Time-depending socio-demographic structure of the target population has to be considered in evaluation of health promotion programs.

**P1-529 THE RELATIONSHIP BETWEEN THE WEIGHT IN EARLY CHILDHOOD AND THE FOLLOWING GROWTH CURVE IN WEIGHT**

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**Introduction** To prevent the young overweight is an important public health issue for healthy growth and the avoidance of future obesity-related diseases. However, the growth pattern varies among individuals, and it is little known whether or not the patterns depend on the weight in early childhood. The objective of this study is to clarify it.

**Methods** Subjects were 913 students of 15–18 years old (396 males and 517 females) of high schools in three prefectures in 2006–2008. Height and weight at birth, their 1.5, 3, 6, 9, 12 years and 24 years (mean follow-up, 21.3 years). Multivariate-adjusted HRs of total and components of CVD death according to the BP categories were calculated using the Cox proportional hazard model. The weight in early childhood related to the growth patterns in weight.

**Conclusion** The weight in early childhood related to the growth patterns in weight.
P1-528 Statistical models in longitudinal evaluation of changes in health behaviours

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