public outpatient clinics. The patient's cardiovascular risk profile and cardiovascular risk score (calculated using Framingham Cardiac Risk Score algorithm) and risk reduction advice were uploaded to the patient's handset. Providers and patients completed pre (baseline) and post (3-month) intervention questionnaires and participated in post-intervention focus groups. Descriptive-analytical statistical methods were used. Grounded theory guided the qualitative data analysis.

Results Pre-intervention patients were less likely to understand doctors hand writing (mean score (M)=3.58, SD=1.07); uncertain about heredity and stress as CVD risk factors (M=3.05, SD=1.58 and M=2.32, SD=1.20, respectively); and held a positive view e-platforms for personal decision support (average score for all items >4.5). However patients were worried about their cardiovascular health status (M=3.58, SD=1.35). Patients have reported sharing their personal health information with their healthcare provider.

Conclusions This pilot study has provided preliminary evidence of the feasibility, acceptability, and utility of an e-platform in primary interventions for CVD.

P1-543 | **USE OF RESEARCH QUESTIONNAIRES IN THE NHS BOWEL CANCER SCREENING PROGRAMME IN ENGLAND**

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Background The NHS Bowel Cancer Screening Programme uses biennial guaiac faecal occult blood testing (FOBt) to screen men and women initially aged 60—69 for colorectal cancer. The programme provides a valuable opportunity for screening-related epidemiological studies.

Aim Assess the impact of a research questionnaire on uptake of FOBt screening.

Study 1 10 940 participants (5470 in each arm) invited for screening by the Midlands & North West Bowel Cancer Screening Hub were randomised to receive or not receive a study questionnaire pack (questionnaire, patient information sheet, consent forms and reply-paid envelope) with their screening test kit. Screening uptake was ascertained from screening programme records and a χ^2 test used to assess any association between receiving a questionnaire and screening uptake. Screening uptake was significantly lower in those sent a questionnaire than those who were not (50.8% vs 55.2%, p<0.001).

Study 2 36 225 participants were batch-randomised to receive or not receive a questionnaire pack 2—3 days after their FOBt screening kit mailing by the Midlands & North West Screening Hub (6168 receiving and 13 158 not receiving questionnaires) or Southern Screening Hub (5801 receiving and 11 098 not receiving questionnaires). Screening uptake did not differ between those receiving or not receiving questionnaire packs [Midlands & North West: 56.7% vs 56.6% (p=0.9); Southern: 53.4% vs 53.4% (p=1)].

Conclusion Including research questionnaires within FOBt mailings resulted in a significant screening uptake reduction. However, sending the same questionnaires 2—3 days after FOBt kits did not. These findings may have implications for future research within the screening programme.

P1-544 | **VIABILITY OF A SINGLE EMOTIONAL HEALTH QUESTION COMPARED TO THREE SELF-REPORT MEASURES OF MENTAL HEALTH**

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Introduction Instruments designed to assess various aspects of mental health are commonly administered to women during pregnancy and the early postpartum period. The sensitivity, specificity and positive and negative predictive values of these instruments vary across study methodologies. The primary objective was to test the hypothesis that a single self-report emotional health question is effective in identifying women at risk of developing depression, anxiety or stress. The secondary objective was to describe how mental health instruments categorise women who report their emotional health as positive or negative.

Methods Questionnaires were administered to participants in a community cohort study (N=1550) at three time points: prior to 24 weeks gestation, between 32 and 36 weeks gestation, and 4 months postpartum. At each time point women completed the Edinburgh Postnatal Depression Scale, Speilberger State Anxiety Scale and Perceived Stress Scale and rated their emotional health as either "Excellent," "Very good," "Good," "Fair," or "Poor." Responses to this question were compared to the results from each of the mental health instruments.

Results The single emotional health question is significantly correlated to the results of each of the longer instruments (p<0.001). The positive predictive value of the single question in comparison to the instrument conclusion is approximately 81% during pregnancy and 71% postpartum. The negative predictive value of the single question is approximately 86% during pregnancy and 91% postpartum.

Conclusion A single self-report emotional health question may be a valid method of screening women during pregnancy and early postpartum for depression, anxiety and stress.

P1-545 | **BIRTH SIZE DIFFERENCES BETWEEN WHITE AND PAKISTANI ORIGIN INFANTS BY GENERATION: RESULTS FROM THE BORN IN BRADFORD COHORT STUDY**

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Background Previous studies have shown markedly lower birthweight among infants of South Asian origin compared to those of White European origin. Whether such differences mask greater (central) adiposity in South Asian infants and whether they persist across generations in contemporary UK populations is unclear.

Objective To describe differences in term birth size between Pakistani origin and White British origin infants and investigate whether the magnitude of any differences changes depending on whether the parents and grandparents of Pakistani infants are born in the UK or South Asia.

Design Birth cohort study (Born in Bradford (BiB)).

Setting Bradford, UK.

Participants 1838 White British and 2222 Pakistani mothers and their babies who were born between 2007 and 2009.

Main outcome measures Birthweight; head, arm and abdominal circumference; subscapular and triceps skinfolds.

Results Pakistani infants were lighter (mean difference 280.5 g; 95% CI −318.4 to −242.5) than White British infants and were smaller in all other measurements following adjustment for socioeconomic position and smoking. Differences were least for subscapular skinfold thickness (mean z-score difference −0.20; 95% CI −0.29 to −0.11) and greatest for abdominal circumference (mean z-score difference −0.56; 95% CI −0.64 to −0.47). The magnitudes of differences from White British infants did not differ substantively by generation.