

P24 ASSOCIATION BETWEEN ANTIBIOTIC PRESCRIBING AND DEPRIVATION IN WALES: A MULTILEVEL ANALYSIS

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Background Antibiotic prescription rates have decreased steadily since 2011 in Wales. The most recent Welsh Antimicrobial Resistance Programme (WARP) report on antibiotic use in primary care found significant variations between Health Boards in gross antibiotic use in 2014. It is however not clear whether there is widening gap in prescribing volumes between the most and least deprived neighbourhood as well as hospitals across the country. The aim of this study was to evaluate the association between socioeconomic deprivation and antibiotic prescribing volumes in Wales.

Methods Welsh General Practitioner (GP) antibiotic prescribing data for years 2013 to 2016 for patients' resident in Wales were extracted from the Secure Anonymised Information Linkage GP tables. Deprivation was assessed by linking prescribing events to the Welsh Index of Multiple Deprivation score for the patient's neighbourhood area. The association between deprivation area and antibiotic prescribed (items per 1000 persons per day) was stratified according to the patient's age, sex, prescription year and antibiotic class. A three-level multi-level Poisson regression model of 1.58 million patients nested within 349 GP practices, nested with 67 GP clusters, was specified to assess the associations.

Results Just over 7.97 million antibiotic items were prescribed between 2013 and 2016. Patients in the most deprived WIMD quintile had an overall prescription rate that was 25.2% higher than those in the least deprived WIMD quintile. The final model revealed that residing in the most deprived WIMD quintile (incidence rate ratio [IRR]=1.1769, 95% confidence interval [CI] 1.1768 to 1.1770), being female (IRR=1.2699, 95% CI 1.2698 to 1.2700), being aged \geq 90 (IRR=2.0687, 95% CI 2.0683 to 2.0690), and prescription year being 2013 were associated with significantly higher rate of antibiotics prescription. There were significant primary cares clustering of antibiotics prescription in Wales.

Conclusion This study provides evidence that patients in areas of higher socioeconomic deprivation are more likely to be prescribed antibiotics in primary care in Wales. Population health prevention strategies aimed at reducing high antibiotic prescription rates should consider targeting areas of high deprivation.

P25 SUPPORTIVE CARE NEEDS OF YOUNG ADULTS WITH A STOMA: A QUALITATIVE STUDY

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Background Living with a stoma can have a significant psychological impact, especially for individuals with inflammatory bowel disease (IBD) who may need ostomy surgery at a relatively young age. Previous research indicates that body image,

sexual relationships, lifestyle and self-identity may all be affected as a result of stoma formation. While extensive research has investigated these psychological challenges, relatively little is known about the supportive care needs of younger stoma patients and how these are to be met. This presentation will outline the preliminary findings of a qualitative study that addresses this knowledge gap.

Methods In-depth interviews are being conducted with young adults (18–29 years) who have a stoma as a result of IBD, and a range of healthcare professionals involved in their care pathway (including surgeons, gastroenterologists, IBD nurses, stoma care nurses, and primary care physicians). A combination of constructivist grounded theory and narrative inquiry are informing data-collection and analysis.

Results Emerging findings suggest that young adults perceive a general lack of psychological support throughout their illness trajectory. The need for more holistic stoma care services, better accessibility to psychosocial interventions, increased signposting to other support avenues, as well as better co-ordination and consistency of care are highlighted by patients and healthcare professionals alike. Young adults also emphasise the importance of age-appropriate care, expressing a preference for peer support, particularly online, as a support tool.

Conclusion This ongoing study confirms the importance of refocusing research attention towards the supportive care needs of this patient-group. Findings will have implications for improving access to care and support for young adults with a stoma, with the ultimate goal of effectively identifying and managing psychological problems among this population.

P26 EARLY MOTHERHOOD: A QUALITATIVE STUDY EXPLORING EXPERIENCES OF ADOLESCENT MOTHERS IN THE HOHOE MUNICIPALITY OF GHANA

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Background Each year between 14 and 15 million adolescent girls give birth, accounting for more than 10% of births globally. Motherhood is an exciting time for every woman and the society at large and also seen as a significant part of any woman's identity but that is often not the case for the adolescent mother. Adolescent motherhood can be a time of mixed feelings as it occurs at a critical time of their lives. This study examined challenges adolescent mothers face during early motherhood and strategies to improve early motherhood for better social and health outcomes.

Methods Based on a phenomenological perspective, this qualitative study was conducted in the Hohoe Municipality where purposive sampling was used to recruit study participants. The process of data gathering included, 6 focus group discussions held with adolescent mothers, 20 in-depth interviews with pregnant adolescents, 6 in-depth interviews conducted with midwives and traditional birth attendants (TBAs). Using thematic analysis, recorded data were transcribed and manually coded inductively and deductively for themes.

Results A total participants of 60 teenage Junior High School dropouts were interviewed, out of which 10 mothers were in school after initial dropout. The average age of participants was 15 years. Other participants included 3 midwives and 3

TBAs. The findings revealed adolescents' expressions of some positive side of motherhood, although they were confronted with some difficulties that affected their lives. Some adolescents posit coping with economic and financial constraints, opting for unsafe abortion to reduce stigma with unplanned pregnancy, managing the extra responsibility of taking care of the baby and the challenge of going back to school after delivery were major societal challenges for them. Some adolescents opined that positive support from family members assisted them manage difficulties despite community stigma associated with unplanned teenage pregnancies. Interviews with midwives and TBAs showed that adolescents were treated badly by health professionals, thereby significantly contributing to delays regarding their access to health services.

Conclusion We propose that health service providers and policy makers implement interventions that will support young mothers during motherhood. There is the need to build social capital among community members regarding their support to improve psychosocial well-being of adolescents during early motherhood. Adolescent friendly health services need to be strengthened to encourage adolescents to freely utilize services and health professionals need to be trained to deliver effective services to adolescents.

P27 SETTING RESEARCH PRIORITIES FOR LEARNING DIFFICULTIES IN CHILDREN AND YOUNG PEOPLE

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Background Our project aims to identify the top 10 research priorities for learning difficulties in children and young people (CYP). The project is a collaboration between Scottish charity The Salvesen Mindroom Centre (SMC), the SMC Research Centre within the University of Edinburgh, and the James Lind Alliance (JLA) (<http://www.jla.nihr.ac.uk/priority-setting-partnerships/learning-difficulties-scotland/>). The definition of learning difficulties that we are working to is 'a problem of understanding or an emotional difficulty that affects a person's ability to learn, get along with others, and follow convention' (http://www.mindroom.org/index.php/about_us).

Methods Following standard JLA methodology, we asked people from across Scotland who have learning difficulties, their families, and the professionals working alongside them, to tell us what they would want researchers to find out about learning difficulties using online and paper survey tools. Additional potential research priorities were gathered through review of NICE and Scottish Intercollegiate Guidelines Network (SIGN) research recommendations. After removing the out-of-scope submissions, the remaining submissions were allocated into categories. Duplicates were combined. Potential research priorities were then verified against up-to-date, relevant and reliable systematic reviews and guidelines to confirm ongoing uncertainty. Future work will include an interim survey to rank the priorities and a final stakeholder workshop to identify and rank the top 20 questions.

Results The first survey was completed in 2017. We received 828 questions from 367 respondents, with 3% coming from CYP with learning difficulties, 5% adults who experienced learning difficulties as a child, 40% parents/carers, and 52% professionals. An innovative aspect of this project is the cross-

sector input from education (37%), health (57%) and third sector (7%) professionals. Out of the 828 questions, 761 were classified as in-scope. The 761 questions were summarised into 40 questions under 9 themes. Respondents from 28 out of 32 Scottish local authorities participated in the survey. 32% of the CYP with learning difficulties and adults who experienced learning difficulties as a child, 8% of the parents and carers (postcode of residence), and 10% of the professionals (work postcode) were from the 20% Scottish Index of Multiple Deprivation most deprived data zones in Scotland.

Conclusion The James Lind Alliance methodology provided a systematic and transparent approach to identifying research priorities that included people who have learning difficulties, families, and professionals who have typically not contributed to setting the research agenda. The top 10 research priorities will inform future research work into learning difficulties, including the work of the SMC Research Centre.

P28 CUMULATIVE SLEEP PROBLEMS AND OVERALL HEALTH: A LONGITUDINAL ANALYSIS OF 3104 YOUNG WOMEN AND MEN IN THE BASUS COHORT STUDY

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Background The importance of sleep for overall health and wellbeing is well established, with independent effects from inadequate quantity as well as poor quality. The cumulative effect of different sleep problems on general health in young people is unknown. This longitudinal study aimed to ascertain prospectively the associations between types and amounts of sleep behaviours and general health, and investigate potential gender differences.

Methods Longitudinal study of 3104 adolescent participants from the population-based BASUS prospective cohort study in British Columbia with repeated measures of sleep deprivation and sleep disturbances (2011 fall, 2012 spring, 2012 fall), and self-rated health (2011 fall, 2012 fall). Multivariable logistic regression models with sex interaction terms for each exposure estimated gender-specific associations between self-reported sleep deprivation, or sleep disturbance, and odds of non-optimal health.

Results We found no consistent association between cumulative sleep deprivation and overall health in either young women or young men. However, there was a monotonic association between cumulative sleep disturbance and overall health in both genders. Compared to young women with no history of sleep disturbance, young women reporting chronic sleep disturbance were over twice as likely to report non-optimal health (OR 2.18 [CI95 1.13, 4.22]). Similar and stronger results were found in young men (2.41 [1.05, 5.51]). Results were unchanged in sensitivity analyses and became stronger (and significant for sleep deprivation) in complete-case analyses.

Conclusion Findings suggest that the overall health of young people would benefit from interventions aimed at preventing and mitigating chronic exposure to sleep disturbance such as difficulty staying or falling asleep.