

**Methods** Data for 6,421 singleton children, born in 2000–2002 and followed up to 14 years of age as part of the UK Millennium Cohort Study, were analysed. Mothers reported breastfeeding duration, and children's cognitive abilities were assessed at 5, 7, 11, and 14 years using validated measures. Standardised verbal (age 5 to 14) and spatial (age 5 to 11) cognitive scores were compared across groups of breastfeeding using multivariable linear regression models, adjusting for SEP, maternal cognitive ability, and other confounders/mediators.

**Results** At age 5, longer breastfeeding duration showed a graded association with higher verbal cognitive scores (coefficient,  $\geq 12$  months vs never breastfed: 0.34; 95%CI: 0.25 to 0.44). Adjustment for SEP approximately halved the effect sizes and further adjustment for maternal cognitive scores removed the remaining association (coefficient: 0.06; 95%CI: -0.03 to 0.14). Findings were similar for ages 7 and 11 but not for age 14, in which the score of those who breastfed for  $\geq 12$  months remained 0.20 s.d. (95%CI: 0.08 to 0.31) higher than the score of those never breastfed, after full adjustment. The crude results for spatial scores at age 5 showed that participants breastfed for  $\geq 12$  months scored 0.21 s.d. (95%CI: 0.12 to 0.31) higher than those never breastfed. After full adjustment, the differences vanished (coefficient: -0.03; 95%CI: -0.12 to 0.07). However, those participants breastfed for  $\geq 4$  and  $< 6$  months scored 0.10 s.d. (95%CI: 0.02 to 0.18) higher than those never breastfed, after full adjustment. Results were similar for ages 7 and 11. Exclusive breastfeeding showed similar patterns. However, even after full adjustment, a duration of  $\geq 4$  months was associated with improved verbal scores at age 14 (coefficient: 0.11; 95%CI: 0.02 to 0.20) and spatial scores at age 7 (coefficient: 0.09; 95%CI: 0.01 to 0.17) and 11 (coefficient: 0.09; 95%CI: 0.01 to 0.18).

**Conclusion** The positive associations between any breastfeeding duration and cognitive development were explained in full after adjusting for SEP and maternal cognitive scores, except at age 14 (verbal). Exclusive breastfeeding duration seemed to be associated with improved cognitive verbal scores at age 14 and spatial scores at ages 7 and 11 after full adjustment, although with modest effect sizes.

**P05 PARENTS' PERSPECTIVES AND EXPERIENCES OF PARENTING AND CARING FOR YOUNG CHILDREN ON A LOW INCOME IN THE NORTH EAST SCOTLAND**

<sup>1</sup>Flora Douglas\*, <sup>1</sup>Emma MacIver, <sup>2</sup>Tracy Davis. <sup>1</sup>School of Nursing, Midwifery and Paramedic Practice, Robert Gordon University, Aberdeen, UK; <sup>2</sup>Public Health Directorate, NHS Grampian, Aberdeen, UK

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**Background** Families with young children, and lone parent families in particular, are at greater risk of poverty and food insecurity, compared to other UK population groups. Tackling child poverty has been a key Scottish Government policy since the introduction of the Child Poverty Act (2017) in which local authorities and health boards are required to report on their Local Child Poverty Action Plans. In north east Scotland little formal research had focussed on the lived experiences of parents and parents of infants and young children in relation to the challenges they face parenting on very low incomes, and, on questions about income maximisation strategies to alleviate child poverty. This paper focuses on some key

findings of a study undertaken to address this knowledge gap in Grampian in 2020.

**Methods** Parents with young children supported by an Aberdeen City-based poverty alleviation social enterprise were invited to take part in an interview study. One-to-one semi-structured telephone interviews lasting between 30–40 minutes took place during July and August 2020. Interviews were transcribed and thematically analysed.

**Results** Ten women took part; two participants lived with partners. Eight participants were unemployed and two worked part-time. Each had between one and five child(ren), and all had one child under school-age. Five key *impact* themes emerged, i. limited participation in paid employment; ii. insufficient social security income; iii. household food insecurity experiences; iv. practical and emotional challenges and anxiety associated with their children's overall development; and v. anxieties related to treats and special occasions. Four *coping strategy* themes were also revealed, i.e. i. budgeting and bill prioritisation; ii. self-sacrifice; iii. relying on others, and iv. keeping up appearances. Food coping strategies were explored in more depth, and two broad themes emerged: *acquisition methods* and *management techniques*.

**Discussion** Parents with young children experience significant barriers accessing paid employment due to caring responsibilities. Consequently, generating sufficient household income from alternate income sources, such as social security, is problematic. Parents reported devoting significant emotional and physical energy to dealing with the challenges of raising children in poverty, and it was notable that participants employed a range of sophisticated coping strategies and skill to make ends meet and maximise food resources, within highly constrained budgets. This research challenges notions that budgeting education initiatives have much to offer low income parents already well-versed on this issue. Strategies to increase their incomes seem a more effective way of alleviating their related anxieties.

**P06 THE ROLE OF SOCIOECONOMIC INEQUALITIES IN TRANSITIONING TO NEUROCOGNITIVE DISORDERS; EVIDENCE FROM THE ENGLISH LONGITUDINAL STUDY OF AGEING**

<sup>1</sup>Aswathikutty Gireesh\*, <sup>2</sup>Amanda Sacker, <sup>2</sup>Anne McMunn, <sup>1</sup>Dorina Cadar. <sup>1</sup>Behavioural Science and Health, University College London, London, UK; <sup>2</sup>Department of Epidemiology and Public Health, University College London, London, UK

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**Background** The association between socioeconomic position (SEP) and dementia is well studied. However, scant attention has been given to the relationship with mild cognitive impairment (MCI), often considered a transient state between normal cognition and dementia. The purpose of this study was to determine the role of various SEP markers such as education and wealth on transitioning to MCI and dementia.

**Methods** We used nationally representative data from adults aged 50+ from the English Longitudinal Study of Ageing followed-up over a four-year period. We ascertained MCI and dementia over four years, using a validated algorithm based on physician diagnosis and lower cognitive performance (1 standard deviation below the mean) on multiple standardised tests adjusted for age and education. A Multistate Markov survival model was utilised to investigate whether different SEP markers increased the risk of specific transitions between