of these associations needs to be elucidated and further research is necessary to assess whether other measures of physical capability, including chair rises and balance, have similar predictive value.

Ageing

THE IMPACT OF CATARACT SURGERY ON HEALTH RELATED QUALITY OF LIFE AND TIME USE IN KENYA, BANGLADESH AND THE PHILIPPINES

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Objective: To explore the impact of cataract surgery on health related quality of life (HRQoL) and time-use among adults aged >50 years Kenya, The Philippines and Bangladesh.

Methods: This was a multi-centre intervention study. Across the three countries at baseline, 651 population-based cases aged >50 years visually impaired from cataract (visual acuity in the better eye <6/24), and 561 age-gender-cluster-matched controls with normal vision were identified. All participants were interviewed in their homes about vision related quality of life (WHO/FBD VF20), generic HRQoL (Euroqol) and time-use. Cases were offered free/subsidised cataract surgery. Approximately one year later participants were re-interviewed using the same questionnaires. Response rate at follow up was 84% for operated cases, and 80% for controls.

Results: At baseline, cases had substantially poorer vision specific and generic HRQoL compared to controls. Cases were also spent significantly less time on productive activities (paid and non-paid work) and more time in inactivity. Approximately one year after cataract surgery, mean vision specific and generic HRQoL improved (p<0.001) to the level of controls with normal vision. Effect sizes for change in VRQoL were large (>1.0) regardless of pre-operative VA, but were larger for those who had perception of light at baseline and for people who were operated in both eyes. Poor VA outcome from surgery was a constraint to achieving optimal post-operative VRQoL. At follow-up, operated cases were more likely to undertake and spent 1–2 hours more on productive activities compared to baseline (p<0.001). Time spent in “inactivity” in Kenya and Bangladesh decreased by approximately 2 hours. Frequency of reported assistance with activities was more than halved in each setting among operated cases (p<0.001).

Conclusion: Using three different outcome measures, this study demonstrated positive impacts of cataract surgery on the lives of older adults in three low-income settings, which has advocacy implications for blindness prevention programs. The observed increased time spent on productive activities, reduced time in inactivity and reduced assistance has positive implications for wellbeing and inclusion and supports arguments of economic benefit at the household level from cataract surgery.

POVERTY AND BLINDNESS: AN INTERVENTION STUDY TO ASSESS THE IMPACT OF CATARACT SURGERY ON POVERTY

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Objective: To assess the association between poverty and visually impairing cataract, and the impact of cataract surgery on alleviating poverty.

THE ASSOCIATION BETWEEN PSYCHOSOCIAL STATUS AND MORTALITY IN OLDER ADULTS: EVIDENCE FROM THE ENGLISH LONGITUDINAL STUDY OF AGEING

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Objective: To evaluate the effect of psychosocial status on mortality risk among non-institutionalised older adults in England, controlling for selected demographic, health and lifestyle factors.


Methods: The following three measures of psychosocial health, which were assessed at Wave 1, were included in the analysis: CASP-19, a measure of quality of life in early old age; the 12 item General Health Questionnaire (GHQ-12); and the Center for Epidemiologic Studies Depression Scale (CES-D). The number of negative statements agreed with or positive statements disagreed with were totalled separately for each of the three measures, resulting in scores in the range 0 to 19 for CASP-19, 0 to 12 for GHQ-12, and 0 to 8 for CES-D. Mortality status up to December 2006, as reported by ELSA in the Index file, was obtained from the Office for National Statistics. Logistic regression modelling was performed separately for each of the three measures, controlling for the following variables assessed at Wave 1: age, sex, marital status, highest educational qualification, smoking status, alcohol consumption, and self reported long-standing illness, disability and infirmity. The analysis was then replicated with a latent construct measured by CASP-19, GHQ-12, and CES-D.

Results: A total of 703 participants had died up to December 2006. The mean scores for participants who were identified as alive