Abstracts

Substance use

A RETROSPECTIVE ANALYSIS OF CHANGING OUTCOMES FOR PREGNANT SUBSTANCE USERS WITH THE ESTABLISHMENT OF SPECIALIST ANTENATAL SERVICES

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Objective: The misuse of substances (alcohol and illicit drugs) during pregnancy is increasingly common in the UK and is associated with poor maternal and foetal outcomes. Current estimates are that 2–5% of children have a substance misusing parent. There is a poor understanding of the demographics of pregnant substance misusers, of the patterns of antenatal service provision and little evidence about which service model is most effective at optimising care. The aim of this work is to inform clinical practice and further research by studying the health, social context and obstetric outcomes of substance misusing pregnant women.


Setting: Newcastle upon Tyne.

Participants: Pregnant women attending a specialist antenatal addiction clinic.

Main Outcome Measures: Information extracted on demographics, substance misuse histories and key obstetric outcomes.

Results: Between 2002 and 2006, there was an increase in average monthly referral rate to the clinic from 14 to 25 women. The age range of both cohorts was similar (17–39 years). In 2002, the primary drugs used were heroin (65%), alcohol (23%) and benzodiazepines (13%). In 2006, they were heroin (50%), alcohol (24%), stimulants (15%) and cannabis (11%). Mean gestational age at booking for opiate users improved from 18 to 16 weeks and from 28 to 15 weeks for non-opiate users. Between 2002 and 2006, there were fewer neonatal admissions to special care (26% to 20%) but similar rates of neonatal abstinence syndrome “NAS” (both 23%). In 2002, 22% women delivered before 37 weeks compared to 5% in 2006. In 2002, 95% babies born to alcohol and opiate users were engaged in unhealthy behaviours. In contrast, lower SEP groups might be more likely to engage in unhealthy behaviours.

Conclusion: Most health related behaviours, including smoking, are socially patterned and unhealthy behaviour is more prevalent in lower socioeconomic groups. Our results indicate a complex pattern of association between the different SEP measures and the alcohol and cannabis outcomes. For example, adolescents from the lowest quintile of income households reported less recent use of alcohol than those in the middle households (OR 0.76; 0.63 to 0.93). Binge drinking was more common in groups whose parents had lower educational levels. Children with mothers from higher social classes were at increased risk of alcohol use without parental permission. A consistent association between reported cannabis use and either social advantage or disadvantage was not apparent.

THE EDINBURGH ADDICTION COHORT: A LONGITUDINAL STUDY OF SURVIVAL AND LONG TERM INJECTING CESSATION

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Objective: To examine survival and long term injecting cessation (LTC) in a cohort of drug users recruited in a primary care setting.

Design: Open cohort with a mean of 10.2 years (SD 6.8, range <1–25) follow-up. Data sources were primary care notes, participant interviews and linkage to the national mortality register.

Setting: A large general practice surgery in Edinburgh.

Participants: 794 patients with a history of injecting drug use recruited between 1980 and 2007. Their mean age at first injection was 19.9 years (SD 5.1, range 11–41). At the study endpoint, 228 (29%) were dead and 75% of survivors were followed up.

Main Outcome Measures: Time from first injection to death; and last injection beginning a period of LTC >5 years’ duration.

Results: Based on a competing risks multinomial logistic regression model (n = 566), 38% of survivors did not achieve LTC, 16% died
before achieving LTC, and 49% achieved LTC. The relative hazard of death before achieving LTC compared to surviving without achieving LTC decreased for those with a history of opiate substitution therapy (OST) (HR 0.19, CI 0.10 to 0.34) and increased for HIV positive participants (HR 6.2, CI 3.6 to 10.6), those who started injecting after 1985 (HR 2.5, CI 1.3 to 4.8), those aged over 18 years at first injection (HR 2.2, CI 1.4 to 3.6), and those with a history of overdose (HR 2.0, CI 1.3 to 3.2). The relative hazard of achieving LTC compared to surviving without achieving LTC decreased for those with a history of OST (HR 0.39, CI 0.27 to 0.56), those who started injecting after 1985 (HR 0.56, CI 0.39 to 0.79) and those with a prison history (HR 0.69, CI 0.54 to 0.89); and increased for those aged over 18 years at first injection (HR 1.6, CI 1.2 to 2.1).

Conclusions: Few cohorts have sufficient follow-up to measure long-term cessation. The Edinburgh Addiction Cohort (EAC) suggests that exposure to OST is protective, reducing the risk of death before long term cessation, but OST also seems to increase duration of injecting drug use, reducing the likelihood of long term cessation.

CVD and metabolic syndrome

085 STATINS FOR THE PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE: CAUTION REQUIRED

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Background: Reviews of the effects of statins highlight the benefits of their use, leading expert committees to promote statin treatment on a global scale. However, most reviews have not distinguished between findings in primary and secondary prevention. Of the reviews which have attempted to look at the evidence for primary prevention, the role of statins is contradictory, leading to some scepticism among the cardiovascular community.

Objectives: To assess the effects, both benefits and harms, of statins in people without a history of CVD.

Methods: Systematic review of randomised trials comparing statins with usual care or placebo where duration of treatment was one year and follow up was six months. We searched Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE and EMBASE, until 2007. Data were extracted by two reviewers independently. Relative risk (RR) was calculated for dichotomous variables following migration. Associations (p<0.05) were found with aspects of diet for BMI, blood pressure and triglycerides, and increasing BMI predicting increasing triglycerides.

Conclusion: This relatively small study of rural to urban migrants in Tanzania found changes with mixed consequences for health following migration. Despite falls in physical activity and an overall tendency to increasing weight and cholesterol, there were apparently significant falls in blood pressure and (over the first 6 months) in triglycerides. These changes were greater for those with a history of OST (HR 0.19, CI 0.10 to 0.34) and increased for HIV positive participants (HR 0.80 (95% CI 0.70 to 0.91); and increased for those aged over 18 years at first injection (HR 1.7, CI 1.2 to 2.1).

Conclusions: Few cohorts have sufficient follow-up to measure long-term cessation. The Edinburgh Addiction Cohort (EAC) suggests that exposure to OST is protective, reducing the risk of death before long term cessation, but OST also seems to increase duration of injecting drug use, reducing the likelihood of long term cessation.