

leading cause of death in 1998, with rate of 5.8 per 1000 live births. Although the IMR due to congenital anomalies was almost the same in 1998 and 2008, this cause ranked first as cause of death in 2008 together with prematurity. In conclusion, the reduction of IMR in Brazil implicates in a different distribution of causes of death and different challenges to the health system.

P1-154 GUIDELINES FOR MONITORING SOCIOECONOMIC INEQUALITIES IN HEALTH: LESSONS FROM SCOTLAND

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Introduction This paper presents ‘best practice’ guidelines for population monitoring of health status by socio-economic position (SEP), using routinely collected data.

Methods We reviewed published sources to identify best practices in analytic methods and reporting of population health inequalities by SEP. We selected as our case-study three recent “cutting-edge” reports on health inequalities from the Scottish Government, analysing the following categories of routinely collected outcomes: natality (low birth weight rate—LBW); adult mortality (all-cause, coronary heart disease (CHD), alcohol-related, cancer); cancer incidence; healthy life expectancy at birth; and “mental health & well-being score”.

Results The most commonly unmet criterion, across these routinely collected outcomes, was ‘prompt reversibility/sensitivity to change.’ This is because most mortality events occur in later life, and LBW rate has now become obsolete as a sole indicator of perinatal health. Other outcomes were judged to fail other criteria: alcohol-related mortality after mid-life (probable ‘reverse causation’); all cancer sites’ incidence and mortality (heterogeneity of SEP gradients across sites, as well as long latency); and mental health & well-being (uncertain responsiveness to feasible interventions).

Conclusions Even state-of-the-art reports on health inequalities by SEP are losing their relevance for most policy-makers, because they focus on routinely collected outcomes that are not very sensitive to change. We argue that more ‘upstream’ outcomes are required, which: occur earlier in the life course; can be changed within a half-decade by feasible programmes and policies of proven effectiveness; accurately reflect individuals’ future life-course chances and health status; and are strongly patterned by SEP.

P1-155 LIFE-LIMITING & LIFE-THREATENING ILLNESS IN CHILDREN AND YOUNG PEOPLE IN ENGLAND: HOSPITAL USAGE BY ETHNICITY

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Aims To develop an ICD10 coding framework to identify children and young people with life-limiting or life-threatening disease (LLLT). To use this framework to estimate hospital usage of patients with LLLT using Hospital Episodes Statistics (HES).

Methods Data from Martin House Children’s Hospice was used to develop an ICD10 coding framework. A four digit ICD10 code was then assigned to each diagnosis and a final list of codes was compiled and completed by adding other appropriate codes including all malignant oncology codes. An extract of inpatient (2000–2010) HES data were requested where one of these ICD10 codes appeared in any diagnostic category in any patient aged under 25 years at admission.

Results The final ICD10 framework compiled consisted of 781 four digit ICD10 codes. Malignant oncology codes accounted for 445

codes with congenital malformations, deformations and chromosomal abnormalities having 90 codes. This was a marked year on year increase in episodes with a diagnosis of LLLT from 142 614 episodes in 2000/1 to 210 748 episodes in 2009/10 and the proportion of episodes for patients of a South Asian background increased from 8.6% in 2000/1 to 12.4% in 2009/10 while the black minority patients remained static (4.5% to 4.3%).

Conclusion Children and young people with a LLLT have a marked increase of inpatient hospital stays from 2000 to 2010. There is an increase in the proportion of these episodes from children and young people with a South Asian background.

P1-156 FALLS RISKS FACTORS AT HOME IN CHILEAN OLDER PEOPLE LIVING IN THE COMMUNITY

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Introduction Older adult (OA) falls are a major public health problem being a main cause of disability and morbidity (30% of prevalence around the world), involving an extensive use of health services, and higher costs. Latin American data (2000) show higher prevalence of multiple falls among Chilean (20.3%) and Mexican (19.5%) elders than in the Region (10%–15%). In Chile (2006), major part of the accident among elderly occurs at home (56%). The aim is to study the association between risks factors at home and falls among Chilean OP.

Methods Data are from National-Survey-of-Dependency-Chilean-OP. 4762 representative sample community dwelling adults 61–101 y (38.8% men; 18% rural) were interviewed in 2009/2010. Logistic regression analysis was used to estimate association between falls and risks factors at home.

Results Falls prevalence in the last year is 27.7% (CI 25.4 to 30.1); higher among women (31.9%; CI 28.6 to 35.4), and those with poor eyesight (31.4%; CI 28.4 to 34.6). Falls risks factors most present at home were insufficient light (94.5%; CI 92.7 to 95.8) lack of handle in the toilette (89.3%; CI 87.5 to 90.9), and in the shower (81.9%; CI 78.7 to 84.7). Around 40% of the interviewed perceived the need to have a handle in both toilette and shower. After adjusting by age (OR=1.01; p=0.003), being female (OR=1.77; p<0.001), living in rural-area (OR=1.14; p=0.117), poor eyesight (OR=1.39; p<0.001); falls were significant associated to insufficient light at home (OR=1.44; p=0.021); and the perception of need handle in the shower (OR=1.29; p=0.026) and toilette (OR=1.40; p=0.004).

Conclusion Prevention recommendations for falls among non-institutionalized OP not only should include reduction of hazards (such as insufficient light) but also the installation at their homes of devices to avoid falls.

P1-157 ARTERIAL HYPERTENSION: PSYCHOSOCIAL FACTORS AND RISK OF DEVELOPMENT DURING THE PERIOD OF 20 YEARS IN MEN 25–64 YEARS OF AGE IN RUSSIA

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We aimed to investigate the influence of psychosocial factors on the risk of arterial hypertension (AH) development over a 20 year period in men aged 25–64 years in Russia.

Materials and Methods Within the WHO program ‘MONICA’ psychosocial factors were examined in a representative sample of