Methods Twothousand-twohundred-and-four AMI patients, discharged in 2006 and resident in Rome were selected from the Hospital Information System, excluding deaths during the first month after discharge. Exposure information was collected from the drug claims data considering EB drug prescriptions at discharge and during the first month; exposure was defined as at least one prescription, comparing different composite treatments (1, 2, 3 or 4 EB drug groups). The association between exposure to EB drug therapy and all-cause mortality during a 24 months follow-up was analysed through logistic regression, adjusting for gender, age and co-morbidities.

Results Most patients were treated with EB drug combinations (0: 9.5%, 1: 4.6%, 2: 14.7%, 3: 30.1%, 4: 41.1%); 7.4% of the patients died during follow-up. Mortality risk decreased with increasing number of prescribed EB drugs; combinations of 3 or 4 EB drugs were associated with a significant protective effect vs no EB drugs (4 vs 0 EB drugs: ORadj=0.46; 95% CI 0.27 to 0.78; 3 vs 0 EB drugs: ORadj=0.50; 95% CI 0.29 to 0.86; 2 vs 0 EB drugs: ORadj=0.69; 95% CI 0.39 to 1.23; 1 vs 0 EB drugs: ORadj=0.49; 95% CI 0.21 to 1.15).

Conclusions In Rome, most patients are treated with EB drugs after AMI; first-month poly-drug therapy is associated with reduction in 2 years mortality.

**P1-194 HEALTH IMPLICATIONS OF AGEING MOTHERHOOD**


Introduction In developed countries, postponing of childbearing has become common, but health impacts are poorly known.

Methods All first births in Finland in 2008 (n=25.511) from nationwide medical birth register were included. Older mothers (35–39 and 40 years and over) were compared to younger mothers aged 20–34 years. Perinatal outcomes were adjusted for mother’s background characteristics (marital status, socioeconomic position, smoking, previous pregnancies, and urbanity of the residence) by logistic regression. Births in years 2005–2009 were pooled to identify threshold age(s) for increased problems.

Results Older mothers used more antenatal care, had more chronic and pregnancy-related diseases, higher BMI, and more interventions. The adjusted ORs (95% CI) for 35–39 years old were: birth weight <1500 g 1.76 (1.25–2.53), birth weight >2500 g 1.67 (1.41–1.97), respiratory treatment 1.50 (1.07–2.11), and special care 1.21 (1.07–1.37). Among mothers aged 40 years or more preterm birth (<37 gws) 1.45 (1.04–2.02), birth weight <2500 g 1.59 (1.14–2.23), special care (1.64, 1.31–2.07), and perinatal mortality (2.69, 1.07–6.78) were more common. No clear threshold ages were found. Some problems increased steadily since age 20 years (cesarean section), slightly since age 30–34 years (many antenatal visits, hospitalisation, induction of labour, long postpartum stay, preterm birth, low birth weight, infant care in special unit), or rapidly since age 31–34 years (gestational diabetes and hypertension).

Conclusion Older mothers have more pregnancy and delivery problems, and higher risk for poorer infant outcomes. Most problems increased since early 30s. More detailed analysis of threshold ages for problems will be made.

**P1-195 THE IMPACT OF TOBACCO CONTROL LEGISLATION ON ADULT SMOKING PREVALENCE IN LITHUANIA**

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Introduction Since regaining of independence Lithuania has instituted comprehensive tobacco control legislation (the law on Tobacco control in 1995, total ban on tobacco advertising in 2000, smoking ban in the bars and restaurants in 2007). This was followed by excise tax increase in 2009. The aim of the study was to demonstrate the impact of the tobacco control legislation on adult smoking prevalence.

Methods National health behaviour monitoring system was set up in Lithuania in 1994 within the Finbalt Health Monitor project. The data for the study was derived from nine cross-sectional surveys conducted during 1994–2010. An independent national random sample of 5000 inhabitants aged 20–64 was taken from National Population Register for every survey. The data were collected through postal surveys. The response rate varied from 53.5% to 74.4%.

Results The prevalence of smoking among men was increasing up to the year 2000 (from 43.8% to 51.5%) afterwards it started to decline reaching 34.2% in 2010. The proportion of smoking women increased from 6.8% in 1994 to 15.3% in 2000 remaining stable over the last decade. Smoking was more common among younger and less educated people in both genders. The age and educational inequalities among men remained similar over the period of observation. Since 1994 the proportion of smoking women has increased among less educated, but it did not change among highly educated.

Conclusion Tobacco control legislation can be associated with positive changes in adult smoking prevalence in Lithuania, however, further strengthening of tobacco control activities is needed.