Background Leading causes of death for drug-treatment clients across Scotland, 1996–2006, were drug-related (1383 DRDs) and non-drug-related suicides (269). We investigate DRD-risk by time since most recent hospital stay.

Methods Drug-treatment records were linked to national registers of deaths, hepatitis C virus (HCV) diagnoses, and hospital/psychiatric episodes. We calculated DRD-rates (and suicide-rates): during hospitalisation, within 28 days, 29–90 days, 91 days -1 year, >1 year after discharge from most recent hospital stay vs never admitted. Proportional hazards analysis adjusted for demographic and other time-specific influences on DRD-risk.

Results The cohort comprised 69,457 individuals, 350,317 person-years (pys) and 90,314 hospital-stays. DRD-rate per 1000 person-years (pys) was: 87 (95% CI 72 to 103) during hospitalisation, 21 (18 to 25) within 28 days, 12 (10 to 15) during 29–90 days and 8.5 (7.5 to 9.5) during 91 days to 1 year after discharge vs 4.2 (3.7 to 4.7) when >1 year after most recent hospitalisation and 1.9 (1.7–2.1) for those never admitted. Adjusted HRs by time since hospital-discharge (vs never admitted) were: 10 (95% CI 8 to 12) within 28 days, 5.6 (4.6 to 6.3) during 29–90 days, and 4.0 (3.5 to 4.7) vs 2.5 (2.0 to 2.7) when >1 year after most recent hospital stay. Alcohol misuse increased HR (1.5, 1.3 to 1.7) and female, never injector, and no HCV diagnosis decreased it: 0.56 (0.49 to 0.64), 0.62 (0.52 to 0.73), 0.74 (0.65 to 0.85).

Conclusions Hospital discharge marks high DRD-risk periods. Doctors should consider prescribing Naloxone when discharging patients with opiate-dependency, and emailing discharge summary to alert the patients’ general practitioner or drug treatment agency.

CAUSE SPECIFIC MORTALITY AND SURVIVAL FOR PEOPLE WITH A POSITIVE HIV RESULT IN SCOTLAND RECRUITED FROM 1981 TO 2009

doi:10.1136/jech.2011.142976e.35

1A Millard,* 2C Johnman, 1P Mackie. 1Scottish Public Health Network, Glasgow, UK; 2University of Glasgow, Glasgow, UK

Objectives To assess trends in the demography, survival and mortality for people with a positive HIV result over four eras of Highly Active Antiretroviral Treatment between 1981 and 2009, and to describe trends for death from AIDS defining and non AIDS defining causes.

Design Secondary data analysis using data linkage and multivariate survival analysis.

Methods Of 5873 case records for people with a positive diagnosis of HIV in Scotland from 1981 to 2009 recorded on the Health Protection Scotland HIV database, 1593 people were known to be deceased. Of these 1191 were linked successfully to cause of death data held by the General Register Office (Scotland) by various means including probabilistic matching. Kaplan-Meier survival time curves and Cox Proportional Hazards (adjusted for covariates) were calculated for four treatment eras. Proportions in broad cause of death groups were compared between eras.

Results While overall survival time from first report increased over the eras, survival time decreased for those dying with an AIDS defining condition. Hazards by era showed patterns in accordance. Mean age and age at first report increased. Among AIDS defining primary conditions the proportion of respiratory and neurological and eye reduced to zero, and the proportion of infections increased from 57% pre-1997 to 81% 2005–2009. Within non AIDS defining conditions there was no clear pattern of change.

Conclusions Late diagnosis implied a need for opportunistic HIV testing, targeted prevention, and better follow-up. Data issues needed to be addressed.

THE COGNITIVE FUNCTION AND AGEING STUDY (CFAS) II: NEUROBIOLOGY, COGNITIVE IMPAIRMENT AND DEMENTIA STUDY PROTOCOL STUDY PROTOCOL

doi:10.1136/jech.2011.142976e.36

T Minett,* on behalf of CFAS II team and investigators. Cambridge University, Cambridge, Cambridgeshire, UK

Background The increasing number of people with cognitive decline and dementia are consequences of the population ageing. The Cognitive Function and Ageing Study (CFAS), initiated 20 years ago, has informed understanding of the prevalence of cognitive decline and dementia, the costs they generate, as well as implications for policy regarding projections for the future. CFAS is being replicated, as far as possible, in the current generation of those aged 65 years and over. Information in health and cognitive status across the two cohorts will demonstrate the impact of generational changes on the prevalence of age related diseases and their influence on life expectancy.

Methods A target sample of 12,500 individuals aged 65+ is being recruited in five centres (Cambridgeshire, Newcastle upon Tyne,