

P1-240 WITHDRAWN

P1-241 HIGH DRUG-RELATED DEATH RATE SOON AFTER HOSPITAL DISCHARGE FOR DRUG-TREATMENT CLIENTS IN SCOTLAND

doi:10.1136/jech.2011.142976e.33

¹E Merrall, ^{1,2}S Bird,* ^{2,3}S Hutchinson. ¹MRC Biostatistics Unit, Cambridge, Cambridgeshire, UK; ²Strathclyde University, Glasgow, UK; ³Health Protection Scotland, Glasgow, UK

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 since 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 6.8) during 29–90 days, and 4.0 (3.5 to 4.7) vs 2.3 (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.

P1-242 IMPACT OF WORK PLACE POLICIES AND EDUCATIONAL ATTAINMENT ON WOMEN'S CHILDBEARING DECISIONS IN CANADA

doi:10.1136/jech.2011.142976e.34

¹A Metcalfe,* ²M Vekved, ¹S Tough. ¹University of Calgary, Calgary, Alberta, Canada; ²Alberta Health Services, Calgary, Alberta, Canada

Under Canada's Employment Insurance (EI) system, parents are entitled to receive up to 50 weeks of parental leave at 55% of salary to a maximum of \$413/week. In addition, many companies "top-up" these EI benefits so parents receive their full salary during parental leave. Despite this national policy, women with higher education are more likely to delay childbearing. Women who delay childbearing, particularly past age 35, are at increased risk of infertility, pregnancy and birth complications. This analysis aimed to assess whether workplace support impacted women's decisions regarding when to have their first baby and how educational attainment affected this relationship. Within 3 months of delivery, women who had given birth to their first live-born infant in 2002/2003 within two large urban regions in Alberta, Canada, were randomly selected to participate in a telephone survey. Logistic regression was used to assess the relationship between workplace support, educational attainment and timing of first pregnancy. Among 836 women with a planned pregnancy, 26% agreed that the support or lack of support for pregnant women at their workplace affected their decision about when to

begin their family. After controlling for age and income, women who had completed a post-graduate degree were three times (OR=3.39, 95% CI 1.69 to 6.81) more likely to indicate that the support or lack of support for pregnant women in the workplace affected their child-bearing decisions. In spite of national policies, and the potential risks associated with delayed childbearing, workplace support impacts timing of pregnancy, particularly for highly educated women.

P1-243 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 37% 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.

P1-244 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,