**Conclusions**

Menarche has advanced age and menopause is delayed, studies (p < 0.0001). Regression analysis of the trend shows that the delay in trend by variables analysed. The age of natural menopause was 12.722 vs 13.076 (p < 0.0001). While these differences were very marked at the beginning of the period under study these being reduced in the last cohort. Joint point regression analysis shows significant differences in trend by variables analysed. The age of natural menopause was 49.262 years in the 1927 cohort. Joint point regression analysis shows significant differences in trend by variables analysed. The age of natural menopause was 12.722 vs 13.076 (p < 0.0001) and living in urban area (12.717 vs 12.728) (p < 0.0001). While these differences were very marked at the beginning of the period under study these being reduced in the last cohort. Joint point regression analysis shows significant differences in trend by variables analysed. The age of natural menopause was 49.262 years in the 1927–1929 cohort, and 49.866 years in 1945–1949 (p < 0.0001). Women with a low EL have an average age of menopause earlier than women of higher EL (49.551 vs 49.822) (p < 0.0001). Regression analysis of the trend shows that the delay was more pronounced for women with no education and primary studies (p < 0.0001).

**Conclusions**

Menarche has advanced age and menopause is delayed, making broader reproductive cycles exist and different by the social variables studied.

**Results**

In the primary care population the proportion of participants with high 10-year CVD risk ranged from 12.5% (QRISK2) to 33.1% (SCORE). In the occupational setting, the proportion of participants with either intermediate or high 10-year CVD risk ranged from 1.3% (SCORE) to 35.1% (Framingham).

**Conclusion**

This study highlights significant differences between four widely-used CVD risk scoring tools. The differences largely reflect variation in the CVD end points (morbidity or mortality) and risk thresholds used in the tools. This is a potential source of difficulty and confusion for practitioners and policy makers.

**Methods**

Between 1992 and 2009, a retrospective cohort of participants in a population-based breast cancer-screening program in the VC was assessed. The study population was 695 313 women, 45–69 years. Trends in menarche and menopause aged by educational level (EL), nationality and territory by born cohorts were analysed. A regression analysis by the Joint-Point for the trend by variables analysed. The age of natural menopause was 12.722 vs 13.076 (p < 0.0001) and living in urban area (12.717 vs 12.728) (p < 0.0001). While these differences were very marked at the beginning of the period under study these being reduced in the last cohort. Joint point regression analysis shows significant differences in trend by variables analysed. The age of natural menopause was 49.262 years in the 1927–1929 cohort, and 49.866 years in 1945–1949 (p < 0.0001). Women with a low EL have an average age of menopause earlier than women of higher EL (49.551 vs 49.822) (p < 0.0001). Regression analysis of the trend shows that the delay was more pronounced for women with no education and primary studies (p < 0.0001).

**Conclusions**

Menarche has advanced age and menopause is delayed, making broader reproductive cycles exist and different by the social variables studied.

**Variation in Estimated Ten-Year Cardiovascular Risk Across Four Risk Scoring Tools in Both a General Population Sample and an Occupational Setting**

**Introduction**

Size at birth differs between South Asian and White European infants, but little is known about differences in growth in later infancy. We use multilevel linear spline models to describe ethnic differences in growth of infants from the Born in Bradford study (BIB).

**Methods**

Data for 1578 singleton births from BIB with follow-up visits at 6, 12 and 18 months were used (614 White and 764 Pakistani infants). Weight and length data from clinic visits and routine measurements were used. Multilevel linear spline models with knot points at 4 and 10 months were fitted separately for weight and length including interactions with ethnicity and sex.

**Results**

Models for weight and length with knot points at 4 and 10 months fitted the data well; the differences between actual and predicted measurements were small in each period. There were ethnic differences in weight and length at birth; Pakistani boys were on average 0.25 kg lighter (95% CI –0.31 to –0.14) and 1.05 cm shorter (–1.48 to –0.61) than White boys, while Pakistani girls were 0.16 kg lighter (–0.24 to –0.08) than White girls with no significant difference in length. The gains in weight in each time period were similar for both ethnicities. Pakistani boys and girls gained length faster than their White peers between 0 and 4 months.

**Conclusions**

Differences in weight and length by ethnicity arise largely through differences at birth and growth in the early months of life. Further work will investigate relationships between exposures during pregnancy and differences in early life growth trajectories.