survival between cTnI > 0.06 and <0.5 μg/l and cTnI=0.5 μg/l subgroups. Increased mortality (HR, 95% CI) was associated with ages 70 to 80 years (2.58, 1.17 to 5.91) and >80 years (3.50, 3.50 to 5.06), peripheral vascular disease (1.50, 1.16 to 1.94), heart failure (1.56, 1.05 to 2.15), diabetes (1.68, 1.56 to 2.07), severe LV dysfunction (1.50, 1.00 to 2.21) and creatinine per 10 μmol/l (1.65, 1.02 to 1.08), whereas ages 50 to 60 years (0.55, 0.32 to 0.96), β blockers (0.55, 0.44 to 0.64), aspirin (0.80 0.65 to 0.99), ACE inhibitors (0.67, 0.56 to 0.80), statins (0.73, 0.59 to 0.90) and revascularisation (0.33, 0.12 to 0.92) lowered the risk of death.

**Conclusion** Quantitative evaluation of cTnI concentration in ACS patients with a cTnI>0.06 μg/l is associated with no added prognostic information. However, the dichotomisation of patients by cTnI status (“positive” and “negative”) continues to facilitate ACS risk stratification.

**Materials and Methods** A prospective study was conducted to assess the factors influencing this delay in admission of acute stroke cases, in-hospital mortality was calculated and factors associated with mortality were looked for. Survival was calculated using Kaplan-Meier curve and Cox-proportional hazards model was constructed to identify independent predictors of inpatient mortality.

**Results** Of 134 subjects studied, 73.4% were male with mean (SD) age of 53.8(18.0) years. Median delay in reaching hospital was 9 h and only 15 (13.4%) reached hospital within 3 h and 51(20.3%) reached within 6 h. Distances from hospital, referral, belief in myths and alternate medicine and low threat perception of symptoms of stroke were independent factors associated with delay in arrival. Living in city, day time onset, urgency shown by attendant, availability of transport and presence of family history were associated with early arrival. ICF rate has no relation with age (p=0.516), sex (p=0.460), number of episodes (0.795), underlying hypertension (p=0.905). Odds of diabetics dying were 12 times higher than non-diabetics. Inpatient mortality was also significantly higher in smokers compared with non-smokers (p=0.004), in patients with right-sided compared with left-sided hemiplegic (p=0.029) and who couldn’t afford computed tomography (CT) scan (p=0.007).

**Conclusion** Majority of patients did not reach hospital early enough to receive thrombolitics and had high in-hospital mortality. Diabetes and smoking were independent predictors of in-hospital mortality.

**P1-477** RELATIONSHIP BETWEEN PREGNANCY OR CHILDBIRTH SATISFACTION AND WILLINGNESS FOR SUBSEQUENT PREGNANCY IN JAPAN

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**Introduction** In Japan, a survey of children and their parents was conducted to assess national campaign “Sukoyaka Family 21” in 2009. Our aim was to clarify the relationship between pregnancy or childbirth satisfaction and willingness for subsequent pregnancy.

**Methods** Children aged 3–4 months, 18 months, or 3 years who underwent medical check-up in 138 cities and their mothers were surveyed. Data from 5500 children aged 3–4 months and their mothers was analysed; this data included responses regarding willingness for subsequent pregnancy and pregnancy or childbirth satisfaction. Multivariate logistic regression analyses were performed to determine factors associated with the willingness for subsequent pregnancy, stratified by mothers’ age and parity.

**Results** Factor analysis indicated that 4 factors influence pregnancy or childbirth satisfaction: medical care, family support, birthing facility, and support in the workplace and society. Multivariate logistic regression analyses in mothers having one child revealed that those aged 25–29 years and satisfied with the birthing facility [OR: 2.26, 95% CI: 1.06 to 4.85] and those aged 30–34 [OR: 2.21, 95% CI 1.12 to 4.35] or >35 years [OR: 2.94, 95% CI 1.15 to 7.51] and satisfied with family support were significantly more willing for subsequent pregnancy. Among mothers having >2 children, no significant association was found.

**Conclusion** Factors that influence willingness for subsequent pregnancy vary with mother’s age. Therefore, age should be considered when planning services and support for parturient women.

**P1-478** PRE-HOSPITAL DELAY AND PREDICTORS OF MORTALITY IN PATIENTS PRESENTING TO EMERGENCY DEPARTMENT WITH STROKE: A DEVELOPING NATION SCENARIO

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**Background** Stroke is one of the leading causes of death and disability in developed nations.

**Introduction** We need valid food frequency questionnaires (FFQ) to assess diet in preschool children using parental report.