hip circumference and leisure-time physical activity on all-cause mortality.

**Methods** We used a prospective population design with approximately 14 years’ follow-up and estimated the HRs of all-cause mortality for combinations of physical activity and hip circumference. 3120 men and 4068 women aged 21 to 92 years without pre-existing diagnosis of diabetes, stroke, ischaemic heart disease, or cancer in 1991–1994 and with complete information on the variables of interest were included. They were followed until 2009 in the Danish Civil Registration System, with 1.5% loss to follow-up and 2334 deaths.

**Results** Hip circumference was inversely associated with all-cause mortality irrespective of physical activity. However, physical activity seemed to counterbalance some of the adverse health effects of a small hip circumference, with the excess mortality in the lower quartile of hip circumference being reduced by 41% in men (HRdiff: 1.41, 95% CI 1.14 to 1.74) and 40% in women (1.40, 1.14 to 1.71) when comparing physically inactive with the active. These associations were observed after adjustment for waist circumference, height, and weight change in the 6 months before the examination.

**Conclusion** A small hip circumference appears hazardous to survival. However, being physically active may counterbalance some of the hazardous effects of a small hip circumference.

### P1-490 SOCIOECONOMIC INEQUALITIES IN HEIGHT, LEG LENGTH AND TRUNK LENGTH AMONG CHILDREN AGED 6.5 YEARS AND THEIR PARENTS FROM THE REPUBLIC OF BELARUS: EVIDENCE FROM THE PROMOTION OF BREASTFEEDING INTERVENTION TRIAL (PROBIT)

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**Introduction** Lower socioeconomic position is associated with shorter stature, in particular shorter leg length, but the magnitude of these associations in non-Western countries has received little attention.

**Aim** To examine socioeconomic differentials in height, leg and trunk length in 6.5 year olds from the Republic of Belarus and compare these to differentials in parental height.

**Methods** We used data from a cohort of 13,889 children born in Belarus between June 1996 and December 1997 to investigate associations of parental educational attainment and highest household occupation with: a) measured child standing height, trunk and leg length at age 6.5 years; and b) the parents’ reported standing height. Multivariable linear regression was used to examine associations.

**Results** Children from non-manual households were 1.1 cm (95% CI 0.8 to 1.3 cm) taller than those from manual households. Mothers and fathers from non-manual backgrounds were 0.7 cm (0.5 to 0.8) and 1.8 cm (1.6 to 2.0) taller than those from manual backgrounds, respectively. Associations with higher parental educational attainment were similar. The magnitudes of the associations of socioeconomic position with leg length were similar to those with trunk length. Adjusting for mid-parental height and number of older siblings attenuated children’s associations markedly.

**Conclusions** In Belarus, similar socioeconomic differentials in height were observed in both children and their parents. Among children height differentials were partly explained by mid-parental height and number of older siblings. Leg length was not a more sensitive indicator of childhood socioeconomic conditions than trunk length.

### P1-491 SOCIO-ECONOMIC VARIATION IN THE USE OF CT SCANS IN YOUNG PEOPLE IN THE NORTH OF ENGLAND, 1990–2002

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**Introduction** Social patterning is known to influence health throughout life. In childhood, studies have shown increased injury rates in more deprived settings. Through this, it is also possible that socio-economic status may be related to rates of undergoing certain medical procedures with relatively high radiation doses, such as computed tomography (CT) scans. This study aimed to assess socio-economic variation among young people having CT scans in the North of England between 1990 and 2002.

**Methods** Electronic data were obtained from Radiology Information Systems of all nine National Health Service hospital Trusts in the region. Data related to CT scans, including sex, date of scan, age at scan, number and type of scans were assessed in relation to quintiles of Townsend deprivation scores, obtained from linkage of postcodes with UK census data.