using descriptive approaches. Predictors of adverse outcome were examined by logistic regression. 

**Results**  69 (31%) first pregnancies ended in adverse outcome, including 14 (6%) with congenital anomalies, 52 (24%) additional fetal losses, and 3 (1%) additional infant deaths. 41 (19%) second pregnancies ended in adverse outcome, significantly less than the rate among first pregnancies (p=0.002), including 21 (10%) with congenital anomaly, 19 (9%) additional fetal losses, and 1 (<1%) additional infant death. 21 (10%) women experienced an adverse outcome in both pregnancies. Adverse outcome in the first pregnancy was associated with more than double the risk of an adverse outcome in the second pregnancy [RR=2.3 (95% CI 1.3 to 3.9)]. Compared to those with no history of adverse outcome, women with recurrent adverse outcomes were more likely to be from an ethnic minority background (p=0.01).

**Conclusion**  The overall risk of adverse pregnancy outcome is lower in second pregnancies than first, but history of an adverse outcome increases the risk in the second pregnancy.

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**P1-535**  RELATIONSHIP BETWEEN CHARACTERISTICS OF SOCIAL NETWORK, HEALTH-RELATED QUALITY OF LIFE AND MORTALITY PATTERNS IN OLDER AGE. KRAKOW STUDY

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**Introduction**  Direct relations between social network and mortality patterns has been well documented, but less is known the relationship between size, density, boundedness of social network, social support, and psycho-social dimensions of quality of life in older age and its direct and indirect effects on all-cause mortality.

**Aim**  The aim of the study was to assess the characteristics of social network in older stage of life in relation to health-related quality of life and its effect on mortality.

**Methods**  The base-line study was performed in simple random sample of 552 Krakow citizen aged 65–85 yrs old, as a part of Central European Network on Healthy Ageing. Face to face structured interviews were based on Polish validated version of Dutch questionnaires. SF20 test, HADS, GARS, SSL12-I, de Jong-Gierveld Loneliness Scale and Cantril’s ladder were used. Data on mortality was ascertained by monitoring city vital records and all-caused mortality was analysed. During 8 years 31.1% of study population died. Cluster analysis was performed and Cox proportional hazard model was used.

**Results**  Cluster analysis distinguished different clusters for age group -75 yrs and 76 yrs and over. Cox proportional models revealed significantly highest risk of death (HR=2.97, 95% CI (1.21 to 7.28)) in individuals aged 76 and over who were characterized by seldom contacts with children, neighbours and others, high loneliness, low social support and low general quality of life.

**Conclusions**  Relationship between the properties of social network and health-related quality of life remains significant predictor of mortality in advanced old age.

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**P1-536**  EPIDEMIOLOGY OF PAEDIATRIC BURN INJURIES IN SHIRAZ, IRAN IN 2009

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**Introduction**  Recent technological advances in neonatology have increased the survival rate of very low birth weight infants, which has led to a correspondingly increased incidence of retinopathy of prematurity (ROP).

**Objective**  To identify neonatal risk factors for severe ROP in premature babies.

**Methods**  A retrospective cohort study was undertaken in Shiraz from January 2006 to April 2010. All premature neonates with gestational age (GA) of <34 weeks or birth weight (BW) of <2000 g were included in the study.

**Results**  During 5 years of study, 1095 premature infants were analysed. There were 752 (66.8%) infants did not develop ROP, 365 (33.2%) infants presented with various degrees of ROP (249 infants without treatment and 114 infants were treated with laser). We compared 2 groups of neonates, who were treated with laser and those who didn’t received any treatment. Univariate logistic regression showed that GA [OR=0.68 (95% CI 0.62 to 0.75)], BW [OR=0.97 (95% CI 0.96 to 0.99)], head circumference (HC) [OR=0.84 (95% CI 0.80 to 0.89)] and head circumference (HC) [OR=0.83 (95% CI 0.66 to 0.80)] had significant inverse relationships with developing ROP and there is no statistical relationship between sex of neonates and ROP (p value=0.054). However, after adjustment in multivariate logistic model, only GA and HC remained in the model as independent risk factors. Adjusted OR for H.C was 0.8 (95% CI 0.71 to 0.90) and Adjusted ORs for, GA =28 weeks, and, 28 weeks < GA <32 weeks, were 4.32 (95% CI 1.76 to 10.57) and 3.5 (95% CI 1.56 to 7.33) in comparison with GA ≥32 weeks.

**Conclusion**  Gestational age and head circumference at birth were the most important risk factors for severe ROP in our study.