public outpatient clinics. The patient’s cardiovascular risk profile and cardiovascular risk score (calculated using Framingham Cardiac Risk Score algorithm) and risk reduction advice were uploaded to the patient’s handset. Providers and patients completed pre (baseline) and post (3-month) intervention questionnaires and participated in post-intervention focus groups. Descriptive-analytical statistical methods were used. Grounded theory guided the qualitative data analysis.

**Results** Pre-intervention patients were less likely to understand doctors hand writing (mean score (M)=3.38, SD=1.07); uncertain about heredity and stress as CVD risk factors (M=3.05, SD=1.58 and M=2.32, SD=1.20, respectively); and held a positive view e-platforms for personal decision support (average score for all items >4.5). However patients were worried about their cardiovascular health status (M=3.58, SD=1.35). Patients have reported sharing their personal health information with their healthcare provider.

**Conclusions** This pilot study has provided preliminary evidence of the feasibility, acceptability, and utility of an e-platform in primary interventions for CVD.

**P1-544 VIABILITY OF A SINGLE EMOTIONAL HEALTH QUESTION COMPARED TO THREE SELF-REPORT MEASURES OF MENTAL HEALTH**

doi:10.1136/jech.2011.142976h.31

1C Weller, 2S McDonald, 3H Kehler, 3S Tough. 1Department of Community Health Sciences, University of Calgary, Calgary, Alberta, Canada; 2Department of Paediatrics, University of Calgary, Calgary, Alberta, Canada; 3Alberta Health Services, Calgary, Alberta, Canada

**Introduction** Instruments designed to assess various aspects of mental health are commonly administered to women during pregnancy and the early postpartum period. The sensitivity, specificity and positive and negative predictive values of these instruments vary across study methodologies. The primary objective was to test the hypothesis that a single self-report emotional health question is effective in identifying women at risk of developing depression, anxiety or stress. The secondary objective was to describe how mental health instruments categorise women who report their emotional health as positive or negative.

**Methods** Questionnaires were administered to participants in a community cohort study (N=1550) at three time points: prior to 24 weeks gestation, between 32 and 36 weeks gestation, and 4 months postpartum. At each time point women completed the Edinburgh Postnatal Depression Scale, Spielberg State Anxiety Scale and Perceived Stress Scale and rated their emotional health as either “Excellent,” “Very good,” “Good,” “Fair,” or “Poor.” Responses to this question were compared to the results from each of the mental health instruments.

**Results** The single emotional health question is significantly correlated to the results of each of the longer instruments (p<0.001). The positive predictive value of the single question in comparison to the instrument conclusion is approximately 81% during pregnancy and 71% postpartum. The negative predictive value of the single question is approximately 96% during pregnancy and 91% postpartum.

**Conclusion** A single self-report emotional health question may be a valid method of screening women during pregnancy and early postpartum for depression, anxiety and stress.

**P1-546 BIRTH SIZE DIFFERENCES BETWEEN WHITE AND PAKISTANI ORIGIN INFANTS BY GENERATION: RESULTS FROM THE BORN IN BRADFORD COHORT STUDY**

doi:10.1136/jech.2011.142976h.32

1J West,* 2D A Lawlor, 1J Fairley, 1J Wright. 1Bradford Institute for Health Research, Bradford, UK; 2Institute of Health Sciences, University of Leeds, Leeds, UK; 3MRC Centre for Causal Analyses in Translational Epidemiology, Department of Social Medicine, University of Bristol, Bristol, UK

**Background** Previous studies have shown markedly lower birthweight among infants of South Asian origin compared to those of White European origin. Whether such differences mask greater (central) adiposity in South Asian infants and whether they persist across generations in contemporary UK populations is unclear.

**Objective** To describe differences in term birth size between Pakistani origin and White British origin infants and investigate whether the magnitude of any differences changes depending on whether the parents and grandparents of Pakistani infants are born in the UK or South Asia.

**Design** Birth cohort study (Born in Bradford (BiB)).

**Setting** Bradford, UK.

**Participants** 1858 White British and 2222 Pakistani mothers and their babies who were born between 2007 and 2009.

**Main outcome measures** Birthweight; head, arm and abdominal circumference; subscapular and triceps skinfolds.

**Results** Pakistani infants were lighter (mean difference 280.5 g; 95% CI −318.4 to −242.5) than White British infants and were smaller in all other measurements following adjustment for socioeconomic position and smoking. Differences were least for subscapular skinfold thickness (mean z-score difference −0.20; 95% CI −0.29 to −0.11) and greatest for abdominal circumference (mean z-score difference −0.56; 95% CI −0.64 to −0.47). The magnitudes of differences from White British infants did not differ substantially by generation.