cognitive tests: verbal memory (recall of 10 words), verbal fluency (naming animals) and letter search speed. Fully adjusted models included health and lifestyle covariates (medical history, depression, alcohol, physical activity).

**Results** Broadly similar patterns of associations were observed across countries. Indicators of SEP across the lifecourse made independent contributions to cognition, with stronger contributions from education and current asset ownership (an indicator of contemporary material circumstances), than from childhood socioeconomic conditions. Socioeconomic advantage was associated with higher levels of cognitive functioning. For example, in fully adjusted models, university education was associated with 3.9 (SE 0.7) word recall advantage in memory performance in Czech men and 2.2 (SE 0.5) and 2.7 (SE 0.3) word advantage in Russian and Polish men; in women these figures were 3.7 (SE 0.4), 3.0 (SE 0.5) and 3.2 (SE 0.3), respectively. The effect of childhood socioeconomic conditions on cognition was largely attenuated after adjustment for education and current material circumstances, suggesting mediation by later SEP measures.

**Conclusion** Socioeconomic position across the lifecourse is an important predictor of cognition in mid and later life in these Eastern European populations. The attenuation of the effects of childhood SEP after adjustment for own education and current material circumstances supports the model where this association is, at least partly, mediated through later life measures of SEP. Future research should focus on lifecourse influences on cognitive aging trajectories as long-term follow-up of this cohort and other studies in Eastern European populations become available.

**OP43** ARE WE OVERESTIMATING THE BENEFICIAL EFFECTS OF ALCOHOL IN LATER LIFE? THE CASE OF YOUNG NON-DRINKERS

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**Background** Non-drinkers have been repeatedly shown to have worse health than moderate drinkers in later life particularly as regards conditions such as coronary heart disease, leading some researchers to suggest that moderate alcohol consumption has beneficial effects on health. However the causal direction between non-drinking and worse health has been contested. Whether poor health is associated with non-drinking among young adults in relation to social and health factors will be investigated. Such a finding would imply that poor health may precede non-drinking even at early stages of the life course.

**Methods** We performed logistic regression analysis of cross-sectional national survey data on 18 to 34 year olds, collected from The Health Survey for England 2006 and 2006. Data was collected through face to face interviews and is self-reported. Logistic regression analysis of longitudinal data collected from the National Child Development Study 1958 were also conducted. This is a follow up study to assess whether poor health at age 16 is associated with non-drinking at age 25, and whether these people are more likely to abstain at subsequent age sweeps.

**Results** HSE 06 & 08: Having a limiting longstanding illness during early adulthood increased the odds of being a non-drinker 1.74 times for men (p<0.01), and 1.45 times for women (p<0.01). In both men and women belonging to the lowest income quintile or having no qualifications was associated with increased odds of being a non-drinker (p<0.001) indicating that the social gradient in non-drinking begins at an early age. Men and women aged 18 to 34 years with the lowest activity levels were also more likely to be non-drinkers (p<0.01).

NCDS: Preliminary analysis reveals that non-drinkers at age 25 have higher rates of medical conditions at age 16 as assessed by a medical officer such as having a mental condition (p<0.001) a physical condition and heart and haematological condition (p<0.01).

**Conclusion** Young adults who have a limiting longstanding illness are more likely not to drink alcohol even after adjusting for a range of social and demographic measures. Studies on the putative health benefits of moderate alcohol consumption later in life need to take account of early life history. Further analysis using longitudinal data will explore whether poor health precedes non-drinking right at the start of drinking history and whether people with poor health continue to abstain from alcohol at older ages.