Results

to being currently married, never being married and widowhood status; widowhood and never being married in particular. Relative to being currently married, never being married and widowhood also have a consistent main effect, reducing quality of life and increasing depressive mood. Across all regions there is no evidence to support the hypothesis that health selection mediates the relationship between childlessness and later life wellbeing.

Conclusion

Marital status consistently mediates the relationship between childlessness and wellbeing and therefore should be the context through which the relationship between lifetime childlessness and wellbeing is considered.

OP19 SOCIAL NETWORKS AND DEPRESSIVE SYMPTOMS IN RUSSIA, POLAND AND THE CZECH REPUBLIC: EVIDENCE FROM THE HAPIEE STUDY

doi:10.1136/jech-2012-201753.019

M Franchi, H Pikhart, M Bobak, R Kubinova, S Malyutina, S Czeezen. Department of Epidemiology and Public Health, University College London, London, UK; 3Slovakian Branch of the Russian Academy of Medical Sciences, Novosibirsk, Russia

Background

In countries of Central and Eastern Europe, prevalence rates of depressive symptoms are as high as 20% in men and 40% in women. Inclusion in social networks has been found to be a strong predictor of depressive symptoms in other countries, but little research on this association has been carried out in Central and Eastern Europe. This study aims to examine this association in the adult urban population in Russia, Poland and the Czech Republic.

Methods

Cross-sectional analysis was performed on baseline data (2002–2005) from the Health Alcohol and Psychosocial factors In European elderly: the Epidemiology and Social capital of Russia, Poland and the Czech Republic. The results presented here suggest that exclusion from social networks affects the risk of depressive symptoms. We argue that this variation could be due to differences in economic development and social capital of Russia, Poland and the Czech Republic.

OP20 A COMPARATIVE ANALYSIS OF DEPLOYMENT ASSOCIATED MENTAL HEALTH ISSUES IN UNITED STATES AND UNITED KINGDOM ARMED FORCES

doi:10.1136/jech-2012-201753.020

J Sundin, N Fear, N Greenberg, L Riviere, R Harrell, A Adler, C Hoge, P Bliese, S Wessely, ACDMH, King’s College London, London, UK; 2Center for Military Psychiatry and Neuroscience, Walter Reed Army Institute of Research, Silver Spring, USA; 3US Army Medical Research Unit-Europe, Walter Reed Army Institute of Research, Germany; King’s Centre for Military Health Research, King’s College London, London, UK

Background

There are several differences in health outcomes between UK and US military personnel who have deployed to the recent conflicts in Iraq or Afghanistan. Rates of survey-based post-traumatic stress disorder (PTSD) tend to be higher in US personnel, whilst self-reported rates of alcohol use tend to be higher in UK personnel. To explore potential reasons why mental health prevalence rates differ in the two countries a comparative analysis of UK and US Armed Forces combined data was carried out.

Methods

Two samples of UK (n = 513) and US (n = 1560) regular enlisted Army male personnel who were deployed to Iraq in 2007 were combined. Primary outcomes included PTSD, alcohol use, anger and physical symptoms. The samples were compared on a list of 11 combat experiences, socio-demographics and military characteristics.

Results

There were several differences between the UK and US samples: the UK sample was younger, more likely to hold a degree and a rank of officer, had served for a longer time, more likely to be married or in a long term relationship, and more likely to rate their marriage as good. The US sample reported more combat experiences. The samples did not differ on physical symptoms, but the US sample was more likely to report PTSD, adjusted odds ratio (AOR) 1.75 (95% Confidence Interval 1.01 – 3.05) and less likely to report alcohol misuse, AOR 0.27 (95% CI 0.20 – 0.37) compared to the UK sample.

Conclusion

US military personnel deployed to Iraq were more likely to report PTSD whilst UK personnel are more likely to report alcohol misuse. Whilst, there were several differences between the US and UK samples in terms of socio-demographics and combat experiences, these did not explain the difference in health outcomes.

Understanding the differences, as well as the similarities, between the UK and US Armed Forces is important, as it can influence the way military personnel are managed in both nations. It can also influence the way military personnel who have developed mental health problems as a result of their service are treated.

HSR: Economics and Cost-Effectiveness Analysis

OP21 AN ECONOMIC EVALUATION OF NON-COMMUNICABLE DISEASES IN BRAZIL

doi:10.1136/jech-2012-201753.021

K Rivelade, T Marsh, M Brown, L Webber, K Kipl, F McPherson, D Levy, W Conde, M Monteiro, Micro Health Simulations UK; 2University of Oxford, UK; 3University of Georgetown, USA; 4University of Sao Paulo, Brazil