

industry to ensure that the powerful effects of salt reformulation are realised.

**OP96 YOUNG PEOPLE'S EXPERIENCES OF NON-BROADCAST ADVERTISING OF UNHEALTHY FOOD**

LE White\*, R Phipps, S Chambers, S Hilton. *MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Glasgow, UK*

10.1136/jech-2017-SSMAbstracts.95

**Background** Critics argue that regulation of non-broadcast advertising for foods high in fat, sugar and salt (HFSS) offers less protection to children than regulation of broadcast advertising. This is concerning as viewing habits now exist across a range of media platforms. There is a lack of research engaging with young people about the shifting nature of advertising for foods HFSS, particularly those aged 12–15 as they are often not included in industry self-regulatory initiatives. The study aims were to identify: 1) where young people experience advertising for foods HFSS; 2) their perceptions of this form of advertising; 3) the ways in which they believe they are influenced by this advertising.

**Methods** We interviewed 65 UK 12–15 year olds in 15 focus groups. Participants were recruited using snowball sampling techniques from initial local adult contacts. Potential participants were provided with a study summary sheet, and those who agreed to participate were asked to recruit a group of friends to take part in a discussion. Participants were drawn from a range of social backgrounds. Groups were held within participant's homes or within the University. All focus groups were audio-recorded. Topics included leisure time, viewing habits, and the perceived impact of advertising. Young people were shown a range of broadcast and non-broadcast advertising to stimulate discussion. Interview transcripts were analysed thematically.

**Results** Young people reported that they rarely watched live television, and instead engaged in leisure activities that included watching programming via subscription services, and watching and socialising on digital platforms (such as video websites and social media). They recalled seeing extensive advertising for foods HFSS in non-broadcast media, both on- and offline. Participants reported scepticism and mistrust towards the healthfulness of many advertised foods. Nonetheless they believed they were influenced to purchase foods HFSS based on emotive techniques, such as togetherness, and were attracted to high quality advertising campaigns that made use of various techniques such as music, colour and humour.

**Conclusion** Young people encounter advertising of foods HFSS across a wide range of non-broadcast media. It both attracts and frustrates them. Many young people believed advertising influenced their purchasing of food and drink. Regulation of non-broadcast advertising for foods HFSS must be updated to reflect these new and diverse viewing practices.

## Cardiovascular disease

**OP97 THE BURDEN OF HYPERTENSION AND ITS ASSOCIATED FACTORS IN THE GAMBIA: DATA FROM A NATIONAL HEALTH EXAMINATION SURVEY USING THE WORLD HEALTH ORGANISATION (WHO) STEPWISE APPROACH**

B Cham\*, S Scholes, L Ng Fat, N Groce, JS Mindell. *Epidemiology and Public Health, University College London(UCL), London, UK*

10.1136/jech-2017-SSMAbstracts.96

**Background** Non-communicable diseases are increasing in sub-Saharan Africa (SSA). They are estimated to account for 32% of deaths in The Gambia according to the WHO. Worldwide, prevalence of hypertension is highest in the African region (46%) and a very high proportion is undiagnosed. There is very limited up-to-date information on the burden of diagnosed and undiagnosed hypertension and associated risk factors in The Gambia. This study aims to examine cardiovascular risk factors in in The Gambia adult population, with a particular focus on diagnosed and undiagnosed hypertension.

**Methods** Data was collected from a random, nationally-representative sample of 4111 participants aged 25–64 years (78% response rate) in 2010 using the WHO STEPwise survey methods. Analysis was restricted to non-pregnant participants with three valid blood pressure (BP) measurements ( $n=3573$ ). All analysis were weighted and adjusted for complex survey design using STATA14. The mean of the second and third BP measurements was used in the analysis. Hypertension was categorised into measured (SBP  $\geq 140$  mmHg and/or DBP  $\geq 90$  mmHg) and total (SBP  $\geq 140$  mmHg and/or DBP  $\geq 90$  mmHg and/or self-reported hypertension). Among people with total hypertension, we also looked at undiagnosed hypertension (proportion of participants with hypertension not aware of their status). Univariate and multivariate regression models were run to identify the most important factors associated with hypertension including sex, age, rural/urban residence, socioeconomic and anthropometric factors. Smoking status and fruit and vegetable intake were additional covariates.

**Results** One third of adults were hypertensive; this was higher in rural regions (40%,  $p<0.001$ ). Multivariate analysis revealed increased odds of total hypertension among the overweight/obese and rural residents. Abdominal obesity (OR1.8 [95% CI, 1.2–2.7]), rural residence (3.0 [1.6–5.5]), and age were the most important predictors among men while in women it was generalised obesity (2.4 [1.6–3.7]), rural residence (2.5 [1.4–4.5]), and age. More than three-quarters of hypertensive participants were undiagnosed: this was higher among males (86% vs 71%,  $p<0.001$ ). Men (3.1 [1.7–5.6]) and participants aged 25–34 years (4.8 [1.4–3.5]) had higher odds of undiagnosed hypertension after adjusting for other factors. However, obesity was protective for undiagnosed hypertension (0.4 [0.2–0.6]).