

random effects meta-analyses, to obtain summary effect estimates for the effect of depression on hypertension, pooling hazard ratios and odds ratios separately. We also separately combined studies which defined depression as a categorical or a continuous variable.

Results After de-duplication, the search identified 7402 studies. Twenty-two studies were eligible for inclusion in the review, 17 of which were included in the meta-analyses. Meta-analyses showed an increased hypertension risk among depressed versus non-depressed participants (pooled OR: 1.31, 95% CI: 1.05–1.64; pooled HR: 1.18, 95% CI: 1.02–1.36). Among studies which assessed depressive symptoms on continuous scales meta-analyses indicated an increased risk with every unit increase on the depressive symptoms scale (pooled OR: 1.06, 95% CI: 0.97–1.16; pooled HR: 1.06, 95% CI: 1.01–1.12).

Discussion Our review findings provide evidence that depression may be associated with an increased risk of hypertension. However, existing studies have important limitations and the substantial heterogeneity between studies included in two of the four meta-analyses remained unexplained after performing subgroup analyses. Before concluding that depression is indeed associated with an increased risk of hypertension, future prospective studies should improve the accuracy of exposure and outcome assessment, aim to take all major confounding and effect modifying factors into account, and present effect estimates for subgroups in order to help facilitate more meaningful meta-analyses of study findings. Further research is also needed to determine whether the observed association between depression and hypertension is causal.

P44 SELF-HARM, VIOLENCE AND PREMATURE DEATH AMONG YOUNG PERSONS WHO EXPERIENCED TRAUMA-RELATED HOSPITALISATION DURING CHILDHOOD: A NATIONAL REGISTER-BASED COHORT STUDY

¹RT Webb*, ^{2,3}S Antonsen, ¹MJ Carr, ¹L Appleby, ^{2,3}CB Pedersen, ¹PLH Mok. ¹Centre for Mental Health and Safety, The University of Manchester, Manchester UK; ²Centre for Integrated Register-based Research (CIRRAU), Aarhus University, Aarhus, Denmark; ³National Centre for Register-based Research, Aarhus University, Aarhus, Denmark

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Background Epidemiological research has reported strong links between trauma-related hospitalisation and future risks of fatal and nonfatal adverse outcomes. However, some important research questions remain unanswered, including association with hospitalisation occurring specifically during childhood, longer-term follow-up from mid-adolescence through the earlier stages of adulthood, assessment of self-harm versus violence risks in the same study population, and absolute risk estimation. To reduce risk in young people, clinicians and public health experts require a better knowledge of subsequent pathways for individuals who experience trauma-related hospitalisation during childhood.

Methods This national cohort study examined n=1,087,672 persons born in Denmark 1977–1997 with complete linkage to national psychiatric, general hospital and crime registers. Survival analyses (© SAS Institute Inc.) was used to estimate incidence rate ratios (IRRs) for self-harm, violent criminality, interpersonal violence injury, and all-cause mortality between 15th and 35th birthdays among cohort members with and without trauma-related hospitalisation prior to 15th birthday. Accounting for competing risks, cumulative incidence

percentage values were estimated to age 35. Estimates were stratified by gender and by reason for hospitalisation during childhood: self-harm, interpersonal violence or accident.

Results Risk for each adverse outcome assessed was raised among young persons who experienced trauma-related hospitalisation at least once during childhood. Confounding by parental socioeconomic status, measured according to income, educational attainment and employment status, explained little of these risk elevations. Individuals hospitalised during childhood following self-harm or interpersonal violence had much higher risks for self-harm and violent criminality aged 15–35 years. Some particularly high cumulative incidence values were observed: subsequent violent offending in males hospitalised following interpersonal violence during childhood, 25.0% (95% CI 21.2–28.9); later self-harm in females hospitalised following interpersonal violence, 18.3% (95% CI 13.5–23.6) and following self-harm during childhood, 21.4% (95% CI 19.8–23.1). More frequent trauma-related hospitalisations, and hospitalisations for multiple trauma types at such an early age, conferred marked risk elevations through young adulthood.

Conclusion Although not all episodes of self-harm and interpersonal violence in the community are routinely captured via hospital records, trauma-related hospitalisation during upbringing may be a clinically useful marker for familial dysfunction and childhood distress that subsequently predicts internalised and externalised destructive behaviours among youths and young adults. Comprehensive national guidelines are needed to tackle the multifaceted vulnerabilities of children hospitalised for injuries or poisonings. Healthcare, social services and educational workers must provide particularly robust support to children hospitalised following self-harm or interpersonal violence, and those who experience multiple trauma-related hospitalisations during upbringing.

P45 SOCIAL AND SPATIAL MOBILITY AND SELF-REPORTED HEALTH IN OLDER-AGE: LINKAGE OF THE SCOTTISH LONGITUDINAL STUDY TO THE 1947 SCOTTISH MENTAL SURVEY

^{1,2}LF Forrest*, ^{1,2}C Dibben, ^{1,2}Z Feng, ³I Deary, ⁴F Popham. ¹Administrative Data Research Centre Scotland, University of Edinburgh, Edinburgh, UK; ²School of Geosciences, University of Edinburgh, Edinburgh, UK; ³Centre for Cognitive Ageing and Cognitive Epidemiology, University of Edinburgh, Edinburgh, UK; ⁴MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Glasgow, UK

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Background The use of administrative datasets to create new cohorts with large sample sizes allows us to answer research questions that we previously could not. Linkage to historic datasets allows exploration of factors that may be important across the life course.

There is debate within the literature as to whether social mobility inflates or constrains health inequalities. The role of geographical mobility is unknown. We were interested in exploring how spatial and social mobility might impact on health in older age using linked administrative and cohort data.

Methods The 1947 Scottish Mental Survey (a 1936 birth cohort of 70 805 individuals with age 11 cognitive ability test scores) was linked to the Scottish Longitudinal Study (a semi-random sample of 5.3% of the Scottish population), and backward linked to the 1939 register to obtain parental occupation in 1939 (as a measure of social origin) and forward linked to