were 0.82 (0.73, 0.90) and 0.99 (0.89, 1.08) respectively. Responses were consistent across vignette gender and most respondent characteristics. However, the relative importance given to different dimensions varied with respondent’s age. Differences for social engagement remained fairly constant at all ages, while the relative importance of disease decreased somewhat with increasing age. In contrast, differences for physical function, cognitive function, and productive engagement increased with increasing age.

Conclusion Clinical definitions of successful ageing that focus on longevity and disease do not reflect the views of the general population. In order to support and promote successful ageing, practitioners and policy makers should be aware of older people’s priorities for ageing and, in particular, understand how these differ from their own.

Abstracts

OP83 IS VOLUME OF PHYSICAL ACTIVITY MORE IMPORTANT THAN PATTERN OF ACCUMULATION FOR ONSET OF CARDIOVASCULAR DISEASE? A PROSPECTIVE STUDY OF OBJECTIVELY MEASURED PHYSICAL ACTIVITY INTENSITIES AND SEDENTARY BEHAVIOUR IN OLDER MEN

1,2B. Jefferis*, 1T. Parsons, 1,2S. Sartini, 1,2J. Ash, 1LT. Lennon, 1O. Papacosta, 3G. Wansomether, 3M. Lee, 3H. Wuhipcup. 1Primary Care and Population Health, University College London, London, UK; 2Physical Activity Research Group, University College London, London, UK; 3Hanafi Medical School, Brigham and Women’s Hospital, Boston, USA; 4Population Health Research Institute, St George’s University of London, London, UK

Methods Prospective population-based cohort study of 7735 men recruited from 24 UK General Practices in 1978–80. In 2010–12, 3137 surviving men were invited to complete a questionnaire about medical history and health behaviours and to wear an Actigraph GT3x accelerometer over the hip for 7 days. Physical activity intensity was categorised as sedentary: <100 counts/minute, light: 100–1040 counts/minute and moderate to vigorous PA (MVPA): >1040 counts/minute. A sedentary break was the interruption of a sedentary bout lasting >1 min by ≥1 min of activity >100 counts/minute. Men were followed up for CVD morbidity (ICD9 410–418) and mortality from 2010–12 to 1st June 2016. Cox proportional hazards models estimated Hazard Ratios (HRs) for CVD according to physical activity measured in 10 min bouts or breaking up periods of sedentary behaviour.

Results 1,566/3137 (50%) men returned an accelerometer with data and 1528 (49%) had ≥600 minutes/day wear time on ≥3 days. 254 men with pre-existing CVD were excluded, leaving 1274 men. Participants’ mean age was 78.4 years (range 71–92) years. The average number of minutes of MVPA accumulated increased with increasing age. Hence, in this population CVD prevention could focus on accumulating time in activities like brisk walking each day. Future studies should replicate analyses in women and younger populations.

OP84 IS SOCIAL DISADVANTAGE A CHRONIC STRESSOR? SOCIOECONOMIC POSITION AND CHRONIC STRESS AMONG OLDER ADULTS LIVING IN ENGLAND

G Chatzi*, T Chandra, A Cemao, N Shlomo. Social Statistics, University of Manchester, Manchester, UK

Background Living in social disadvantage has been conceptualised as a chronic stressor, although this contradicts evidence from recent studies using hair cortisol as a measure of hypothalamic-pituitary-adrenal (HPA) axis activity. The methodological limitations of previous studies investigating the association between socioeconomic position (SEP) and hair cortisol and cortisone are taken into account in this study which examines if lower SEP is associated with higher levels of HPA axis activity as measured by hair cortisol and cortisone among older adults.

Methods Cortisol and cortisone levels in hair samples from 2468 participants in the 6th wave of the English Longitudinal Study of Ageing (ELSA) are examined, in relation to educational attainment, wealth, social class, and employment status. Multivariable linear regression models were used to examine the association between socioeconomic position and cortisol and cortisone levels. Inverse probability weighting and multiple imputation were used to compensate for missing data. Interactions between social class and employment status were tested. All models were adjusted for gender, age, interaction between gender and age, ethnicity, marital status, hair colour, nurse visiting month, smoking status, body mass index, self-assessed health, number of medications, and depressive symptoms.

Results We found significant differences between the most and least advantaged social classes in their levels of hair cortisol and cortisone. Participants in the lower supervisory social class and retired had increased levels of cortisol (0.71 log(pg/mg), 95% CI 0.14 to 1.28) and cortisone (0.73 log(pg/mg), 95% CI 0.29 to 1.16) compared to participants in the most advantaged social class and those still in work. Among the economically inactive, the most disadvantaged social classes clearly had increased levels of hair cortisol and cortisone. Further analyses that take missing data into account showed that the complete case estimates of hair cortisone in the most disadvantaged groups were underestimated compared to estimates accounting for missing data, such as inverse probability weighting and multiple imputation.