

Methods During 2013–2015, 1278 adults seeking accommodation in East Village were recruited (participation rate 70%, $n=1278/1819$); 520 were seeking social housing, 524 intermediate (affordable) and 234 market-rent accommodation. Participants were followed-up after 2 years; those who moved into East Village formed the intervention group, and those who did not move to East Village controls. Self-reported mental-health (depression, anxiety), subjective well-being (life satisfaction, worthwhile, happiness), and neighbourhood perceptions (quality and crime-free) were assessed by questionnaire. Multilevel linear regression models examined change in these outcomes adjusted for age, sex, ethnicity and household (random effect), comparing those in the intervention group with controls, overall and by housing sector.

Results Of 1278 adults recruited at baseline, 877 (69%) adults were followed-up after two years; half ($n=440/877$) had moved to East Village. There were marginally lower levels of depression and anxiety amongst those who moved to East Village, compared with those who did not, but differences were not statistically significant. Overall levels of positive well-being (including life satisfaction, worthwhile, happiness) were marginally higher amongst participants who moved to East Village, but again differences were not statistically significant. However, increases in life satisfaction and happiness amongst those living in intermediate accommodation in East Village were stronger ($p=0.01$, $p=0.05$ respectively). The most marked differences were in neighbourhood perceptions, where sizeable increases in both quality and crime-free status were observed amongst those living in East Village compared with those who were not, overall and in each housing sector (all P values <0.01). There was also the suggestion that improvements in crime-free perceptions were stronger in the social and intermediate sectors compared to those in market-rent accommodation (test for interaction, $p=0.04$).

Conclusion East Village had modest effects on measures of well-being, but appreciable effects on neighbourhood perceptions. Longer-term exposure to better neighbourhoods could plausibly have beneficial effects for health, particularly for both mental health and well-being, more so among those from less privileged circumstances, who potentially have the most to gain.

RF10 **CHRONIC INFLAMMATION AND SUBSEQUENT DEPRESSIVE SYMPTOMS: THE MEDIATING ROLE OF SLEEP**

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Background Systemic inflammation has been associated with the onset of depressive symptoms. However, the exact mechanisms underlying the relationship between inflammation and depression remain elusive. This study examined whether sleep explained the association between elevated levels of inflammatory markers and subsequent depressive symptoms in an English nationally representative sample.

Methods The sample consisted of 2953 men and women (aged 50+) recruited from the English Longitudinal Study of Ageing (ELSA) an ongoing, open, representative prospective cohort study. Four waves of data between 2008/09 (wave 4) and 2016/17 (wave 8) were analysed. Serum levels of

inflammatory markers (C-reactive protein (CRP)) and covariates (age, sex, education, wealth, body mass index, smoking, cholesterol, triglyceride) were measured at wave 4 (considered here as the baseline). Self-reported sleep disturbance (vs no sleep disturbance) was examined via three items of the Jenkins Sleep Problems Scale (difficulty falling asleep, trouble remaining asleep and morning tiredness) at a four-year follow-up (wave 6, 2012/13). Depressive symptoms were assessed at baseline and six years later (wave 7, 2014/15) using the 8-item version of the Centre for Epidemiological Studies Depression Scale (CES-D) (excl. the item on sleep). Binary mediation analysis was used to investigate whether sleep mediated the relationship between systemic inflammation and depressive symptoms, adjusting for the full set of covariates.

Results High baseline levels of CRP were significantly associated with greater odds of subsequent depressive symptoms, independent of age, sex and baseline depressive symptoms (Odds Ratio (OR)=1.32 (95% Confidence Intervals (CI)) 1.02–1.70). Further adjustment for socio-economic variables (education, wealth status) attenuated this relationship to non-significance (OR=1.17 (95% CI) 0.90 to 1.53). Moreover, high CRP levels at baseline were significantly related to higher odds of reporting sleep disturbance at wave 6 (OR=1.44 (95% CI) 1.14 to 1.82). Sleep disturbance was associated with greater odds of subsequent depressive symptoms (OR=2.69 (95% CI) 2.03 to 3.57). Mediation analyses revealed that sleep problems mediated the relationship between high CRP and depressive symptoms, explaining a total of 65.61% of this association.

Conclusion Our results showed that sleep acted as a strong partial mediator of the relationship between elevated levels of CRP and subsequent depressive symptoms in an English nationally representative sample. Targeting sleep disturbance via tailored interventions may be effective in alleviating inflammation-associated depressive symptoms.

RF11 **THE ASSOCIATION BETWEEN DIFFERENT MEASURES OF DEPRESSION AND SUBSEQUENT MAJOR CARDIOVASCULAR EVENTS**

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Background Associations between depression and cardiovascular disease have been reported in a number of studies. However, in many of these, the results have not been adjusted for potentially important confounding factors. With the large amount of data collected, the UK Biobank offers a unique opportunity to investigate to what extent different measures of depression remain independent risk factors for major cardiovascular events (MCVE) after controlling for a number of potential confounding factors.

Methods We used data from 275,759 UK Biobank participants without a history of cardiovascular diseases and major mental disorders other than depression who had complete data available. In primary analyses, depression was defined as one or more of self-reported depression, antidepressant use, or hospital admission for depression. In secondary analyses, the effects of each of the subcategories of depression were analysed separately. MCVE were defined as first-ever fatal or non-fatal stroke or myocardial infarction ascertained from hospital