equivocal evidence indicates the influence of marketing on sugary food and drink sales and consumption. However, little research has explored this relationship for SSBs, among adult samples, or using diverse marketing exposures. There are no cross-country comparisons of this relationship.

Aim We aim to answer:

i. Does SSB consumption vary according to self-reported exposure to sugary drink marketing?

ii. Does the relationship between SSB consumption and self-reported exposure to sugary drink marketing vary by country?

Methods We analysed data from the 2017 International Food Policy Research Institute (IFPS), a cross-sectional, online survey that sampled adults aged 18 to 64 years in Australia (n=3,767), UK (n=4,047), Mexico (n=4,057), USA (n=4,868), and Canada (n=2,139; aged 31 to 64 years). Surveys covered eating patterns, food environments, purchasing, knowledge of and attitudes to a range of policy measures. This included a seven-day Beverage Frequency Questionnaire. Dependent (SSB consumption) and independent variables (amount of self-reported sugary drinks marketing exposure) were computed, and potential confounders identified. A multinomial logistic regression model examined relative odds of non-, low- or high-weekly SSB consumption by marketing exposure, country, sex, age, and work status. The same model was reconstructed with interaction between marketing exposure and country, and a log likelihood test was used to compare the models.

Results SSB consumption varied according to self-reported exposure to sugary drinks marketing. 57% of respondents consumed SSBs, and 72% self-reported exposure to sugary drinks marketing. Compared to those reporting no sugary drinks marketing exposure, those reporting greater exposure were more likely to have low- or no-SSB consumption and more likely to have high- than no-SSB consumption (ps<0.05). Respondents in Mexico (relative to Canada) and men (vs women) also reported higher sugary drinks consumption, whereas those from the UK, USA (relative to Canada), and older respondents reported lower consumption (ps<0.05). The relationship between self-reported sugary drinks marketing exposure and SSB consumption varied by country (p=0.0286).

Discussion SSB consumption was positively associated self-reported exposure to sugary drinks marketing in all countries, but this relationship varied by country. These analyses are cross-sectional, but the IFPS panel will be re-contacted annually enabling future longitudinal analyses. Improving understanding of the influence of marketing on SSB consumption could help policymakers to augment current strategies to reduce SSB consumption.

Abstracts

RF37 PREDICTORS OF LONELINESS AMONG OLDER MEN AND WOMEN IN ENGLAND

H Yang, PA Bath*, Information School, The University of Sheffield, Sheffield, UK

Background Loneliness has been considered as a serious social and public health problem among older people. Understanding factors that affect loneliness among older adults is particularly important. However, Loneliness is a complex and multidimensional construct, which is associated with a wide variety of factors. A consideration of multiple dimensions is essential to gain a complete picture of an individual’s state of loneliness.

Objective The objective of this study is to investigate the prospective impact of a wide range of factors on loneliness with a focus on: (a) which factors are closely related to the feelings of loneliness, and whether they perform consistently as people age, and (b) whether men and women differ in loneliness experiences.

Methods Data used in the study were from a population-based sample of 3838 core members who participated in all the waves of the English Longitudinal Study of Ageing (ELSA) (2002–2015). Binary logistic regression analyses were conducted to understand the relationship of loneliness and associated factors on two sets of experiments: (a) four different wave points with a 4-year measure span were selected to examine the effect of different groups of factors on loneliness prediction and potential prediction changes when ageing. (b) The predictive models were built on separate gender datasets to investigate whether the risk factors for men and women were different. Statistical software SPSS (version 23) was used in the analyses.

Results Variables in the models included: gender, age, marital status, closeness to spouse, contact with children and friends, money shortage, health problem, and depression. The results on four wave points showed that widowhood, emotionally distant to spouse, and depression displayed consistently significant association with loneliness. But contact with friends, money shortage and health problem only showed significance on one or two waves. It suggested there might be changes in risk factors for loneliness as people age. The results on separate gender data confirmed that being widowhood or not close to partner led to a higher risk of being loneliness for women, while health problem and infrequent contact with friends increased the feelings of loneliness in men.

Conclusions This study identified important risk factors influencing loneliness experience. The findings from the study showed some evidence that the impact of risk factors might change when ageing or in different gender. Knowledge about such difference will be helpful in the development of targeted interventions to fight against loneliness in later life.

RF38 I’VE ALWAYS DONE WHAT I WAS TOLD BY THE MEDICAL PEOPLE – A MIXED METHODS STUDY OF OLDER PEOPLE’S REASONS FOR ATTENDANCE AT A NEW FALL PREVENTION CLINIC

1S McHugh, 1E Racine*, 2F Cronin, 2L O’Sullivan, 2S Moriarty, 2S Turvey, 4P Barry, 5C O’Connor, 5S Timmons, 5PM Kearney. 1School of Public Health, University College Cork, Cork, Ireland; 2St Finbarr’s Hospital, Cork, Ireland; 3Health Service Executive, Cork, Ireland; 4Cork University Hospital, Cork, Ireland; 5Mercy University Hospital, Cork, Ireland; 6Centre for Gerontology and Rehabilitation, University College Cork, Cork, Ireland

Background Falls are one of the most serious and common threats facing older adults. Multifactorial falls risk assessment can reduce the rate of falls among community dwelling older adults and is recommended as a first step in the early detection and management of risk factors. It is used as a gateway for older people to access evidence-based interventions targeting their individual risk factors. However, effective interventions will only reduce the rate and risk of falls if there is a high level of uptake in the population and suboptimal uptake