

Census of Ireland. Factors associated with self-harm and repetition of self-harm were compared between the homeless and those living at fixed residence using multivariable-adjusted logistic regression models.

Results There were 58,747 presentations of self-harm in total, of which 3.9% were among the homeless. The ASIR of self-harm was 30 times higher among the homeless (5,572 presentations per 100,000) compared with those living at fixed residence (187 presentations per 100,000). Intentional overdose was the most common method of self-harm for all; relative to those with fixed residence, homeless individuals were significantly more likely to use minor tranquilisers (47% vs 39%, χ^2 : $p<0.001$) or street drugs (19% vs. 6%, χ^2 : $p<0.001$) for overdose. Homeless people had significantly higher odds of self-harm repetition within 12 months (vs. fixed residence, AOR 1.46, 95%CI 1.21–1.77). Within the homeless population, the odds of self-harm repetition were significantly increased among those who engaged in self-cutting (vs. overdose, AOR 1.76, 95%CI 1.17–2.65) and those who did not receive psychiatric review at index presentation (vs. reviewed, AOR 1.54, 95%CI 1.05–2.26).

Conclusion There is a disproportionate burden of self-harm among the homeless. Those who present with self-cutting, and who do not receive psychiatric review at index presentation, are particularly vulnerable to repetition. Although this study only reflects self-harm presenting to hospital, and assumes no change in homelessness status during follow-up, it is the largest study of self-harm among the homeless conducted to date. The results may be used to strengthen suicide prevention efforts through earlier recognition of high-risk homeless individuals.

P65 HYPERTENSION IN PREGNANCY PREVALENCE, RISK FACTORS AND OUTCOMES FOR WOMEN BIRTHING IN IRELAND

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10.1136/jech-2019-SSMabstracts.216

Background Hypertensive disorders of pregnancy account for nearly 18% of all maternal deaths world-wide. They are associated with increased risk of maternal and neonatal morbidity, adverse pregnancy outcomes and long-term health risks for both mother and baby. This study aims to determine prevalence, risk factors and outcomes associated with hypertensive disorders of pregnancy (Pregnancy-induced hypertension, pre-eclampsia, eclampsia, HELLP, hypertensive disorder of pregnancy unspecified).

Methods Data on maternity hospital discharges (ICD codes O00-O99) for women giving birth in Ireland in 2016 were extracted from Hospital In-Patient Enquiry (HIPE) using Health Atlas. Women discharged following delivery were identified using ICD-10 codes O80-O84 for delivery. Those with a diagnosis of a hypertensive disorder of pregnancy were identified using ICD-10 codes O10-O16. Frequencies and descriptive statistics were used to present prevalence rates of hypertensive disorders of pregnancy. Pearson's Chi-square and multivariate analyses were conducted to identify risk factors. Data was analysed in SPSS version 25 and JMP version 9.

Results Of 60,188 births, 3531 women (5.9%) had a hypertensive disorder of pregnancy. Rates were higher among

women with pre-existing diabetes, gestational diabetes, obesity and those age ≥ 40 years ($p<0.001$). Women with a diagnosis of a hypertensive disorder of pregnancy had a higher risk of poor foetal growth (OR 2.6), preterm labour and birth (OR 3.7), placental abruption (OR 2.0), long labour (OR 1.4), instrument-assisted delivery (OR 1.2), caesarean section (OR 1.8), postpartum haemorrhage (OR 1.6) and length of stay ≥ 6 days (OR 5.6).

After adjusting for all factors, obesity (OR 4.3) pre-existing diabetes (OR 3.5), gestational diabetes (OR 1.5) and being aged ≥ 40 years (1.5) remained significantly associated with being diagnosed with a hypertensive disorder.

Conclusion As the number of overweight and obese pregnant women, women giving birth aged ≥ 40 years, and those with pre-existing diabetes mellitus or new onset gestational diabetes increase rates of hypertensive disorders of pregnancy will likely become more common obstetric risks. They therefore represent a significant public health concern. These findings can help inform strategies for identifying factors associated with hypertensive disorders of pregnancy.

P66 TAKING NUDGE DIGITAL WITH FOOD CHOICE AT WORK: FROM EVALUATION TO PRACTICAL APPLICATION IN EVERYDAY WORKPLACE SETTINGS

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10.1136/jech-2019-SSMabstracts.217

Background Evidence on effective workplace dietary interventions is limited. The Food Choice at Work trial assessed the comparative effectiveness of a workplace dietary intervention involving nutrition education and system-level dietary modification both alone and in combination versus a control workplace on employees' dietary intakes, nutrition knowledge and health status. An economic evaluation assessed the cost-effectiveness of the interventions from the perspective of healthcare providers in terms of QALYs and employers in terms of monetary benefits (reduced absenteeism).

Methods Four manufacturing workplaces in Ireland were allocated to control, nutrition education (Education), system-level dietary modification (System-level) and nutrition education and system-level dietary modification (Combined). Nutrition education included group presentations, individual consultations and detailed nutrition information. System-level dietary modification included menu modification, fruit price discounts, strategic positioning of healthier alternatives and portion size control. Data on dietary intakes, nutrition knowledge, health status, QALYs and absenteeism were obtained at baseline and at 7–9 months follow-up. Multivariate analysis of covariance compared changes across the groups. The economic evaluation included cost-utility and cost-benefit analyses.

Results Follow-up data were obtained for 541 employees (18–64 years) (64% of 850 recruited). There were significant positive changes in intakes of saturated fat ($p=0.013$), salt ($p=0.010$) and nutrition knowledge ($p=0.034$) between baseline and follow-up in the combined intervention versus the control. Significant changes in BMI (-1.2 kg/m² ($p=0.047$)) were also observed in the combined intervention. System-level modification yielded the highest additional QALYs (€101.37/QALY) and annual net benefit for employers (€56.56/employee).