

Results In all the three countries, this study finds health expenditure to be the predominant out of pocket cost incurred by women experiencing violence. Women who experience violence also have statistically significant higher depression, disability and acute illness scores, and thus indicate the broader health impacts of VAWG. These health impacts affect the overall productivity of women experiencing violence. Approximately 80 million productivity work days in Pakistan, 65 million productivity work days in Ghana, and 8.5 million productivity work days in scaled population of South Sudan are lost due to women experiencing any violence. The productivity loss indicates the significant impact VAWG has on the overall economy.

Conclusion The results of this study on the socioeconomic cost of VAWG highlight the need for crucial action by a wide range of actors, from local authorities and community leaders to national government. Moreover, the results suggest the potential burden that VAWG places on the health sector in the countries studied. The health and economic impacts outlined in this study together build a strong economic case for investment by government and donors in the prevention of VAWG.

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DISPARITIES IN BREAST CANCER SCREENING UPTAKE ACCORDING TO TYPE OF MENTAL ILLNESS: A POPULATION-BASED RECORD LINKAGE STUDY

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Background Evidence from the United States (US) suggests that uptake of breast cancer screening is lower for women with severe mental illness, but it is unclear whether this applies to the United Kingdom (UK) where services are free at the point of access. Furthermore, no attempt has been made to investigate whether this finding extends to the more prevalent mental disorders. The aim of this study was to conduct the first population-wide record linkage study of the influence of poor mental health and different types of mental disorder (as assessed by use of psychotropic medications) on routine breast screening uptake in the UK.

Methods Breast screening records were obtained from the National Breast Screening System (NBSS) and were subsequently linked to 2011 Census data within the Northern Ireland Longitudinal Study (NILS). This resulted in a cohort of 57,328 women who were followed through one complete three-year screening cycle of the National Health Service (NHS) breast screening programme. Psychotropic medication receipt was derived from a centralised prescribing database and classified according to prescriptions in the three months preceding screening invite. Other individual and household-level cohort attributes known to be associated with breast screening uptake were derived from Census records. Logistic regression was employed to calculate age-only and fully-adjusted odds ratios (ORs) and 95% confidence intervals of attendance at breast screening.

Results Over a third of women received at least one prescription for psychotropic medication in the three months prior to screening invite and these women were 15% less likely to attend screening (OR 0.85: 0.81–0.88). Although significantly reduced uptake was observed for individuals in receipt of all

types of psychotropic medication, attendance was particularly low for women prescribed antipsychotics (OR 0.63: 0.56–0.70), anxiolytics (OR 0.61: 0.57–0.66), or hypnotics (OR 0.68: 0.63–0.72). Additionally, there was evidence that this association was further influenced by severity of mental illness (as assessed by duration of medication usage).

Conclusion This study advances our current understanding of the factors contributing to suboptimal breast screening uptake rates, confirming the existence of disparities in breast screening uptake for individuals with poor mental health in the United Kingdom (U.K), and for the first time, demonstrating that the observed disparities vary according to the type and severity of mental disorder examined. The extension of this association to common mental disorders is of particular concern given the high prevalence of these disorders worldwide.

OP111

ORAL HEALTH, DISABILITY AND PHYSICAL FUNCTION: RESULTS FROM STUDIES OF OLDER PEOPLE IN THE UK AND USA

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Background Disability and poor physical function have major impacts on the health and well-being of ageing populations. Poor oral health (tooth loss, periodontal (gum) disease, dryness of mouth) are also very common health problems in older populations, and adversely impact nutrition and quality of life. Studies suggest that poor oral health in older age is associated with disability, however most studies have limited oral health measures. We investigated the association of a range of objectively and subjectively assessed oral health markers with disability and physical function in two population-based studies of older people in the UK and USA.

Methods Cross-sectional analyses were conducted in the British Regional Heart Study (BRHS) comprising men aged 71–92 (n=2147) from 24 British towns, and the US Health, Aging and Body Composition (HABC) Study comprising men and women aged 71–80 (n=3075). Assessments included objective measures of oral health (periodontal disease, tooth count), and subjective measures (dry mouth, self-reported oral health, dental service use), and disability [mobility limitations, Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL)], and physical function (grip strength, gait speed, chair stand test). Logistic regression models, adjusted for confounding variables, were used to examine the associations between oral health and disability and physical function.

Results In the BRHS, dry mouth, tooth loss, and cumulative oral health problems (≥ 3 problems) were associated with greater risks of mobility limitations, problems with ADL and IADL; these remained significant after adjustment for confounding variables (for ≥ 3 dry mouth symptoms, odds ratio (OR)=2.68, 95%CI=1.94–3.69; OR=1.76, 95%CI=1.15–2.69; OR=2.90, 95% CI: 2.01, 4.18, respectively). Similar results were observed in the HABC Study for mobility limitations and ADL (for ≥ 3 oral health problems, OR=2.19, 95%