Sampling strategy to select participants and their roles in a hearing - expert witness, inquiry panel, facilitator or audience;

The type of evidence presented – scientific, professional or lay;

What counts as data and how deliberation is recorded;

Quality of deliberation and whether a consensus is achieved;

Ethical issues about the public nature of deliberation.

Conclusion Deliberative methods are under-utilised as a research method in public health; however, they require attention to design issues to secure genuine deliberation on a topic. This set of design choices will support researchers in generating and testing evidence through an expert hearing.

CHARACTERISTICS ASSOCIATED WITH CARDIOVASCULAR MULTIMORBIDITY IN UK WOMEN AGED 50–64 YEARS: CROSS-SECTIONAL ANALYSIS OF THE MILLION WOMEN STUDY


Background Multimorbidity, the co-occurrence of two or more chronic conditions in one person, is more common in women than in men. It is associated with lower life expectancy, lower quality of life, and greater use of health services compared to men. It is associated with lower life expectancy, lower quality of life, and greater use of health services compared to men.

Methods Twenty chronic CVDs were selected based on clinical importance and number of records, primarily from chapter IX of the International Classification of Diseases v10. Characteristics were compared between women with 0, 1 or 2+ CVDs recorded in self-reports and hospital admissions up to recruitment, adjusting for five age categories (referent: 56–59 years).

Results Among 1,272,020 women, 0.7% (n=8463) had CVM and 5.3% (66,805) had one CVD. The most common CVDs were ischaemic heart disease (4.7%), stroke (1.2%), atrial fibrillation (0.2%), and venous thromboembolism (0.2%); among those with CVM, 85% had ischaemic heart disease and 54% had stroke. Women with CVM were older and, after adjustment for age, were more likely to have common cardiovascular risk factors. In women with no CVDs and those with CVM, respectively: 19.2% (95% CI 19.2–19.3) and 25.1% (24.1–26.0) were current smokers; 39.4% (39.4–39.6) and 22.7% (21.8–23.7) did strenuous physical activity at least once a week; mean BMI was 26.2 (26.1–26.2) and 28.1 (28.0–28.2). Women with CVM were substantially more likely to be in the most deprived fifth and have no educational qualifications. There was little association between CVM and reproductive factors, although women who had ever breastfed were slightly less likely to have CVM. Women with no CVDs were much less likely to report treatment for diabetes, hypertension, and high cholesterol than those with CVM; 15.0% (14.9–15.1) and 43.9% (42.9–45.0), respectively, were being treated for hypertension.

Conclusion Age-adjusted prevalence of CVM in UK women was associated with behavioural and socioeconomic characteristics, and with treatment for major cardiovascular risk factors, but largely not with reproductive factors. This cross-sectional study could not assess potential for reverse causation or confounding by other factors, and future prospective analyses will contribute to better understanding of these relationships.

TESTING THE IMPACT OF IAPT ON HEALTHCARE COSTS AND EMPLOYMENT: A STEP-WEDGE DESIGN

1V Toffolutti*, 2Thames Valley, 3Oxford Academic Network, 4McKee, 1Stoddker, 3Clark. Dondena Centre, Bocconi University, Milan, Italy; 1Thames Valley Clinical Commissioning Groups, Thames Valley Clinical Commissioning Groups, UK; 1Oxford Academic Network, University of Oxford, Oxford, The UK; 1Department of Public Health and Policy, London School of Hygiene and Tropical Medicine, London, UK; 1Department of Social and Political Science, Bocconi University, Milan, Italy; 4Department of Experimental Psychology, University of Oxford, Oxford, UK

Background According to the World Health Organization (WHO), depression is ranked as the single largest contributor to global disability. The Improving Access to Psychological Therapies (IAPT) programme is a large-scale initiative that aims to greatly increase the availability of NICE recommended psychological treatment for depression and anxiety disorders within the National Health Service in England. This study evaluates whether IAPT reduces healthcare utilization and associated health care costs and increases transition into employment.

Methods Gradual implantation of a stepped-wedge design of two cohorts covering 500 patients with depression and/or anxiety and comorbid long-term physical health conditions from three areas in Thames Valley (Berkshire, Oxfordshire and Buckinghamshire) for the period March 2017 – August 2017.

Results The wedge study findings showed a decrease in cost £345 total pp for 3 months so about £115 a month difference between the two cohorts. Results also showed a decrease by about 4.61[95% CI: -5.56, -3.66] (6.64 [95% CI: -7.67, -5.61]) [0.76 [95% CI: -1.22, -0.30] points per person in the GAD7 (PHQ9) [WASAS]. With respect to employment, results to find a job for those who were unemployed by about 29.9% [95% CI: 1.37–52.4], the marginal effects corresponds to 6.28 percentage points [95% CI: 2.19–12.3].

Conclusion IAPT treatment was associated with a significant decline in secondary care costs and significant increase in the probability to find a job for unemployed patients.

Supported by an ERC Grant 313590-HRES. Also funded by Wellcome Trust.

ASSESSMENT OF CARDIOVASCULAR RISK IN A SLUM POPULATION IN KENYA: USE OF WORLD HEALTH ORGANIZATION/INTERNATIONAL SOCIETY OF HYPERTENSION (WHO/ISH) RISK PREDICTION CHARTS

1A Vusirikala*, 2Kelesah, 3Kyobutungi, 1O Oyebode. 1Warwick Medical School, University of Warwick, Coventry, UK; 2African Population and Health Research Centre, (APHRC), Nairobi, Kenya

Background Although cardiovascular disease (CVD) is of growing importance in low- and middle-income countries (LMICs),
there are conflicting views regarding CVD as a major public health problem for the urban poor, including those living in slums. We examined multivariable risk prediction in a slum population and assessed the number of cardiovascular related deaths within 10 years of application of the tool.

Methods We analysed data from a cross-sectional survey conducted in the Nairobi Urban Health Demographic Surveillance population (residents of two slum communities) between May 2008 and April 2009. We used the World Health Organisation/International Society of Hypertension (WHO/ISH) cardiovascular risk prediction tool to examine 10-year risk of major CVD events in a slum population. 3063 men and women aged over 40 years with complete data for variables needed for the WHO/ISH risk prediction tool were eligible for inclusion in our analysis. CVD deaths in the cohort, reported up until June 2018 in regular demographic data collection rounds, with the cause identified through verbal autopsy are also presented. Non-fatal CVD events were not captured.

Results The majority of study members (2895, 94.5%) were predicted to have ‘low’ risk (<10%) of a cardiovascular event over the next 10 years and just 51 (1.7%) to have ‘high’ CVD risk (≥20%). 91 CVD deaths were reported for the cohort up until June 2018. Of individuals classified as low risk, 74 (2.6%) were identified as having died of CVD. Nine (7.7%) of individuals classified at 10–20% risk and eight (15.9%) classified at >20% were identified as dying of CVD.

Discussion To the best of our knowledge this is the first study to apply a multivariable risk prediction tool to a population in a slum or informal settlement. This is a low risk population profile in comparison to results from application of multivariable risk prediction tools in other LMIC populations. This indicates that CVD may be lesser issue in slums than in other areas of LMICs cities. We found evidence that the WHO/ISH tool distinguished groups at relatively lower or higher risk of CVD events. While the absolute risk in this population is over-estimated by the tool, this may be due to limitations in our study such as lack of data on non-fatal CVD events. Our findings have implications for health service planning in similar settings.