Corresponding values for women were 0.821 (baseline model) and 0.822 (augmented model). For both sexes, SES exhibited a significant effect on one-year mortality in the augmented model: odds ratios for the contrast between the least deprived and most deprived quintiles of SIMD were 0.701 (95% confidence interval: 0.590, 0.832) for men and 0.766 (0.640, 0.917) for women.
Conclusion Prediction of one-year mortality in people with T2DM was only marginally improved by the addition of SES (relative to the effects of age and of comorbidity). Previously-observed social gradients in mortality among people with diabetes may partly reflect unmeasured effects of comorbidity.

OP78 THE PREVALENCE OF TYPE 2 DIABETES AND RELATED COMPLICATIONS IN A NATIONALLY REPRESENTATIVE SAMPLE OF ADULTS AGED 50 AND OVER IN IRELAND

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Background Diabetes related complications are associated with poorer health and reduced quality of life. In Ireland, the prevalence of complications has been based on administrative and regional data; information on the national prevalence is limited. The aim of this study was to investigate the prevalence of diabetes and its related complications in a nationally representative sample of older adults in Ireland.
Methods Cross-sectional analysis of a population-based sample of adults aged 50 years or over who participated in the first wave of The Irish Longitudinal Study on Ageing, (2009–2011). Data from a computer-assisted personal interview were analysed. Self-report of doctor diagnosed diabetes was used to determine overall prevalence and age of diagnosis to estimate years since diagnosis. Micro vascular complications were defined as a self-reported doctor-diagnosis of leg ulcer, proteinuria, neuropathy, retinopathy or kidney damage. Macro vascular complications were defined as previous myocardial infarction, congestive cardiac failure, cerebrovascular accident or transient ischaemic attack. Analysis was carried out in Stata 12 using the survey function; weights were based on 2011 census figures. The chi-squared test assessed gender-specific differences in prevalence. Multivariate logistic regression was used to develop an explanatory model for the presence of either micro or macro vascular complications. The level of statistical significance was 0.05.
Results Data from 8175 participants were available for analysis. 634 individuals self-reported a diagnosis of diabetes. The overall weighted prevalence of doctor diagnosed type 2 diabetes was 8.0% (95% CI: 7.4%–8.6%) and was higher among men (9.6% males [8.6%–10.6%] versus 6.5% females [5.9%–7.5%]; $p \leq 0.001$). The median duration since diagnosis was 5 years (IQR 3–10 years). Nearly one third were diagnosed between the ages of 50–59 years (32.2% [28.1%–36.2%]). Among participants with type 2 diabetes, the overall prevalence of micro vascular complications was 26.1% (22.4%–30.1%) with no evidence of gender-specific differences ($p = 0.6$). The prevalence for each micro vascular complication was: leg ulcers 4.1% (2.7%–6.2%); proteinuria 6.5% (4.7%–9.0%); neuropathy 14.5% (11.7%–17.9%); retinopathy 8.4% (6.4%–11.1%); kidney damage 5% (3.4%–7.5%). Overall, the prevalence of reported diagnosed macro vascular conditions was 15.2% (12.3%–18.6%) and was higher among men (18.2% males [12.3%–18.6%] vs. 11.1% females [7.5%–16.2%]; $p \leq 0.001$).
Conclusion Diabetes is a common condition among older people in Ireland with a high burden of micro and macro vascular complications. Diabetes prevalence is projected to increase; therefore effective prevention strategies are urgently needed to reduce the burden of complications.

OP79 TRENDS OVER TIME IN RISK OF ISCHAEMIC STROKE AND ISCHAEMIC HEART DISEASE IN PATIENTS WITH DIABETES MELLITUS IN ENGLAND

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Background Ischaemic stroke and ischaemic heart disease (IHD) are well known complications of diabetes mellitus (DM). It is assumed that better control of blood glycaemia would decrease the occurrence of these complications. In the general population of England the prevalence of DM is increasing and the incidence of stroke and IHD is declining. We were interested in determining whether the excess risk of ischaemic stroke and IHD in people with DM has declined over time.
Methods We used English national linked Hospital Episode Statistics for 1999–2011. The outcomes of interest were hospitalisation and death from ischaemic stroke and IHD. We compared the rates of ischaemic stroke and IHD in the cohort of patients with DM with the rates in a diabetes-free control cohort. Results were expressed as a rate ratio (RR) standardised for age and for a range of other variables. RRs were calculated for each of the successive 4-year intervals. We selected cases based on ICD codes. The ICD 10 codes were E10-E14 for DM, I63 for ischaemic stroke, and I20-I25 for IHD. Only patients with a primary diagnosis of DM were included, to avoid case mix bias that might potentially arise from other co-morbidities.
Results In total there were 5666 and 32,409 patients with a primary diagnosis of DM who developed ischaemic stroke or IHD, respectively. The RRs for subsequent ischaemic stroke in people with DM were 2.43 (95% CI 2.35–2.51) in 1999–2002, 2.38 (2.25–2.51) in 2003–2006, and 2.34 (2.14–2.54) in 2007–2011. RRs for IHD in people with DM were 2.63 (2.59–2.66) in 1999–2002, 2.37 (2.31–2.42) in 2003–2006, and 2.37 (2.28–2.47) in 2007–2011.
Conclusion There was no decline in the excess risk, when compared to the control population, of ischaemic stroke in patients with DM over the last 13 years. A modest decline was observed in the excess risk of IHD between 1999–2002 and 2003–2006, but this improvement has not continued in recent years. These findings show that diabetes remains an important risk factor for stroke and IHD. They suggest that there were no major improvements in preventing these complications of DM at a population level in England.

OP80 BIRTH WEIGHT AND EMERGING TYPE 2 DIABETES RISK IN UK CHILDREN OF SOUTH ASIAN, BLACK AFRICAN-CARIBBEAN AND WHITE EUROPEAN ORIGIN – CHILD HEART AND HEALTH STUDY IN ENGLAND (CHASE)

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