Conclusion Such a high rate of premature mortality not only reflects social vulnerability, but also reveals the failure of intersectoral policies to control a situation that affects the prospects of adolescents, their families, and society as a whole. Epidemiological knowledge must translate to ethically oriented approaches by healthcare managers and governmental policymakers in order to minimise these deaths, which represent a serious health hazard and social disease in Brazil.

P1-334 | **USE OF WEIGHT-LOSS DRUGS IN SOUTHERN BRAZIL: A POPULATION BASED STUDY**

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Introduction Increasing prevalence of obesity worldwide reinforces the importance of studying weight-loss habits of the population. It is known that lifestyle modifications (LSM) should be the mainstay of overweight treatment and that use of drugs should be considered adjuvant in the process. Despite weight-loss attempts being common practices and Brazil being considered a major consumer of anorectic drugs, population-based studies are still scarce.

Methods Between January and May 2010 we conducted a cross-sectional population-based study with household interviews among adults in Pelotas, a medium size city located in southern Brazil, to determine the prevalence of weight-loss attempts in the last year and identify substances most commonly used.

Results Data were collected from 2732 individuals, with a rate loss of 10.3%. Overall prevalence of anti-obesity agents use was 4.8% (4.0 to 5.7), being higher in women (7.3%, CI 6.0 to 8.6) and among those of higher schooling (9.3%, CI 7.0 to 11.7). Drugs mainly used were: sibutramine (45.5%) amphetamines (31.8%) and herbal medicines (25.0%). Weight-loss formulae containing combinations of drugs, illegal in Brazil, were reported by 6.1% of users. Only 39.4% of drugs users referred to add dietary changes and regular exercise, and 47.0% slimming teas.

Conclusion Despite the regulations, medical prescription was just reported by 49.6% of the users. Moreover, we found a high prevalence of cardiovascular risk factors among users of sibutramine and amphetamines (hypertension: 30.9%; Hypercholesterolaemia: 27.7%; Diabetes: 10.8%; Age >40 years: 36.6%; Smoking: 10.4%) with 5% of sibutramine users reporting previous myocardial infarction or angina, contra indications for it usage.

P1-335 | **LONG-TERM CUMULATIVE RISK OF HERPES ZOSTER AMONG IMMUNOCOMPETENT ADULTS 60 YEARS AND OLDER**

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Introduction Herpes zoster (HZ) is a painful disease affecting mostly seniors. The goal of this study is to estimate the long-term cumulative risk of HZ in a general population 60 years and older.

Methods We conducted a retrospective cohort study of 227 277 randomly selected immunocompetent subjects from Kaiser Permanente Southern California members who were never vaccinated with a zoster vaccine, and followed them from 1 January 2007 to 31 December 2009. We estimated the age-specific incidence rates, and used density method to derive the long-term cumulative risk of HZ, assuming the incidence rate is stable over time and no cohort effect.

Results The 10-, 20-, and 30-year risks of HZ are 0.10 (95% CI 0.09 to −0.11), 0.21 (95% CI 0.19 to 0.24), and 0.34 (95% CI 0.30 to 0.38) for White men, and 0.14 (95% CI 0.13 to 0.16), 0.30 (95% CI 0.27 to

0.32), and 0.42 (95% CI 0.39 to 0.46) for White women, respectively. For Black men, the 10-, 20-, and 30-year risks are 0.08 (95% CI 0.06 to 0.10), 0.17 (95% CI 0.12 to 0.22), and 0.23 (95% CI 0.15 to 0.33), and for Black women, they are 0.09 (95% CI 0.07 to 0.12), 0.20 (95% CI 0.16 to 0.25), and 0.30 (95% CI 0.23 to 0.38).

Conclusions As the ever-increasing number of baby boomers is entering the retirement years, the number of elderly population is expected to increase. We estimated that the long term risk of HZ among people over age of 60 years is higher than previously expected. It may be prudent to suggest prevention measures such as vaccination to reduce the risk of HZ in this population.

P1-336 | **VALIDATION OF NHS HOSPITAL ADMISSION RECORDS FOR ISCHAEMIC HEART DISEASE IN THE MILLION WOMEN STUDY**

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Introduction The Million Women Study is a large longitudinal UK study of women's health. Between 1996 and 2001, 1.3 million women mostly aged 50—64 years were recruited through NHS breast screening centres in England and Scotland. Their current average age is 68 years. For all participants, the study has linkage to hospital admission records (Hospital Episode Statistics [HES] for England, Scottish Morbidity Records) as one source of study outcomes. Ischaemic heart disease (IHD) is one of the leading causes of disability and death in women in their 60s. However, the accuracy of capturing IHD in women using hospital admission records unclear.

Methods The aim of this study is to validate the occurrence or absence of IHD in HES records in Million Women Study participants using general practice records. A random sample of 1000 women with a hospital record including an IHD diagnosis (ICD I20—I25) and 1000 women with no such admission (controls) were selected. We wrote to each woman's registered general practitioner (GP) asking for confirmation of an IHD diagnosis or not. Each GP was asked to complete a study form, supply relevant hospital documents and return these in a prepaid reply envelope. For each admission, HES data will be compared with GP data.

Results Response rates were 83% for IHD and 88% for controls. Results will include analysis of the agreement between general practice medical records and HES admissions data for both cases and controls. The implications of using administrative datasets for epidemiological research outcomes will be discussed.

P1-337 | **SOCIAL INEQUALITY IN MORTALITY: CAUSALITY OR SELECTION?**

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Introduction The aim of this study was to examine to which degree the often demonstrated association between educational status and mortality is confounded by family characteristics, that is environment in childhood and genetic setup. To disentangle an independent causal effect of educational status on mortality from selection mechanisms, we used a discordant sibling design making it possible to control for the shared early life environment and to a lesser degree genetic setup per design.

Methods The study was register-based and the study population consisted of all individuals born in Denmark between 1950 and 1979