

governmental organisation and offers free space for social interaction, cognitive and physical stimulation, guidance and support to caregivers.

**Objective** Describe the sociodemographic, cognitive and affective aspects of the elderly (n=46) and their caregivers (n=34) through a cross-sectional descriptive study evaluating cognitive functioning, dementia, depressive symptoms, performance in basic (BADLs) and instrumental (IADLs) activities of daily living, and emotional overload and common mental disorder of the caregiver.

**Results** The mean age of the elderly individuals was 77 years-old (SD ±9), 76% were women, 67% live without a partner, 93% were retired and 50% had <4 years schooling. Average participation in the ADC was 24 months, 79% presented cognitive impairment and 57% mild, moderate or severe dementia. For BADLs, 94% showed some dependence on caregivers, while for IADLs, 100% were dependent. Among the elderly, 35% presented depressive symptoms that are correlated with the presence of cognitive impairment (p=0.004). Among the caregivers, 47% reported emotional overload, while 41% presented common mental disorders. The relevance of the proposal was verified, considering the fragility of the elderly and the burden and emotional distress of caregivers.

**SP1-78 ASTHMA-RELATED HOSPITAL MORBIDITY IN POLAND**

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**Introduction** Asthma prevalence is growing in many countries. The prevalence of asthma is particularly high in developed countries. In Poland asthma morbidity is growing. The aim of this study was to assess the hospital morbidity in Poland and to examine the area-based factors (socioeconomic, accessibility to the health services and air pollution) that influence morbidity.

**Methods** We used data from the "Hospitalisation" project in which the National Institute of Health, National Institute of Hygiene collect data on hospital admissions across the country. An asthma hospitalisation was defined as a hospitalisation ICD 10 coded J45 or J46 between 2004 and 2006. Data on the population, healthcare accessibility and the level of air pollution at the voivodship level for the same years was also used.

**Results** An increase in asthma hospitalisation rates was observed over the study period with regional variation in hospital morbidity. Asthma hospitalisation rates were related to the level of average wage (β=-1.69, p<0.001), physician accessibility (β=1.50, p=0.002), the percentage of young people in population (β=-0.43, p=0.040) and sulphur dioxide air pollution level (β=-0.79; p=0.006).

**Conclusions** There is high variation in asthma hospital morbidity according to voivodships in Poland which can be partially explained, at the population level, by access to healthcare services and air pollution.

**SP1-79 BIRTH ORDER, GESTATIONAL AGE AND BIRTH WEIGHT AND THE AGE AT ONSET OF PUBERTY: EVIDENCE FROM HONG KONG'S "CHILDREN OF 1997" BIRTH COHORT**

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**Introduction** Intrauterine and pubertal factors are associated with reproductive and cardiovascular health in both sexes. It is unclear how intrauterine exposures, birth order, gestational age and birth weight, also affect the timing of puberty.

**Methods** We used interval-censored survival analyses in 3750 boys and 3241 girls (84% follow-up) in a Chinese birth cohort, "Children of 1997", comprising 88% of births in Hong Kong in April and May 1997, to examine the adjusted associations of birth order, gestational age and birth weight with age at onset of puberty (Tanner stage II). We also examined whether the associations varied with sex or height at 7 years.

**Results** Birth order and birth weight were unrelated to the age at onset of puberty, adjusted for sex, gestational age and socio-economic position. Gestational age had a sex-specific association with age at onset of puberty, and was associated with earlier onset among girls (Time Ratio 0.994, 95% CI 0.991 to 0.997) but not boys. None of these associations varied with childhood height.

**Conclusion** Intrauterine exposures, as proxied by gestational age, birth order and birth weight, had little impact on the timing of the onset of puberty, which was only evident for gestational age among girls. Given that it is unclear whether onset, duration or intensity of puberty is more relevant to the detrimental consequences of early puberty, further studies investigating intrauterine, infant and childhood influences on the duration and intensity of puberty may help unravel the early origins of cardiovascular diseases and breast cancer.

**SP1-80 PROGRAM EVALUATION FAMILIAL CANCER GENETIC COUNSELLING IN THE COMMUNITY OF VALENCIA. SPAIN (2005-2010)**

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**Background** In 2005 the Health Department of the Valencia (Spain), implemented a program of familial cancer. The objective of this program is to reduce cancer incidence and mortality in those with a known genetic predisposition. Through Genetic Counselling Units in Cancer (UCGC) a multidisciplinary team provides information, recommendations and follow-up more appropriate for the patient and family.

**Method** Descriptive analysis from the start of the program in May 2005 to December 2010, through indicators of organisation and effectiveness: number of people who come to the UCGC, average size of families, rates, appropriate referrals, families with identified mutations, and distribution of the gene results for index cases and family.

**Results** 9.942 people have been treated, 870 was referred from primary care and 9.072 from specialty care. 79% of the consultations met criteria for genetic studies. The 59% related to the syndrome of breast and ovarian cancer and 32% relative to the HNPCC syndrome. Some case index was identified from 3.083 families (78.7%) and in 91.3% of them have done a genetic study. Pathogenic mutations were detected in 21.8% of these studies. Study is offered to families where pathogenic mutation has been found. The percentage of pathogenic mutations diagnosed in family is approximately 54%.

**Conclusions** The diagnosis and genetic counselling in cancer, as part of an organised program intended to diagnose early-stage disease or prevent it. To make an assessment of the impact of this program on the health of the population would need to follow the very long term.

**SP1-81 AN APPROACH TO COMPARE THE IMPORTANCE OF DIFFERENT CARDIOVASCULAR EXPOSURES AS CONTINUOUS VARIABLES**

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