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**Background/Aims** Subjects with Mild Cognitive Impairment (MCI) constitute a risk population of developing dementia and thus a population of clinical interest. This study reviews recent work on the incidence of MCI in the elderly.

**Methods** Incidence papers were identified by a systematic literature search. Studies on incidence of MCI were considered if they identified 'cognitively mild impaired' subjects by application of the MCI criteria, used the 'person-years-at-risk' method, and were based on population-based or community-based samples.

**Results** Nine studies were identified. Incidence of *Amnesic MCI subtypes* ranged between 9.9 and 40.6 per 1000 person-years, and incidence of *Non-amnesic MCI subtypes* was found to be 28 and 36.3 per 1000 person-years. Regarding *any MCI*, incidence rates of 51 and 76.8 per 1000 person-years have been found. A higher risk of incident MCI mainly was found for higher age, lower education and hypertension.

**Discussion** Incidence rates of MCI varied widely, and possible risk factors for incident MCI were analysed only to a limited extent. Findings call for an agreement concerning the criteria used for MCI and the operationalisation of these criteria.

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**P1-226 THE POSSIBILITY OF ADVENTURE IS NOT EXCLUDED: THE CAREER OF INTERNATIONAL EPIDEMIOLOGIST MELVILLE DOUGLAS MACKENZIE (1889–1972)**

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**Introduction** The International Health Conference convened in New York in 1946 recorded its appreciation to Mackenzie. He chaired the Drafting Committee and signed the final act to establish the WHO, on authority granted by the British Foreign Minister. Mackenzie arrived at this position after a range of international health work that was unmatched.

**Method** The paper draws on family papers, Mackenzie's publications, League of Nations' Health Organization Archives, Sprigings recent biographic essay *Feed the people and prevent disease, and be damned to their politics*,<sup>1</sup> and Haswell's unpublished biography, *The Man Who Stopped a War*.

**Results** In 1922/1923, Mackenzie served in Russia with Nansen in the world's first large-scale multinational humanitarian intervention. He encountered not only famine, but cholera and epidemics of typhus and malaria of unprecedented scale. In 1928, now with the League of Nations' Health Organization, he helped to control a dengue epidemic that was paralysing economic life in Greece. Mackenzie's successes in epidemic control permitted him to nudge the Organization towards wider health engagement with several European countries, including England, Ireland and Scotland, and to dramatic assignments in Bolivia, Liberia and China.

**Conclusions** The scope and working methods of today's international health institutions evolved from the epidemiological work of pioneers in the League of Nations' Health Organization from Australia, Denmark, France, Germany, Italy, Poland, Switzerland, the UK, the USA and other countries. Those seeking to reform practices in humanitarian relief or in global health would benefit from studying this historical background.

**REFERENCE**

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**P1-227 FACTORS ASSOCIATED WITH RENAL TRANSPLANTATION AND MORTALITY IN PATIENTS WITH TERMINAL CHRONIC RENAL DISEASE IN BRAZIL, 2000–2003**

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**Background** Inequalities have been reported in access to kidney transplantation in relation to demographic, socioeconomic, clinical and geographical. Patients waiting for kidney transplant face a number of competitive outcomes.

**Objective** To investigate factors associated with access to kidney transplantation, considering the type of donor and death as competitive events.

**Design and Source of Data** observational, prospective non-concurrent, from the National Data Base on renal replacement therapies in Brazil. Relationship was conducted from deterministic-probabilistic System Authorisation Procedures of High Complexity/Cost, Hospital Information System and Information System on Mortality.

**Participants** 17 084 adult patients starting renal replacement therapy in Brazil from 01/01/2000 to 31/01/2000.

**Variables** Impact of individual variables (age, gender, region of residence, primary renal disease, hospitalisations) in the context of the dialysis unit (level of complexity, legal, HD machines and location) and the city (geographical region, location and Human Development Index-HDI) in likelihood of transplantation and death.

**Results** younger patients without diabetes, no history of hospitalisation, in dialysis treatment unit located in the state capital, living in the countryside, in cities with high HDI were more likely to transplant. Sex and level of complexity has only been associated with a living donor transplant. The results indicate differences in access to kidney transplantation, however, regarding gender, age 45 years and diabetes were lower inequality cadaver donor for transplantation. Older patients with diabetes, with hospitalisation, being treated in dialysis units are less complex, located in state capitals and municipalities with low HDI had a higher risk of death.

**P1-228 DECREASED BONE MASS IN WOMEN: IMPORTANCE OF EARLY DIAGNOSIS FOR HEALTHY AGEING**

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**Objectives** Presuming that osteoporosis begins in middle aged women, the present study had as an objective to identify the prevalence of osteopenia and osteoporosis in women whose ages vary from 45 to 59 and from 60 or more.

**Methodology** The study analysed data from a gynaecologic outpatient clinic, related to patients files from 2000 to 2006. The following variables were analysed: age, the first and the last appointment's dates, the result of the bones mineral's density (DMO) classified by the categories: normal, osteopenia and osteoporosis.  $\chi^2$  Test was used to verify associations between variables, considering  $p < 0.05$ .

**Results** Osteoporosis was more frequent in the older age group (42.5% vs 5.6%,  $p < 0.05$ ), although osteopenia was more frequent in the younger group (55.0% vs 47.1%,  $p < 0.05$ ).

**Conclusion** These findings suggest that an early screening for lost of bone mass should be done, allowing the beginning of adequate therapy, in order to assure life quality to middle aged and older women.

**P1-229 DIET QUALITY OF MALE ADULT PARTICIPANTS HIM STUDY-BRAZIL (NATURAL HISTORY OF HPV INFECTION IN MEN): MULTICENTRIC STUDY**

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**Introduction** The study "Natural History of HPV Infection in Men" (HIM study) is an international multicenter prospective cohort study that seeks to determine the incidence, persistence and remission of human papillomavirus (HPV) infection in men.

**Objective** To assess the dietary quality on participants in HIM—Brazil.

**Methods** Dietary intake of 70 participants were measured by two 24 h dietary recalls. The Brazilian Healthy Eating Index Revised (BHEI-R), developed according to current nutritional recommendations was used.

**Methods** The BHEI-R comprises a 12-components system of nine food groups based on Brazilian Dietary Guidelines (2006), which daily portions are expressed on energy density. Intakes at the level of the standard or more were assigned the maximum number of points: 5 to Total Grains; Whole Grains; Dark-Green and Orange Vegetables and Beans; Total Vegetables; Total Fruit and Whole Fruit); 10 to Dairy Products; Meat and Beans; Oils; Saturated Fat; and Sodium and 20 for SoFAAS (total calories from solid fat, alcohol and added sugar).

**Results** The mean B-HEIR score was  $59.7 \pm 10.3$ . For Total Grains  $4.7 \pm 0.8$ , Whole Grains  $0.9 \pm 1.5$ , Dark-Green and Orange Vegetables and Beans  $4.2 \pm 1.7$ , Total Vegetables  $4.6 \pm 1.2$ , Total Fruit  $3.1 \pm 2.0$  and Whole Fruit  $2.9 \pm 2.3$ , Dairy Products  $4.7 \pm 3.1$ , Meat and Beans  $9.0 \pm 2.0$ , Oils  $8.7 \pm 3.2$ , Saturated Fat  $4.7 \pm 3.6$ , Sodium  $2.1 \pm 1.9$  and SoFAAS  $10.2 \pm 5.4$ .

**Conclusion** It was observed a low BHEI-R score, reflecting the low consumption of whole grains, vegetables and fruits. Dietary modifications are necessary to achieve better quality on food intake, potentially beneficial to prevent immunodeficiency and susceptibility to infections.

**P1-230 VALIDITY OF SELF-REPORTED HYPERTENSION AMONG BRAZILIAN ADULTS**

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**Introduction** Hypertension, a chronic disease with high prevalence and trend of increase in Brazil, has important influence on morbidity and mortality. Self-report are widely used to assess hypertension in surveys, due to low cost. However, there are few validation studies of the self-reported hypertension data.

**Objective** To investigate the validity of self-reported hypertension among adults.

**Methods** Data from a population-based survey and a complementary study carried out between 2008 and 2010, in 186 Brazilian adults (20 y or over), residents in São Paulo. Sensitivity, specificity as well as predictive values positive (PVP) and negative (PVN) of self-reported hypertension were calculated in relation to hypertension, according to the criteria of the Seventh Joint National Committee

on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (means diastolic blood pressure  $\geq 90$  mm Hg and/or systolic blood pressure  $\geq 140$  mm Hg and/or present use of anti-hypertensive drugs).

**Results** The validity of self-reported hypertension was relatively high in adults: sensitivity 87%, specificity 75%, PVP 70% and PVN 89%.

**Conclusion** Self-reported hypertension may be used in calculating the prevalence of this chronic disease for monitoring of hypertension trends, in the absence of measured blood pressure, among this population.

**P1-231 FOOD INSECURITY IS ASSOCIATED WITH OVERWEIGHT IN PARIS METROPOLITAN AREA. AN ANALYSIS OF THE SIRS COHORT IN 2010**

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**Background** The relationship of food insecurity with overweight and obesity is still discussed in the literature. This work aimed to explore if this apparently paradoxical association was observed in Paris metropolitan area.

**Methods** We used data from the "Health, Inequality and Social Breakout" (SIRS) cohort, a longitudinal health and socio epidemiological, population based and representative survey of the general population of the Paris metropolitan area. This cross sectional analysis was based on the 2010 data. Participants' BMI was estimated using self-reported height and weight and computed in a dichotomous variable (BMI  $< 25$  vs BMI  $\geq 25$ ). Food insecurity was estimated using the US HFSS and computed in a dichotomous variable: food secure vs food insecure (moderate/severe). Logistic regression models were estimated for men and women separately.

**Results** Overweight (BMI  $\geq 25$ ) prevalence was 39.8%. In men, nationality was significantly associated with being overweight: a European citizen has a higher risk of being overweight than a French one- (OR=2.89;  $p=0.002$ ). In women, socio professional group was a significant determinant of overweight, with a higher risk for workers' (OR=5.37  $p<0.001$ , ref= Executives). After adjusting for age, nationality and socioprofessional group, food insecurity was associated with overweight in women (OR=2.24, 95% CI [1.32 to 3.81]) but this association was not significant for men (OR=1.54, 95% CI [0.83 to 2.86]).

**Conclusion** Food insecurity seems to be a stronger determinant of overweight among women. It remains important to explore and understand the pathway through which this situation is associated with overweight, particularly in terms of nutritional problems and food assistance programs.

**P1-232 HOSPITALISATION FOR CLINICAL COMPLICATIONS IN CANCER PATIENTS: ASSESSING THE NEED FOR PALLIATIVE CARE**

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**Introduction** Cancer is a public health problem in Brazil and the National Policy for Oncology determines that health services should