P1-266 RELATIONSHIP OF TOOTH LOSS TO MILD MEMORY IMPAIRMENT AND COGNITIVE IMPAIRMENT: FINDINGS FROM THE FUJIWARA-KYO STUDY

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Introduction This cross-sectional study investigated the relationship between the number of remaining teeth to mild memory impairment (MMI), which is a preclinical stage of dementia, and to cognitive impairment.

Methods The subjects were aged 65 years or older and were grouped according to their score for the Mini-Mental State Examination (MMSE), the three-word delayed recall test in the MMSE, and the Geriatric Depression Scale into the control group (n=3696), the MMI group (n=121), and the low MMSE score (23 or lower) group (n=214). We collected data on the number of remaining teeth, the length of the edentulous period, health-related lifestyle, medical history, blood pressure, height, and body weight. Fasting venous blood samples were also obtained.

Results Multiple logistic regression analysis, adjusted for depressive symptoms, age, sex, length of education, and other explanatory variables, revealed that the ORs of 0—10 remaining teeth to 22—32 remaining teeth were 1.679 (95% CI 1.073 to 2.627) for MMI and 2.177 (95% CI 1.510 to 3.140) for a low MMSE score. A significant relationship was also found between the length of the edentulous period and the risk of a low MMSE score (OR 3.102, 95% CI 1.432 to 6.720) (15 years or more/<15 years).

Conclusions Our findings suggest that tooth loss is associated with low cognitive function. This possible pathophysiology may be presumed by periodontal disease, gene polymorphisms in inflammatory cytokines, and a decrease in the number of periodontal mechanoreceptors.

P1-267 THE POTENTIAL IMPACT OF SPECIFIC FOOD POLICY CHANGES ON CVD MORTALITY IN IRELAND

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Objective To estimate potential reductions in Irish CVD mortality achievable through specific changes in average intakes of saturated fat, trans-fat, salt, fruit and vegetables.

Methods A previously validated food policy model was used to estimate potential annual CVD mortality reductions associated with a conservative scenario. Specifically, a reduction in salt intake by 1 g/d, trans fat by 0.5% of energy intake, saturated fat by 1% energy intake and increasing fruit and vegetable intake by one portion per day. More substantial but politically feasible targets were also modelled. Results were stratified by age and sex. A probabilistic sensitivity analysis was undertaken using Monte Carlo simulation.

Results Modest changes in food policy could result in approximately 450 fewer cardiovascular deaths per year. This includes approximately 215 fewer coronary heart disease (CHD) deaths in men (minimum 167, maximum 286), approximately 60 fewer CHD deaths in women (45, 76), approximately 115 fewer stroke deaths in men (92, 146) and 65 fewer stroke deaths in women (50, 79). Approximately 29% of the 450 fewer deaths would be attributable to decreased trans fat consumption, 23% to decreased saturated fat, 23% to decreased salt consumption and 26% to increased fruit and vegetable consumption. The 450 fewer deaths would represent a 10% reduction in CVD mortality in Ireland. More substantial but feasible food policy changes could reduce CVD mortality by up to 1250 deaths (representing a 25% mortality reduction).

Conclusions There are significant opportunities for Government and industry to reduce CVD mortality through evidence-based food policies.

P1-268 ORAL CANDIDIASIS INCIDENCE IN BRAZILIAN HIV INFECTED CHILDREN IN PRE-HAART AND POST-HAART ERAS

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Introduction Oral candidiasis is the most common opportunistic infection seen in HIV-infected children around the world. The impact of highly active antiretroviral therapy (HAART) has resulted in a decline in the incidence of oral candidiasis in this population. This study aimed to estimate the incidence of oral candidiasis in HIV-infected children in pre-HAART and post-HAART eras.

Methods It was a cohort study. All HIV-infected children admitted in a Brazilian paediatric hospital were followed from 1985 to 2009. For analytical purpose, the patients were divided in two groups according to HIV diagnostic data: pre-HAART (from 1985 to 1998) and post-HAART (1999 to 2009). The incidence rate, incidence rate ratio and CIs were calculated respectively. The incidence rates through people-time were obtained by dividing the number of oral candidiasis episodes by the sum of the years that each subject contributed to the study. Only the first event per patient was considered for the incidence rate.

Results The study included 388 patients. The mean age at admission was 3.3 years and 48.2% of the children were female. The pre-HAART and post-HAART incidences of oral candidiasis were 6.4 and 2.7 cases per 100 children-years (p<0.000), resulting in an incidence rate ratio of 2.4 (CI 1.4 to 4.5).

Conclusion Oral candidiasis incidence was significantly reduced in the post-HAART era in this Brazilian cohort. Continued surveillance is important to assess the long term effect of HAART on the occurrence of opportunistic infections in children.

P1-269 SCREENING FOR BREAST CANCER: ACCESS TO MAMMOGRAPHY IN BRAZIL, 2003—2008

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Introduction In Brazil, since 2004, mammography screening for breast cancer is recommended every 2 years for women aged 50—69. This study examined the effect of external factors—population characteristics and geographic location—on the chances of having a mammogram, in 2003 and 2008.

Methods Patterns of mammography use were examined for women aged 40 years or more as reported in the health supplements of the Brazilian National Household Survey (PNAD) for 2003 and 2008, using multivariate logistic regression. Covariates included were age, race/colour, education, income, self-reported health, insurance, usual source of care, position in the family, having a medical consultation in the last 12 months, urbanisation, and region of residence.