Abstract P1-276 Table 1   Respiratory diagnoses and prescriptions

	Drug misusers	Controls	Crude OR (95% CI)	Adjusted OR (95% CI)
Asthma‡	1590 (17.1%)	1009 (10.9%)*	1.695 (1.557 to 1.845)†	1.633 (1.485 to 1.796)†
COPD (chronic obstructive pulmonary disease)‡	219 (2.4%)	74 (0.8%)*	3.007 (2.307 to 3.920)†	1.752 (1.336 to 2.297)†
SABA (short acting beta agonist) prescribed§	1520 (16.4%)	736 (7.9%)*	2.274 (2.071 to 2.496)†	1.998 (1.803 to 2.214)†
LABA (long acting beta agonist) prescribed§	92 (1%)	39 (0.4%)*	2.373 (1.630 to 3.454)†	1.883 (1.255 to 2.825)†
ICS (inhaled corticosteroid) prescribed§	987 (10.6%)	702 (7.6%)*	1.454 (1.314 to 1.609)†	1.500 (1.339 to 1.681)†

*$p < 0.0001$, χ^2.
†$p < 0.001$ binary logistic regression.
‡Diagnosis ever recorded.
§Prescriptions in 2008.

Conclusion These data suggest drug misusers have a significantly higher prevalence of respiratory diseases and are prescribed significantly more respiratory medications than matched controls. This exploratory study has set the scene for future work to explore possible reasons for this association.

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Introduction We estimate the percentage of cancer in the UK in 2010 resulting from exposure to 14 major lifestyle, dietary, and environmental risk factors.
Methods RRs and prevalence of exposure to tobacco, alcohol, four dietary components (fruit and veg, meat, fibre, salt), overweight, physical exercise, occupation, infections, radiation, hormone use, and reproductive factors were used to estimate the number of cancers occurring in 2010 attributable to sub-optimal exposure levels in the past.
Results The 14 exposures were responsible for 42% of cancer in UK in 2010 (males 44%, females 40%). Tobacco smoking is the most important, responsible for about 60 000 new cancers (18.5% of all cancer - 22% in men, 15% in women); <2% being the result of exposure to ETS. The four dietary components account for 9.4% of cancer (10.7% in men, 7.1% in women). In men, alcohol (5.1%) and occupational exposures (4.7%) are next in importance; in women, it is overweight and obesity (almost 7% of cancers).
Conclusions Such estimates provide a quantitative appraisal of the impact of different exposures. They are not synonymous with the fraction of cancers that might reasonably be prevented by their modification. This requires scenario modelling, with assumptions on a realistically achievable population distribution of risk factors, and the timescale of change. Thus, although 50% of colorectal cancer can be attributed to lifestyle (diet, alcohol, inactivity and overweight), only about half of this number is preventable in a reasonable (~20 year) timescale.

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Introduction The association between asthma and socioeconomic position (SEP) is not well understood. This study aims to assess the variation in asthma across SEP in a historical cohort before the rise in asthma prevalence.
Methods Students participating in a health survey at Glasgow University from 1948 to 1968 (11 274 men; 3502 women) completed a medical history of bronchitis, asthma, hay fever, eczema/urticaria, and reported early life SEP. A subsample responded to a postal follow-up in adulthood (4101 men; 1411 women) including respiratory diseases and early life and adult SEP.
Results Among men, lower early life SEP was associated with higher risk of non-atopic asthma (asthma without eczema/urticaria or hay fever) (trend aOR=1.25 95% CI 1.05 to 1.48). Lower early life SEP was associated with a lower risk of hay fever (trend aOR=0.76 95% CI 0.68 to 0.85) and atopic asthma (asthma with eczema/urticaria or hay fever) (trend aOR=0.63 95% CI 0.50 to 0.78). No associations were seen for women. Early life SEP, adult household crowding, adult occupation, income and car ownership were not associated with adult onset asthma (onset >30 years) for men or women. Household amenities (<3) in early life was associated with higher risk of adult onset asthma for men (OR=1.48 95% CI 1.07 to 2.05).
Conclusion Lower SEP in early life was associated with a higher risk of non-atopic asthma but a lower risk of hay fever and atopic asthma among men in a cohort that preceded the 1960s rise in asthma prevalence in the UK. Adult onset asthma was associated with early life household amenities but not adult SEP.

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Introduction SPS notified 18 228 cases of tuberculosis (Tb) in 2009. The study of endemia trend since 1998 (49.3/100 000 inhabitants) points towards declining incidence rates (IR) of 37.9/100 000 inhabitants, showing a decrease of 23.7% up to 2009. In 1998, 16% of Tb cases were HIV+; in 2009, the co-infection fell to 12%.
Objectives Study TB/AIDS co-infection trend in SPS, 1998−2009.
Methodology Case numbers were found on SPS/Tb information database system.
Results The co-infection IR decreased from 7.3 in 1998 to 4.2 in 2009 showing a linear declining trend (R2=0.89). This trend was maintained for clinical forms, with the extra-pulmonary (EP) having declined from 1.74 (1998) to 1.33 (2009) (R2=0.77) and the pulmonary decreasing from 5.56 to 2.83 (R2=0.95). The 15−49 years old group was the most affected. Male co-infection IR was twice the female. Treatment outcomes in co-infected patients— in spite of having improved, the cure rates in 1998 (37.2%) compared to 2009 (54.4%)—were well below the non co-infected patients (78% in 2009). Default rates of co-infected also declined from 23.3% (1998) to 18.7% in 2009. Although showing a slight