

fit for purpose in examining the epidemiology of specific conditions and contributing to planning decisions. Public health needs to be proactive in providing relevant needs assessment information to ensure that planning within financial constraints is appropriately informed by population needs.

P1-374 **QUALITY OF LIFE OF ADULTS AND ASSOCIATED FACTORS, BRAZIL**

doi:10.1136/jech.2011.142976f.66

¹F Floriano,* ¹M da C Costa, ²M I Vianna, ²M B Cabral, ¹G Santos, ²M dos Santos, ³M R Santos. ¹ISC-UFBA, SSA, Bahia, Brazil; ²FO-UFBA, SSA, Bahia, Brazil; ³UCSAL, SSA, Bahia, Brazil

Introduction The objective of this study was to assess quality of life (QoL) among adults in Salvador-Bahia, Brazil, and identify potentials factors related to its domains.

Methods Cross-sectional study in 501 adults between 35 and 59 years, living in five different areas covered by the Community Health Agents Program/Family Health Strategy (CHAP/FHS), from July to October, 2008. Data were collected through interview using a questionnaire including social-economic variables and oral health status and the WHO Quality of Life questionnaire (WHOQOL-Bref) validated in Brazilian population to measured QoL. Descriptive and exploratory analyses were carried out and differences in scores were tested by Mann–Whitney and Kruskal-Wallis tests.

Results Mean scores of WHOQOL-Bref were 58.5±19.8 and 59.0±27.3 to the general issues of quality of life and satisfaction with health, respectively. The social relationships domain had the highest mean scores (69.3±18.4) and the environment domain had the lowest mean scores (49.8±14.5). The WHOQOL-Bref domains showed that QoL is perceived better by male, having the highest mean scores (71.8±12.8) on the psychological domain and the lowest mean scores (53.8±13.1) on the environmental domain. Variables predicted for QoL were: years of education, monthly individual income, treated water at home and mucosal damage.

Conclusions Evaluate QoL is very important for adult and it showed associated with current social-economic conditions and with oral health status. WHOQoL-Bref proved to be an efficient tool and useful for a better evaluation approach of the subjective aspects of QoL.

P1-375 **MELANOMA IN SWITZERLAND: AN UNMET NEED FOR PREVENTION?**

doi:10.1136/jech.2011.142976f.67

N Wyss,* E Roy. *Office fédéral de la statistique, Neuchâtel, Switzerland*

Introduction Cutaneous malignant melanoma incidence rate has been increasing in Caucasian populations in the last decades. This trend is also observed in Switzerland where one of the highest incidence rates in the world is registered. This paper examines time trends in incidence, mortality and prevention practices in Switzerland over the last decades.

Methods Epidemiological data from 1983 to 2007 is based on the cantonal cancer registries and the Federal Statistical Office's (FSO) Cause of Death Statistics. Scientific publications are used to put Switzerland's data into an international context and to discuss risk factors and prevention measures. The Swiss Health Survey of the FSO, conducted in 1997, 2002 and 2007, assesses prevention in Switzerland by two questions: One about the use of sun protection and the second on skin examination frequency.

Results For the period 2003–2007, Switzerland's incidence rate of melanoma was of 22.3 and 20.8 per 100 000 inhabitants respectively

among men and women. Incidence and mortality trends over the last 25 years are analysed by gender, age, birth cohort and region to identify particularly affected groups. Statistical information about primary prevention shows altogether little alteration in sun protection habits. Secondary prevention (screening) has increased from 2002 to 2007 and shows important variation by educational level.

Conclusion Differences in prevention practice by socio-demographic characteristics indicate that prevention activities have had a variable impact on different population groups. Prevention measures could be more focused. More detailed statistical data on prevention practices would allow a better evaluation of prevention in Switzerland.

P1-376 **IMPACT ASSESSMENT OF ICDS FOOD FORTIFICATION IN THE STATE OF UTTAR-PRADESH, INDIA**

doi:10.1136/jech.2011.142976f.68

¹R J Yadav,* ²P Singh, ³A Nigam, ¹A Pandey, ⁴D Gulati. ¹National Institute of Medical Statistics, Indian Council of Medical Research, New Delhi, India; ²Ex. Indian Council of Medical Research, New Delhi, India; ³IASDS, Lucknow, India; ⁴World Food Programme, New Delhi, India

Objective We planned to assess the impact of fortified food through a community based research study of children aged 12–59 months in Uttar Pradesh.

Methods We used a quasi experimental design in Kanpur dehat district where fortified food was to be initiated. Sample size calculation required 750 participants. 30 villages (matched for socio-economic and demographic factors) from each block (intervention, control and benchmark) were selected. From each village 25 children were selected for anthropometrics and dietary intake recording, 10 children for clinical examinations and five for biochemical examinations. Base line assessment was completed in all blocks. The follow-up survey was completed after 1 year of intervention.

Results The majority of children belonged to lower socio-economic groups and underprivileged areas. Considerable improvements in anaemia and serum retinol occurred. The prevalence of severe malnutrition declined considerably in the intervention and control blocks.

Conclusion We found that fortified panjiri was effective in improving anaemia, serum retinol and nutritional status. Short duration of intervention was as effective as prolonged interventions.

P1-377 **TRENDS AND INCIDENCE OF AND MORTALITY AFTER FIRST MYOCARDIAL INFARCTION IN A NATIONAL-WIDE COHORT OF MEN AND WOMEN WITH DIVERSE SOCIOECONOMIC POSITION AND COUNTRY OF BIRTH, 1987–2007**

doi:10.1136/jech.2011.142976f.69

D Yang,* D Dzayee, O Beiki, L Alfredsson, U de Faire, T Moradi. *Karolinska Institutet, Stockholm, Sweden*

Introduction Myocardial Infarction (MI) is a major cause of mortality and morbidity worldwide and one of the dominating burden of diseases in Sweden. We evaluated the incidence and survival of first MI in subgroups of social position and sex and compared immigrants with Sweden-born population.

Methods We followed a nation-wide cohort of more than seven million men and women ages 35 to 89 years through linkages between Swedish National Registers from 1987 to 2007. Incidence rate ratio (IRR) was estimated using Poisson regression. Of which, 347 834 non-fatal first MI patients were studied for their prognosis using Cox proportional hazard model.