

(n=1925). Mean levels of aggression, anger and fear were analysed by gender and alcohol involvement. Multinomial models estimated associations of drinking patterns with aggression to and from the respondent.

**Results** The response rate was 49%. Men and women reported similar prevalence of victimisation and perpetration of aggression (11%–15%). Alcohol was involved in more than a quarter of incidents, and reported more often by women than men, particularly male-only drinking when the respondent was victimised. Women reported more severity, anger and fear accompanying victimisation than men, and these scores differed significantly by involvement of alcohol. Heavy episodic drinking by respondents was associated with a threefold increase in victimisation involving alcohol, and doubling of perpetration of aggression involving alcohol.

**Conclusion** In a cross-section of households, “counts” of aggressive acts do not reflect the reality of gender differences. The frequency of heavy drinking episodes is associated with the occurrence of aggression involving alcohol within relationships, and the involvement of alcohol in an incident of aggression is associated with increased severity, fear and anger particularly for women.

#### P1-415 SOCIOECONOMIC STATUS AND SURGICAL OUTCOME AFTER HYSTERECTOMY

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**Objective** To examine the association between socioeconomic status (SES) and eight selected surgical outcomes after hysterectomy and assess the role of lifestyle, co-morbidity and clinical conditions on the relationship.

**Methods** All 22 150 women registered with a benign elective hysterectomy code in the national Danish Hysterectomy Database (DHD) from 2004 to 2008 were included in the study. Data from DHD were linked to several central registers providing information on education, employment, income, lifestyle factors, co-morbidities and surgical outcome. Data were analysed using multilevel logistic regression models.

**Results** Overall 17% of the women experienced a clinical complication in relation to hysterectomy. Four per cent were re-operated, 6% readmitted and 6% experienced prolonged hospitalisation  $\geq 5$  days. Women with short education had a higher risk of complications than women with higher education after adjusting for patient characteristics (OR=1.15, 95% CI 1.02 to 1.31). They also had a higher risk of peroperative bleeding after adjusting for lifestyle factors and co-morbidity (OR=1.60, CI 1.15 to 2.22). Furthermore, a higher risk of infection and readmission was observed however, these relations seemed fully explained by lifestyle factors and co-morbidity. Women out of employment had a higher risk of infection, organ lesion, prolonged hospitalisation and readmission than women in employment. We found no association between income and surgical outcome after hysterectomy.

**Conclusion** This study suggests that women with low SES have a significant worse surgical outcome after hysterectomy than women with high SES when differences in lifestyle factors and co-morbidity are taken into account.

#### P1-416 SECULAR TREND OF OVERWEIGHT AND OBESITY IN ADOLESCENTS OF HIGH SOCIOECONOMIC LEVEL FROM A DEVELOPED CITY IN THE SOUTHEAST OF BRAZIL

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**Introduction** Although already of high prevalence, overweight and obesity are still increasing in many parts of the world. The objective was to evaluate the secular trend of overweight and obesity in adolescents of high socioeconomic level over a decade in a developed city of Brazil.

**Method** Two cross-sectional studies included 2825 students (1348 evaluated in 2001 and 1477 evaluated in 2010) of both genders and ages 7 to 18 years, from private schools in Campinas, SP, Brazil. The schools were randomly chosen. The first sample included 663 boys and 685 girls and the second included 709 boys and 763 girls. The BMI/age cut-off points of the WHO Growth Standards 2007 were considered in the nutritional diagnosis: overweight  $>+1$ SD and obesity  $>+2$ SD. This study was approved by the Research Ethics Committee of PUC-Campinas (protocol no. 693/09).

**Results** The percentage of overweight adolescents (23%) remained stable during this period. Obesity increased from 10% (95% CI 8.4 to 11.6) in 2001 to 15% (95% CI 13.2 to 16.8) in 2010. Overweight and obesity were greater in boys than girls in both samples. Overweight and obesity were respectively 25% and 15% (95% CI 12.3 to 17.7) in 2001, 23% and 19% (95% CI 16.1 to 21.9) in 2010 for boys, and 22% and 6% (95% CI 5.1 to 6.9) in 2001 and 22% and 10% (95% CI 7.9 to 12.1) in 2010 for girls.

**Conclusion** These data show that obesity are increasing and point to the need for immediate interventions in order to prevent this trend.

#### P1-417 DOES LIFE-COURSE SOCIOECONOMIC POSITION EXPLAIN COLOUR/RACE INEQUALITIES IN THE PREVALENCE OF SELF-REPORTED UTERINE LEIOMYOMAS? EVIDENCE FROM THE PRÓ-SAÚDE STUDY, BRAZIL

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**Introduction** USA studies showed that uterine leiomyomas (UL) occur more frequently among black women, but the nature of this association remains largely unexplained. Because black women are disproportionately disadvantaged in social hierarchies, such racial inequality might be explained by life-course socioeconomic adversity.

**Aim** To investigate whether life-course socioeconomic position (SEP)—during childhood, early adulthood, or lifelong—is a mediator of associations between colour/race and UL among Brazilian women.

**Methods** We analysed data from self-administered questionnaires completed by 1534 female civil servants at a Rio de Janeiro university during the baseline data collection of the Pró-Saúde Study. Three study outcomes were explored: self-reported medical diagnosis of UL; UL with symptoms prior to diagnosis; and hysterectomy due to UL. The childhood SEP was assessed by parental education and the early adulthood SEP measured by participants' education; the cumulative SEP measures resulted from a combination of the previous information. We estimated ORs and 95% CIs by logistic regression models.

**Results** Compared to whites, black and brown (mixed race) women presented risks respectively 1.6 (95% CI 1.2 to 2.1) and 1.4 (95% CI 0.8 to 2.5) higher of UL. This estimate was higher for those submitted to hysterectomy due to UL (blacks—OR: 2.6 to 1.7; 4.0