
Materials and Methods This analysis was conducted with the data from POF 2002–2005 which involved interviews on a sample of 48,470 families.

Results The sum of all drug costs for diabetes treatment equals US$ 249 million. Among those who have acquired any drugs for diabetes care the average expense was US$ 6.30. 31.1% of the drugs for diabetes were obtained through the NHS and 64.2% were bought in a drugstore or pharmacy. Those with family incomes of up to US$ 137,00 spend the equivalent of 4.28% the income on medicines for diabetes. While those with family incomes above US$ 200,00 have a drug spending for diabetes equivalent to 0.51% of their income.

Conclusion Brazil spends the equivalent of 0.02% of its GDP on medicines for the treatment of diabetes. The average monthly spend on medicines for diabetes is US$ 6.30. Despite the health system in Brazil claim to be universal, only 31% of medications for diabetes were covered by the system.

Introduction To examine whether the accumulation of obesity-related eating behaviours such as eating quickly, eating until full, eating right before bedtime and breakfast skipping are associated with incidence of type 2 diabetes mellitus (T2DM) among middle-aged Japanese men and women.

Methods The 2840 subjects (890 men and 1950 women) who were aged 40–69 year and free of T2DM were enrolled at baseline survey from 2003 to 2006 in a community-based longitudinal study, the CIRCS. The subjects were asked following four eating behaviours questionnaire at baseline: “speed of eating”, “eating until full”, “eating right before bedtime” and “breakfast skipping”. T2DM was defined as fasting serum glucose $>7.0$ mmol/l, non-fasting serum glucose $>11.1$ mmol/l or medication for T2DM. We followed up to 95% CI of each nutrients for risk of SCD adjusted for potential confounding factors.

Result Higher intake of folate was associated with lower risk of SCD. The multivariable adjusted OR (95% CI) of highest quartile of vitamin B6 and B12 intakes were 1.25 (95% CI 0.49 to 3.21), p for trend=0.06 compared with lowest quartile. However, vitamin B6 and B12 intakes were not associated with risk of SCD. The multivariable adjusted OR (95% CI) of highest quartile of vitamin B6 and B12 intakes were 1.25 (95% CI 0.49 to 3.21), p for trend=0.06 compared with lowest quartiles, respectively.

Conclusion Our findings suggest that higher dietary folate intake is associated with lower risk of SCD among Japanese men and women.
P2-177 Accumulation of obesity-related eating behaviours and the incidence of type 2 diabetes among middle-aged Japanese men and women: the Circulatory Risk in Communities Study (CIRCS)


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