

based in demographic (gender, skin colour, age and marital status), socioeconomic (schooling and socioeconomic position) and lifestyle variables (smoking, physical inactivity, obesity and self-perception of health status). χ^2 Test was used for bivariate analyses and Poisson regression for multivariate analyses, with design effect adjustment.

Results Prevalence of aspirin use in primary prevention was 24.8% (95% CI 21.0 to 28.9) and 34.3% (95% CI 29.5 to 39.4) for secondary prevention. In primary prevention, aspirin use was higher in non-whites and older people and among those with worst self-perceived health. For secondary prevention, the highest aspirin use was reported by the oldest, wealthiest and formerly smoking people.

Conclusion Aspirin use prevalence was low in both primary and secondary prevention of cardiovascular diseases. Especially in secondary prevention, where there is no doubt about the indication of aspirin, the use of medication in this population was half of that found in the literature. Further studies are necessary to identify the causes for this low aspirin use for prevention of cardiovascular diseases.

P2-313 **RELATIVE MORTALITY FROM COMMON CANCERS AMONG PEOPLE WITH TYPE 2 DIABETES AND THE EFFECT OF SOCIO-ECONOMIC STATUS**

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Introduction Socio-economic status (SES) is associated with both type 2 diabetes and cancer mortality and may confound their association.

Methods We performed a retrospective cohort study using a population-based national diabetes database for 35–84 year olds in Scotland for 2001–2007 and an area-based measure of SES. RRs for mortality from lung, colorectal, breast and prostate cancer among people with type 2 diabetes compared to the population without diabetes were estimated using Poisson regression.

Results Complete data were available for 210 994 eligible people (99.4%). There were 2081 deaths from lung cancer, 945 from colorectal cancer, 528 from breast cancer and 419 from prostate cancer. Age adjusted RR (95% CI) for lung, colorectal and prostate or breast cancer were 0.93 (0.82 to 1.04), 1.35 (1.23 to 1.48), 0.97 (0.89 to 1.07) for men and 1.03 (0.91 to 1.17), 1.34 (1.20 to 1.50), 1.49 (1.35 to 1.65) for women. Age and SES adjusted RR (95% CI) for lung, colorectal and prostate or breast cancer were 0.90 (0.84 to 0.96), 1.33 (1.22 to 1.47), 0.97 (0.88 to 1.07) for men and 0.98 (0.90 to 1.05), 1.34 (1.19 to 1.49), 1.49 (1.35 to 1.65) for women.

Conclusions Type 2 diabetes was associated with higher mortality from colorectal cancer and breast cancer. Adjusting for SES had a small effect on RR for lung cancer but almost no effect for other cancers suggesting that SES is not an important confounder of the association between type 2 diabetes and mortality from common cancers.

P2-314 **RELATIVE BODY FAT AND BLOOD PRESSURE IN CHILDREN: A POPULATION BASED INDIVIDUALLY MATCHED STUDY IN CHINA**

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Introduction Normative blood pressure (BP) percentiles in children recommended by the current guidelines vary with body size. Sepa-

rating the effect of fat mass from that of total body size on BP is important but challenging because fat mass and body size are strongly correlated. The objective of this study is to assess the relationship of relative body fat and BP in children.

Methods Chinese children who had a high skinfold thickness were individually matched by age, sex, weight and height to an equal number of children with a low skinfold. Systolic and diastolic BP levels were compared between the high and low body fat groups.

Results 7066 pairs of children aged 7–18 years were obtained, including 3042 pairs of boys and 4024 pairs of girls. As a result of matching, the two groups had identical distributions of height, weight and body mass index. The difference between the high and low fat groups in systolic BP was small (0.03, 95% CI –0.29 to 0.36 mm Hg) and not statistically significant. Diastolic BP in the high body fat group was 0.68 (95% CI 0.40 to 0.96) mm Hg higher than that in the low body fat group.

Conclusion For a given body size as measured by height and weight, relative body fat has little impact on systolic BP levels in children. Systolic BP is driven by overall body size. The same amount of fat mass and lean mass may have a similar impact on blood pressure in children.

P2-315 **THE EFFECTIVENESS OF SYSTEMATIC SYMPTOM ASSESSMENT TO IMPROVE PATIENT CARE IN ONCOLOGY MEDICINE: A SYSTEMATIC REVIEW**

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Background Cancer patients do not voluntarily reveal all symptoms they experience. By asking them about symptoms using a structured systematic method, clinicians can find out about other symptoms. However, does systematic symptom assessment result in improved symptom control?

Objectives To determine and identify the potential association between systematic symptom assessment and a cancer patient's well-being and to gather information for future research.

Methods Electronic bibliographic databases were searched to July 2009. Search sources included MEDLINE, EMBASE, HealthSTAR, CINAHL, Cochrane Database of Systematic Reviews, Health and Psychosocial Instruments and Proquest Dissertations and Theses. Criteria for inclusion were: published full papers in English reporting controlled clinical trials or systematic reviews examining the effects of systematic symptom assessment on cancer patients' well-being.

Results 54 articles required full paper review by two reviewers, from which another 13 papers were reviewed arising from the reference lists. Five studies conducted from 1991 to 2006 met the eligibility criteria and were included in the analysis. The studies found that in the implementation of systematic symptom assessment in oncology care provided improved care in terms of pain management, overall symptom distress, quality of life, and aspects of patient and physician communication.

Conclusions Given limitations presented in the five studies, it is impossible to draw firm conclusions. However, this review is able to conclude that systematic symptom assessment provides valuable information in the overall assessment of the patient and its feedback to the clinicians do project an overall improvement in the patient's physical and mental well-being.