accidental deaths (eg, violence, suicide and trauma). There is no apparent evidence of reduced mortality from CVD among light-to-moderate drinkers.

Conclusion Among Chinese adults aged 40–79 there was a J-shaped relationship between alcohol consumption and overall mortality.

P2-335 CANCER MORTALITY AMONG CHRYSOTILE WORKERS

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Since the beginning of 1972, we have followed a group of workers in an asbestos plant in Chongqing, China. In the plant, chrysotile has been used to manufacture asbestos textile, asbestos cement, flooring materials, friction materials, etc. Previously, we performed a matched (1:5) case-control study by selecting cases of workers who developed lung cancer sometime between 1975 and 2001 and found the elevated risk of lung cancer associated with the exposure. In 2006, we summarised further follow-up results of the cohort and found that, in addition to the 132 deaths until the end of 25th year, 101 workers were deceased during the last 10 years, and among them, 29 were from lung cancer (total: 51 lung cancers during the 35 years). Depending on the concentration of fibre of their workplace, we divided the workers into three levels of exposure. Compared to those in the administration and asbestos cement sections, workers in raw material and textile departments showed a higher HR for lung cancer (3.9, 95% CI 1.8 to 8.5) in Cox proportional hazard model analysis. Similarly, HRs for total cancer and total death were 2.0 (1.2 to 3.3) and 1.5 (1.1 to 2.0), respectively. Multivariate analysis controlling for age, smoking, and working time did not change the results greatly. The results of the present study confirm the strong association of chrysotile exposure and lung cancer. Results of the fibre type analysis of asbestos would be presented.

P2-336 FACTORS ASSOCIATED WITH CLASS III OBESITY AMONG ADULTS, NATIONAL TELEPHONE SURVEY (VIGITEL) BRAZIL, 2009

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Introduction In Brazil, class III obesity has increased from 0.18% (1975), to 0.33% (1989) and 0.64% (2003) in the last decades, according to National surveys. However, no information on recent trends in class III obesity prevalence is available in Brazil.

Objective To estimate the prevalence of class III obesity and its associations with sociodemographic and behavioural factors. Method: We analysed data from the Telephone-based Surveillance System of Risk and Protective Factors for Chronic Diseases (Vigitel) collected in 2009. Approximately 54 000 adults were interviewed in all al state capitals and federal district. Individuals with body mass index higher than 40 kg/m^2 were identified as class III obese. Poisson regression models were used to evaluate the factors associated with class III obesity.

Result The prevalence of class III obesity was 1.1% (n=489; 95% CI 0.9 to 1.3%) in 2009. Class III obesity was associated with sex (PR=2.36; 95% CI 1.4 to 3.8), dyslipidemia (PR=1.9; 95% CI 1.3 to 2.8), hypertension (PR=5.5; 95% CI 3.6 to 8.3), diabetes (PR=1.8; 95% CI 1.2 to 2.7), cardiovascular disease (PR=2.2; 95% CI 1.0 to 4.6), watching television more than 3 hours/day (PR=1.8; 95% CI 1.1 to 3.0) and being current smoker (PR=0.5; 95% CI 0.3 to 0.8). When we included all associated factors in the model, sex (PR=2.0; 95% CI −1.2 to −3.3; p-value=0.004), hypertension (PR=5.3; 95% CI 3.0 to 9.5; p-value <0.001), watching television more than 3 hours/day (PR=1.8; 95% CI 1.1 to 2.9; p-value=0.020) and being current smoker (PR=0.5; 95% CI 0.2 to 0.8; p-value=0.012) remained associated with class III obesity.

Conclusion Vigitel is an efficient tool to monitor class III obesity in Brazil. This study identified some factors associated with class III obesity that should be considered when developing prevention measures due to its relations with several chronic diseases.

P2-337 SHORT TERM TRENDS OF OBESITY USING DATA OF THE TELEPHONE-BASED SURVEILLANCE SYSTEM OF RISK AND PROTECTIVE FACTORS FOR CHRONIC DISEASES (VIGITEL), BRAZIL, 2006 TO 2009

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Introduction Obesity has increased in high and low income countries, among all age groups. In Brazil, obesity has tripled in men and doubled in women from 1975 to 2003. Objective: To analyse short term trends in the prevalence of obesity among Brazilian adults from 2006 to 2009. Method: Data from Vigitel collected annually from 2006 to 2009 were analysed. Poisson regression models with obesity as the dependent variable and the year of the study as the explanatory variable were used to identify linear trends.

Result Obesity prevalence in Brazil increased from 11.4% (95% CI 10.8 to 12.0%) in 2006 to 13.9% (95% CI 13.1 to 14.7%, p-value<0.001) in 2009, without a significant difference between sex (2006 - female: 11.4%, 95% CI 10.6 to 12.2%; male: 11.4%; 95% CI 10.5 to 12.3%; 2009 - female: 14.0%, 95% CI 13.1 to 14.0%; male: 13.7%; 95% CI 12.4 to 15.0%). The higher prevalence of obesity was observed among adults with less educational level in all years studied (0-8 years of schooling: 2006 - 13.6%, 95% CI 12.5 to 14.6%; 2009 - 16.1%, 95% CI 14.6 to 17.6%, p-value=0.004; 9–11 years of schooling: 2006 - 8.9%, 95% CI 8.2 to 9.6%; 2009 - 11.6%, 95% CI 10.7 to 12.4%, p value<0.001; ≥12 years of schooling: 2006 - 9.6%, 95% CI 8.6 to 10.6%; 2009: 11.6, 95% CI 10.6 to 12.6%, p value=0.007).

Conclusion The obesity increase among Brazilian adults demonstrates the need to improve prevention measures in Brazil. The agile and inexpensive data collection method used allowed it to have an important role in obesity plan control recently developed in Brazil.

P2-338 ASSOCIATION OF BODY MASS INDEX WITH RISK OF AGE-RELATED CATARACTS IN A MIDDLE-AGED JAPANESE POPULATION

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Introduction Many epidemiological studies have demonstrated that body mass index (BMI) is associated with the risk of developing