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**Introduction** This study aims to test the casual model of gender, family atmosphere, financial status, resilience, and risk-taking behaviour of Thai adolescents. The study also examines the direct and indirect effects among variables.

**Methods** The sample for this study consisted of 2715 adolescents studying at secondary schools in four regions (the central, southern, North, and Northeast) of Thailand during January to March, 2009. The model was tested using the LISREL program.

**Results** Data analysis shows that the proposed model was fit with the empirical data well ( $\chi^2(7)=12.158$ ,  $p=0.095$ ;  $GFI=0.998$ ;  $AGFI=0.996$ ;  $RMSEA=0.017$ ). When considering the influence of the study variables, the results demonstrated as follows: (1) Male reported being resilient less than females and engaging in risk-taking behaviour more than females ( $p<0.01$ ); (2) The financial status had the positively direct effect on resilience and the negatively direct effect on risk-taking behaviour. The financial status also had the indirect effects on risk-taking behaviours through resilience ( $p<0.01$ ); (3). The family atmosphere had the positively direct effect on resilience but had the indirect effects on the risk-taking behaviour through resilience ( $p<0.01$ ); and (4) The resilience had the negatively direct effect on the risk-taking behaviour ( $p<0.01$ ).

**Conclusion** The information from this study could be applied to develop the programs to promote resilience for adolescents to prevent risk-taking behaviour.

## P2-460 PROPOSED METHOD FOR EVALUATION OF FRAILITY

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**Introduction** The evaluation of frailty requires some measurable components. In our environment, it is known that the use of these measures on a large scale will not easily operationalise. Given this, we study the possibility of identifying the syndrome of frailty through subjective questions.

**Objective** To validate the subjective components for evaluation of frailty.

**Method** This study is part of the SABE Study - Health, Well-being and Ageing, held in São Paulo, Brazil. This analysis used 433 elderly (age  $\geq 75$  years) in 2009. We adopted the phenotype of frailty proposed by Fried *et al*, as a gold standard (objective evaluation of unintentional weight loss, fatigue reported, reduced grip strength, reduced walking speed and low physical activity). In this model, elderly with three or more components are considered frail; those with one or two are pre-frail. Subjective evaluation was performed using dichotomous questions for each component. We calculated the reliability, sensitivity, specificity and positive and negative predictive values.

**Results** The subjective evaluation of an instrument is valid and reliable. The sensitivity was 89.7% among pre-frail and 63.2% among the frail. By analysing frailty process (pre-frail+frail) the sensitivity was 90%, positive predictive value was 85.2% and negative predictive value was 32.7%.

**Conclusion** The subjective evaluation of frailty is a good tool to identify frailty process in elderly.

## P2-461 WOMEN VULNERABILITY TO HIV/AIDS IN THE EYE OF CULTURE: A CASE STUDY OF ANAMBRA STATE IN NIGERIA

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**Background** Culture is people way of life but some cultures are barbaric that they contain ingredients that relegate women to the background and the situation is worsening with HIV infection. The aspect that requires urgent attention is that majority of women involved think that these cultural practices are normal thus; do not perceive any risk to HIV infection. This work was to evaluate the knowledge of rural women on sexual violence, mode of HIV transmission (cultural perspective) and predisposing cultural practices in Anambra State rural communities.

**Methodology** Questionnaires and In-depth Interview (IDIs) survey involved in the selection of 150 respondents through multistage technique. This structured questionnaires covered areas such as knowledge of violence, HIV/AIDS and cultural practices that make one vulnerable to HIV infection in the area.

**Result** All the respondents have heard of HIV/AIDS but 78% of them do not know all the modes of HIV transmission. Study further revealed that 55% of women were victims of some type of sexual coercion with a husband in their lifetime, 35% with men other than their husband, all openly admit to physical violence and that sexual violence is highly underreported. Also, all agreed to practices that helps keep their husbands or their own family lineage alive.

**Conclusion** There is serious need for programmers to step up efforts towards addressing reproductive health and rights of women especially widows and families without child/children otherwise the aim of impact mitigation of HIV/AIDS among women of reproductive age in the selected rural communities will be defeated.

## P2-462 THE INFLUENCE OF DISTRESS ON DISABILITY, PHYSICAL ACTIVITY AND PAIN INTENSITY AFTER 7 DAYS OF ACUTE SEVERE LOW BACK PAIN

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Low back pain (LBP) is described as highly recurrent and frequently persistent public health worldwide. The "stay active" concept has been regarded as the most appropriate treatment recommendation for patients with acute LBP. The objective of this study was to evaluate the influence of distress on disability, physical activity and pain intensity in subjects with severe acute LBP.

**Methods** A Randomised Control Trial (RCT) was conducted, 99 employed subjects (mean age 45 years, 20–63), 61% white- and 39% blue-collar workers with acute LBP were examined within 48 h after the onset of pain. All patients were initially assessed using the Depression Anxiety and Positive Outlook Scale (DAPOS) and the Tampa Scale of Kinesiophobia (TSK) questionnaires. Thereafter, the patients documented the following in a diary over a 7-day period: pain intensity, disability rating index (DRI) and step count (pedometer). Linear Mixed Models (LMM) for repeated measures were employed for the statistical analyses. All results were adjusted for age, gender, treatment, number of days and for the interaction term (treatment \*DAPOS-D).

**Results** Prospectively, DRI and pain intensity responses were differentially mediated, DRI and pain intensity responses were differentially mediated, DRI and pain intensity responses were differentially mediated by the treatment, in interaction with the