

CHRONIC DISEASE

SP1-1 THE TREND OF AGE STANDARDISED INCIDENCE RATE OF LUNG CANCER IN FARS PROVINCE, A POPULATION BASED STUDY

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Introduction Lung cancer is the most common cancer worldwide. However, there are differences in the incidence and prevalence rates between countries. The aim of this study was to determine the trend of crude and age standardised incidence rates of lung cancer in Fars province, southern Iran, between 2001 and 2009.

Materials and Methods Crude incidence rates were calculated per 100 000 persons per year and age standardised incidence rate per 100 000 persons per year, performed by direct method using the world standard population. Data were analysed using SPSS version 16 (SPSS Inc.) and M.S. Excel 2007.

Results There were 918 lung cancer cases (71.1% male). Over the 9 years period, age standardised incidence rates increased 3.52 times, from 1.50 to 5.29 per 100 000 persons per year.

Conclusion Similarly to the majority of countries, lung cancer incidence rates in Fars province have increased. This rate is higher in male and elderly age groups.

SP1-2 PREVALENCE AND CORRELATES OF SUSTAINED HYPERTENSION IN ADOLESCENTS OF RURAL WARDHA, CENTRAL INDIA

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Rationale Several studies have provided ample evidence that hypertension in adults has its onset in childhood. There is wide variation in prevalence of hypertension in children in India. Most of the studies were from urban areas and school based. However, there is a paucity of data on adolescent hypertension especially from rural India.

Objective To study the prevalence of hypertension and its determinants among adolescents.

Methods The cross-sectional study was carried out in villages under PHC Talegaon of Wardha district of central India. Out of 7435 adolescents, 1055 adolescents were selected by simple random sampling method. Among sampled adolescents, 990 were interviewed and examined. Hypertension was defined as raised BP (average SBP and/or DBP >95th percentile) for age, sex and height on two additional occasions.

Results The prevalence of hypertension and pre-hypertension was found to be 3.4% and 10.6% respectively. Bivariate analysis showed significant association ($p < 0.05$) of hypertension and pre-hypertension with age, education, occupation, type of family, use of smokeless tobacco, amount of salt consumption, nutritional status, education level of mother and blood pressure level of mother, and father. On multivariate analysis of the present study, the final model by ordinal logistic regression showed significant association of hypertension/pre-hypertension of adolescents with age, type of family, BMI of adolescent and blood pressure of mother and father.

Conclusion The prevalence of hypertension and pre-hypertension was 3.4% and 10.6% respectively. The significant correlates of hypertension were age, type of family, BMI of subject and blood pressure of mother and father.

SP1-3 ARE THE DISABLED AT RISK FOR DEVELOPING NON-COMMUNICABLE DISEASES?

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Introduction Chronic diseases were studied to cause lifelong disability, but no focus was made to find out whether disabled by other causes were predisposed to develop chronic diseases due to their disability. The objective of this study was to explore the association between physical disability and the chances of developing non-communicable diseases (NCD).

Methodology A retrospective cohort study done in the year 2008 in South Kerala, India. The physically disabled were identified from a baseline health survey done in 2005–2006 which identified 283 households with disability. A total of 125 individuals having physical disability for more than 5 years were compared with 125 age and sex matched individuals with no disability selected from the neighbourhoods. Data were collected using WHO STEPS questionnaire for NCD surveillance and disability was assessed using Indian HAQ version (Health Assessment Questionnaire). Bivariate and multivariate analyses were done.

Results NCD risk factor prevalence among disabled was higher for hypertension (43.2%), alcohol use (12%), tobacco use (20.8%), Obesity (33.6%) and lack of physical activity (89.6%). Significant difference from the comparison group were found only for Hypertension with a RR of 1.32 (1.04–1.6) and lack of physical activity 5.01 (2.54–9.8). After logistic regression analysis, the physically disabled were found to have NCD risk factors such as lack of physical activity [OR 3.94, 95% CI (1.9 to 8.18)] and hypertension [OR 1.76, 95% CI (1 to 3.13)].

Conclusion Hypertension screening for the physically disabled could help in early identification and treatment. Disabled friendly initiatives for promoting physical activity should be a part of NCD prevention interventions.

SP1-4 HEALTH STATUS, THE LOCAL WISDOM IN FOLK MEDICINE, AND COMMUNITY-BASE HEALTH PROMOTION OF AKHA IN THAILAND

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Introduction This quasi-experimental design aimed to investigate the health status and local wisdom in folk medicine, in order to develop a health promotion model for Akha in Thailand. The study sites were Abae village, Huan Nam Rin village, and Lau Cha village, Chiang Rai Province, Thailand.

Methods Data were collected using a questionnaire (pre-tested for validity and reliability). A 5 ml blood sample and 5 g stool sample were collected for biomarker identification.

Results In total 1008 subjects were recruited into the study; 493 male, and 515 female. 42.8% were agriculture workers, 56.7% were illiterate, 44.6% could not speak Thai, 63.9% could not read Thai, and 63.9% could not write in Thai. 44.6% lived in unsafe houses, 72.7% drank untreated mountain piped water. 25.0% of children below aged 5 year had not received any vaccinations. Of those aged 13–25 years, 30.7% smoked, 25.2% drank alcohol, 5.9% used amphetamine, 10.5% used opium, and 40.8% used marijuana, 44.2% had had sexual experience, 20.0% had first sexual experience at the aged 15 years, and 35.0% did not get married to their first sexual partners. Biochemistry results among aged 30, showed that 31.2% had Triglyceride ≥ 171 mg/dl, 31.2% had Uric acid ≥ 7.1 mg/dl. Akha people also lack knowledge in agriculture practices, and still grow un-economic crops bringing less family income. Most young children ate insufficient protein and had malnutrition.