## SP1-38 PREVALENCE OF ADL AND IADL DEPENDENCE AND ASSOCIATED FACTORS IN ELDERS LIVING IN LONG-STAY INSTITUTIONS IN BRAZIL

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**Introduction** Health conditions and functionality problems related to ageing affect the ability to live independently, leading to the placement of elders in a long-stay institution. This phenomenon has been increasing in Brazil. This study analyzes functional dependence and its associated factors in this population group.

**Methods** This is a cross-sectional study with elderly residents of long-stay institutions in four Brazilian cities. The study's questionnaire included socio-demographic and health-related variables and the assessment of functioning, cognition and mood with scales widely used in elderly populations. The population profile was characterised and the prevalence of dependence in activities of daily life (ADL) and instrumental activities of daily life (IADL) was estimated. Bivariate and multivariate analyses were performed with Poisson regression.

**Results** These are preliminary results for 340 elders. The mean age was 75.5 years, most were men, 0–4 years of schooling and <5 years of institutionalisation. ADL dependence was 40.0% and IADL 58.5%. Female (PR 2:41, 95% CI 1.84 to 3.17), 80 or more years (PR 3.35; 95% CI 1.37 to 8.17), with very poor/poor health (PR 3.28; 95% CI 1.23 to 8.72) and cognitive impairment (PR 2.66; 95% CI 1.19 to 5.95) had high probability of dependence in ADL. Female (PR 3.55; 95% CI 2.31 to 5.45), 80 or more years (PR 5.47, 95% CI 2.26 to 13.25), illiterate (PR 4.89, 95% CI 2.54 to 9.43) and with cognitive impairment (RP 2.55; 95% CI 1.14 to 5.73) had high probability of dependence in IADL.

**Conclusions** The high prevalence of functional dependence indicates the need for social and healthcare public policies aimed at this specific group in Brazil.

## SP1-39 SOCIODEMOGRAPHIC HETEROGENEITIES ASSOCIATED TO BREAST CANCER STAGE: A HOSPITAL-BASED CANCER REGISTRY STUDY IN RIO DE JANEIRO, BRAZIL

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**Introduction** Early detection and diagnosis of breast cancer (BC) in important for subsequent treatment and prognosis. The aim of this study was to identify and sociodemographic differences in Brazilian BC patients.

**Methods** Data from 1651 female BC patients included in the Brazilian Cancer Institute's Hospital-Based Cancer Registry in 2007 were analysed using $\chi^2$ test and Logistic Regression).

**Results** The average age was 57.3 (SD=13.9, range 19–98). Nearly 42.0% (n=689) from patients had localised BC, 46.5% (n=768) had locally advanced BC (LABC) and 11.8% (n=194) had metastatic BC. In a multivariated analysis, the LABC group had a number of significant findings. The odds of LABC for younger women (<40 years) were almost 60% higher (OR 1.57, 95% CI 1.03 to 2.40) than older women (≥70 years). The odds of LABC among illiterate women were 2.29 (95% CI 1.50 to 3.50) and 1.44 (95% CI 1.16 to 1.79) for women with <9 years of schooling compared to women with ≥9 years of schooling. No racial differences were observed.

**Conclusion** The lower education findings suggest that poor access to diagnosis may be involved in LABC, as well as cultural factors and lack of health literacy. Also, the young age of patients with LABC suggests that clinical and biological tumour characteristics and familial history of cancer in this group should be examined in further studies.

## SP1-40 MATERNAL MENTAL HEALTH AND SOCIAL SUPPORT: EFFECTS ON ATOPIC AND NON-ATOPIC ASTHMA IN CHILDREN

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**Introduction** Although there is evidence that atopic and non-atopic asthma have distinct risk factors and immunological mechanisms, there are few studies that consider the effect of psychosocial factors on these asthma phenotypes. We aimed to identify if the effects of common maternal mental health disorders and the presence of family social support on asthma occurrence in children.

**Methods** A cross-sectional study including 1042 children from an inner city area of Salvador in the state of Bahia, Brazil (part of the SCAALA Program—Social Change, Allergy and Asthma in Latin America). Psychosocial data were collected through personal interview using SRQ-20 and Social Support Scale form Medical Outcome Study. We collected blood samples to measure allergen-specific IgE and we obtained socioeconomic and asthma data using the ISAAC questionnaire. We used polytomous regression analysis to estimate associations between maternal mental health, social support and atopic and non-atopic asthma. Effect modification was tested through polytomous regression analysis stratified by social support levels.

**Results** Maternal mental health had the same impact on atopic and non-atopic asthma, even after adjusting for confounding. Affective, material and informational supports have protective effects on non-atopic asthma only, and it seems that affective and material supports act as a buffer for the impact of maternal mental health disorders on non-atopic asthma.

**Conclusions** Maternal mental health affects asthma independently of biologic and environmental risk factors, and its effect is attenuated when the mother had affective and material social supports.

## SP1-41 FIVE-YEAR SURVIVAL OF PATIENTS WITH NON-HODGKIN'S LYMPHOMA SUBMITTED TO HAEMATOPOIETIC STEM CELL TRANSPLANTATION IN A REFERENCE CENTRE IN BRAZIL

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**Introduction** Since the '90s, haematopoietic stem cell transplantation (HSCT) is being used more frequently in the treatment of patients with non-Hodgkin's lymphoma (NHL).

**Methods** This study was conducted in a historical cohort of adult patients with NHL undergoing first HSCT in a referral hospital in Rio de Janeiro (1997–2009). The Kaplan–Meier method was used for comparison between strata of covariates and Cox regression for multivariate analysis.

**Results** In the study period 100 patients underwent HSCT. Of these, 61 were male, with a median age of 45. Predominant subtype at transplantation was Diffuse Large B Cell Lymphoma (82%). The median time between diagnosis and transplantation was 17 months. At 5 years, the probability of overall survival was 50.8% and survival free of evidence of disease was 54.2%. Patients with advanced stage (III/IV) at diagnosis (61.9% vs 31.8%); those with bulky disease