SP1-49 CERVICAL CANCER IN RELATION TO TOBACCO HABITS

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Introduction Non-communicable diseases (eg, cancer) have become a high profile issue for healthcare delivery planners in India. In view of limited resources, there is a need for an integrated approach to the control of cancers with common aetiologies. Cancer of the uterine cervix is one of the leading malignancies in Indian women. The present exercise attempts to study the relationship between cervical cancer and tobacco related cancers based on the age adjusted incidence rates as generated from reports of National Cancer Registry Programme of ICMR.
Methods Correlation analysis between the age adjusted rates of cancer of uterine cervix and tobacco related cancers such as mouth, oesophagus, lung were conducted for the three population based cancer registries at Bangalore, Mumbai and Chennai. Multivariate analysis was used for the relationship between cervical cancer with smoking habits based on the data generated through the ICMR study.
Results Results revealed that adjusted OR associated with development of cervical cancer among smokers was found to be of the order of 4. There was a strong relationship between trends in cervical cancer with oral cancer and oesophageal cancer ranging from 0.4 to 0.8 ($p<0.05$) substantiating the fact of a common aetiology.
Conclusion The tobacco control programs which are a priority with government of India's National Cancer Control Program could also target cervical cancer control.

SP1-50 CURRENT STATUS UPDATE ON NON-COMMUNICABLE DISEASES IN BANGLADESH

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Background There is increasing evidence to suggest that the epidemiologic transition is well underway in Bangladesh and many of the low and middle income countries are facing a dual burden, with a huge load of infectious diseases and an increasing burden due to NCDs.
Objectives The objective of this paper is to describe the current status of NCDs in Bangladesh and policy guidelines in regarding the issue.
Methods This paper has been prepared based on literature review and content analysis. Relevant full articles (both academic and popular), abstracts and reports within the context of Bangladesh were reviewed from relevant journals.
Results In Bangladesh around 12.5% of all deaths are caused due to various types of cardiovascular diseases among 27.6% death due to NCDs. The prevalence of hypertension is reported as around 12% and the prevalence of diabetes in urban area is double (10%) than rural area (5%). The prevalence of COPD (≥30 years) is 3% among general population and 6% for inpatients of medical college. Last 5 years government of Bangladesh has spent 950.07 lac BDT through HNPSP for NCD, in which arsenic program got more than 70% of the budget and WHO 5.53 lac USD for last 2 years to develop different policy, guideline and risk factor survey.
Conclusions As a developing country, in Bangladesh, addressing NCDs happens to be a multifaceted challenge. Appropriate strategies under high level political commitment and necessary funding as a part of the integrated development and health agenda of Bangladesh are essential.

SP1-51 DIABETES MELLITUS, GLUCOSE INTOLERANCE AND THE RISK OF CARDIOVASCULAR DISEASES: THE JAPAN ATHEROSCLEROSIS LONGITUDINAL STUDY-EXISTING COHORTS COMBINE (JALS-ECC)

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Objective To clarify the relationship of diabetes mellitus (DM) and impaired glucose tolerance (IGT) to the incidence of cardiovascular diseases (CVD) in Japanese general population.
Methods The Japan Arteriosclerosis Longitudinal Study Group conducted a meta-analysis of 20 cohort studies in Japan. We analysed a total of 42 427 general Japanese men and women with the information of glucose tolerance (serum glucose, haemoglobin A1c, and/or treatment for diabetes). The HRs and 95% CIs of CVD incidence (stroke or myocardial infarction) were estimated for DM and IGT using Poisson regression models.
Results The prevalence of DM was 7.1% and that of IGT was 13.8%. During the mean follow-up of 8.1 years, 247 incidence of myocardial infarction and 999 incidence of stroke were confirmed. The multivariate adjusted HRs (95% CIs) of CVD were 1.47 (1.20 to 1.80) for DM and 1.07 (0.90 to 1.27) for IGT. The multivariate adjusted HRs of myocardial infarction incidence were 1.49 (1.02 to 2.19) for DM and 0.83 (0.58 to 1.20) for IGT. The multivariate adjusted HRs of stroke were 1.43 (1.18 to 1.73) for DM and 1.11 (0.93 to 1.32) for IGT. DM also increased the risk of ischaemic stroke (the HR was 1.78 [1.39 to 2.27]); however, we did not find any significant relationships of DM to hemorrhagic stroke and subarachnoid haemorrhage.
Conclusion This large scale meta-analysis of Japanese confirmed that DM increased the incident risk of CVD, especially ischaemic stroke and myocardial infarction. IGT also tended to increase the risk of CVD incidence, although the risk was not statistically significant.

SP1-52 PREVALENCE OF FRAILTY IN ELDERS LIVING IN LONG-STAY INSTITUTIONS IN BRAZIL: CORRELATIONS AMONG FOUR INSTRUMENTS OF EVALUATION

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Introduction The term frailty characterises elders at higher risk for the occurrence of adverse health outcomes in situations of environmental stress. We still do not have an assessment instrument that could be considered as the gold standard for this condition. This study aims to estimate the prevalence of frailty in older individuals living at long-stay institutions, through different instruments, and to evaluate their performance in this setting.
Methods This is a study with elderly residents of long-stay institutions in four Brazilian cities. The prevalence of frailty was estimated with four instruments: Fried phenotype (FP), Frailty Index based on Geriatric Status Scale (GSS-FI), Frail scale (FS) and Edmonton Frail Scale (EFS). The main characteristics of frail individuals according to each instrument were described. Correlations between the categories obtained with each instrument were analysed with Phi's correlation coefficient.
Results These are preliminary results for 340 elders. The estimated prevalence of frailty was 54.3% for FP, 11.3% for GSS-FI, 12.1% for FS and 36.1% for EFS. The mean age of frail individuals varied from 72 to 75 years, depending on the assessment instrument. Frailty predominated in males (60.0–80.0%), 4 or less years of schooling (76.0–91.0%), single (44.0–59.0%) and time in the institution of up

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