

# SP1-67 CAN WE LIVE LONGER BY ELIMINATING DISEASES OF CIRCULATORY SYSTEM: AN ANALYSIS OF MCCD DATA IN SELECTED STATES OF INDIA

doi:10.1136/jech.2011.142976n.44

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**Introduction** Life expectancy is used as a development indicator for measuring developing of any country. Developed countries of the world have achieved considerable increase in life expectancy due to advancement in medical science. However, developing countries are still struggling hard to achieve the same level. The cause-specific death rates can demonstrate most prevalent diseases in the country. An age and cause specific death rate would give a more refined result of the same.

**Methods** Life table technique helps in examining the effect of elimination of a specific cause of death in life expectancy. One gets an idea about gain in life expectancy if one is able to control a specific disease. Diseases of circulatory system have become a major cause of death in developing countries including India. Therefore, present paper aims to construct such a life table using Medical Certification of Cause of Death data of Sample Registration System (SRS) in four selected states of India namely, Bihar, Rajasthan, Maharashtra and Tamil Nadu to find out potential gain in average years of life due to prevention of mortality related circulatory system diseases.

**Results** The net gain in life expectancy at birth is found to be higher among females than males in all the states. Life tables are adjusted for the impact of differential risks of dying from other causes.

**Conclusion** This technique is useful in finding out potential benefits of cause elimination in health services and is essential for health policymakers and planners to set-up priorities in intervention programmes.

# SP1-68 EVALUATING COMMUNITY BURDEN OF DEPRESSION AND SUICIDAL TENDENCIES USING THE HOSPITAL DEPRESSION AND ANXIETY SCALE

doi:10.1136/jech.2011.142976n.45

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**Introduction** Depression is a common mental health problem affecting human communities. A variety of screening tools have proved useful and this study explored the use of the Hospital Anxiety and Depression Scale among rural south western Nigerians.

**Methods** Interviewer administered, community based survey of adults.

**Results** A total of 313 consenting community members were interviewed, 48.2% were female, sample mean age 34.25±14.82 years. Depression was established in 8.3% of individuals within the 2 week reference period (M:F sex specific prevalence of 10.5% and 6% respectively). Severe, moderate and mild depression was present in 46.1%, 23.1% and 30.8% of depressed individuals. Factors significantly associated with depression include recent bereavement OR 2.59 (95% CI 1.07 to 6.25), somatic symptoms OR 2.77 (95% CI 1.14 to 6.85) and accommodation problems OR 95% CI. Suicidal ideation and attempts were reported by 10.5% and 1.9% respectively. A multivariable logistic model which included variables significant at 10% retained only somatic symptoms as a predictor of depression in this study.

**Conclusion** The HADS is useful in community screening for depression. The observed high prevalence of depression despite a short reference period illustrates the importance of this condition in

the study population. Health workers and local health services should be sensitised to consider a diagnosis of depression especially in the presence of unexplained somatic symptoms.

# SP1-69 BLOOD PRESSURE AND OBESITY IN EMIRATI CHILDREN AND ADOLESCENTS

doi:10.1136/jech.2011.142976n.46

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**Objectives** Although obesity is fast increasing, there are few data on the prevalence of high-normal or elevated blood pressure in United Arab Emirates.

**Methods** We conducted a school-based survey of a representative sample of youth (n=1524) aged 12 to 18 years in Al Ain, UAE. BP measurements were made with a manual sphygmomanometer by trained nurses. Additional measures included height, weight, and abdominal circumference. BMI ≥85th and ≥95th percentiles were used to define overweight and obesity according to the 2000 CDC growth charts. The prevalence of "high normal" and "elevated" BP was assessed by comparing the subjects' SBP and DBP with age-, gender-, and height-specific 90th and 95th percentile reference values from the National High Blood Pressure Education Program.

**Results** A high proportion of Emirati children and adolescents (21%) were obese compared to their non-local counterparts (16%). Among study children 6% had elevated blood pressure. A high proportion (19.1%) of obese children had elevated blood pressure compared to those who were overweight (4.8%) and normal (2.1%).

**Conclusion** The present findings emphasise the importance of the prevention of obesity in order to prevent future cardiovascular related problem such as hypertension.

# SP1-70 INADEQUATE CONTROL OF BLOOD PRESSURE IN HYPERTENSIVE PATIENTS ASSISTED BY A FAMILY DOCTOR PROGRAM

doi:10.1136/jech.2011.142976n.47

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**Introduction** Hypertension is a major risk factor for cardiovascular disease. Despite the availability of various classes of anti-hypertensive medications, blood pressure (BP) control often remains poor. Lifestyle changes, if adopted, are effective at reducing BP. The aim of this study was to estimate the factors associated with inadequate BP control in hypertensive patients adherent to anti-hypertensive drug treatment assisted by a Brazilian Family Doctor Program (FDP).

**Methods** A cross-sectional study of men and women aged 20 years and over collected data on sociodemographic characteristics, comorbidities, lifestyle and food frequency, the latter using a questionnaire validated for the investigation of dietary habits. Blood and urine samples were obtained and anthropometric and nutritional studies performed.

**Results** Independent of time of treatment and systolic BP at admission to FDP, individuals with inadequate BP control had a higher body mass index (BMI) (Prevalence Ratio, PR 1.027 (95% CI 1.009 to 1.045)), consumed more meat (PR 1.091 (1.022 to 1.165)), had higher levels of serum creatinine (PR 1.894 (1.241 to 2.892)) and more often had white skin colour (PR 1.363 (1.006 to 1.847)).