

SP3-86 VALIDATION OF A SINGLE QUESTION FOR QUALITY OF LIFE ASSESSMENT IN CHILEAN OLDER PEOPLE

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L Lera,* C Albala, H Sanchez, A Fuentes, A Barbara, X Cea. *INTA/University of Chile, Santiago, Chile***Aim** To validate a single question of self-reported quality of life as a reliable instrument in population studies.**Method** Cross sectional validation of a single question about QoL against the quality of life SF-36 (Short-Form 36 Health Survey). The study was performed in a national representative sample of 4762 community-dwelling people 61–101 y (38.8% men) from a national study on dependency done in Chile in 2009–2010. All subjects completed household interviews (face to face), including the question “How is your quality of life?” (Excellent, Good, Fair, Poor and Very Poor). To validate it we used the summary measures mental and physical health of the SF-36, estimated with Chilean-specific scoring algorithms previously validated. The relation of summarised score to each category was studied using Kruskal–Wallis test and the non-parametric test for trend across ordered groups.**Results** The mean score (using survey design) of the mental and physical components follow a gradient from Excellent, Good, Fair, Poor to Very Poor being the higher score excellent and the lower very poor. Mental component mean scores: 56.7, 54.4, 49.0, 39.1, 37.6; physical component mean scores: 54.1, 51.4, 46.5, 41.1, 38.1 ($p < 0.0001$) Similar results were obtained in both sexes.**Conclusion** The single question about QoL is a reliable measure, easy to interpret and barely time consuming. For this reason appears as an excellent instrument to be used in large population studies.**SP3-87 CHARACTERISATION OF SENTINEL SURVEILLANCE OF INFLUENZA-LIKE ILLNESS (ILI) AND HOSPITAL SURVEILLANCE OF SEVERE ACUTE RESPIRATORY INFECTIONS (SARI) IN PARAGUAY**

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In 2010, based on the experience gained in the 2009 influenza pandemic, the surveillance is strengthened with the implementation of the hospital surveillance of SARI.

Objective To determine the epidemiological characteristics and etiological agents of ILI and SARI.**Methodology** All cases from sentinel sites in the period from January to October 2010 were included. The analysed variables were: hospitalisations by epidemiological week, age, sex, entrance to ICU, death, presence of comorbidity, risk factors, and identification of the causative agent.**Results** Sentinel Surveillance of ILI detected 799 patients. The most affected age group was young adults (15–39 years of age) with 55.82% (446/799). Only 11% (83/781) had some co morbidity and/or risk factor. Regarding SARI hospital surveillance, 1692 notifications were recorded. Of these, 10.17% (172/1692) required treatment in intensive care unit (ICU), 53 patients died (specific lethality for SARI 3.13%). The distribution by age groups showed an increased risk in children under 5 and older than 60, with rates of 51% (868/1692) and 16% (274/1692), respectively. Nearly 30% (479/1692) of patients had comorbidity and/or risk factors. Samples were taken in 71.3% of cases (1206/1692) and positivity was 22.6% (273/1206). The most frequently identified viruses were RSV, 39% (106/273), Influenza A H3, 18% (49/273) and influenza A H1N1, 15% (41/273).**Conclusions** With the incorporation of the SARI surveillance, respiratory viruses have been better characterised. The Influenza A H1N1 virus had a similar pattern to the seasonal respiratory viruses.**SP3-88 SOCIAL DETERMINANTS OF SUBFERTILITY IN WOMEN WITH A SUCCESSFUL PREGNANCY**

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C Pereira,* E Coutinho, A Silva, J Duarte, N Veiga, C Chaves, M Ferreira, P Nelas, E Carril. *CI&DETS, Health School, Polytechnic Institute of Viseu, Viseu, Portugal***Introduction** Socioeconomic conditions are rarely considered in the epidemiology of subfertility. This study determined the effect of current and past socioeconomic conditions on the occurrence of subfertility in women with a successful pregnancy.**Methods** Women were recruited in 2005/6 for Geração XXI, a Portuguese birth cohort. Personal interviews were conducted to collect socio-demographic and pregnancy-related data. Life-time subfertility was self-reported and defined as trying to conceive for more than 1 year with no success. Education, income, working condition and marital status were proxy indicators of social class. The childhood circumstances of the women were accessed by parents' education and amenities at age 12. The analysis considered 7916 mothers. Logistic regression models were fitted to estimate the odds (OR) of being sub-fertile according socioeconomic circumstances, stratified by number of previous pregnancies (1 vs >1) and age (<30 vs ≥30 years).**Results** Sub-fertility was reported by 9.1% of the women (n=719). Prevalence was 8.7% among primigravidae and 9.5% in multigravidae (84% of the multigravidae were multiparous). Almost 2/3 sought medical help. Among young primigravidae, sub-fertility decreased with education (>12 vs ≤6 years: OR=0.20 95% CI 0.11 to 0.39), and was lower among single women (OR=0.27 95% CI 0.12 to 0.59) and smokers (OR=0.60; 95% CI 0.40 to 0.94). Only education showed a significant association with sub-fertility in older primigravidae. Within multigravidae higher education levels increased the odds. Maternal childhood conditions were no longer significant after adjustment for current social circumstances.**Conclusions** Age and the number of previous births modified the effect of social conditions on sub-fertility which was stronger among younger and primigravidae women.**SP3-89 SOCIAL DETERMINANTS OF SUBFERTILITY IN WOMEN WITH A SUCCESSFUL PREGNANCY**

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Results Subfertility was reported by 9.1% of the women (n=719). Prevalence was 8.7% among primigravidae and 9.5% in multigravidae (84% of the multigravidae were multipara). Almost 2/3 sought for medical help. Among young primigravidae, subfertility decreased with education (>12 vs ≤6 years: OR 0.20 95% CI 0.11 to 0.39), and was lower among single (OR 0.27 95% CI 0.12 to 0.59) and smokers (OR 0.60; 95% CI 0.40 to 0.94). Only education presented a significant association with subfertility in older primigravidae. Within multigravidae higher education increased the odds. Maternal childhood conditions were no longer significant after adjustment for current social circumstances.

Conclusions Age and the number of previous births modified the effect of social conditions on subfertility which was stronger among younger and primigravidae women.

SP3-90 HOSPITALISATION TRENDS IN PUBLIC PSYCHIATRY HOSPITAL (2005–2010)

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Introduction The study describes and analyzes the hospitalisations due to mental disorders during 2005–2010 in public psychiatric hospital in Belo Horizonte, Brazil.

Methods We conducted a retrospective study of hospitalisation data using the EPI-INFO. Length of hospital stay, main psychiatric diagnoses (ICD-10, WHO) and sociodemographic characteristics were analysed.

Results The predominant hospitalisations group were from men with 20 to 50 years old and patients with mental disorders related to substance use. There were a decreased of total hospitalisations, length of hospital stay and percentual of patients with ICD-10 diagnoses F20-F29. There were increased in the percentual of patients with ICD-10 diagnoses F10-19. Remained constant the percentual of admissions to patients from different places of country.

Conclusion There was a significant decrease in the hospital stay, indicating better quality of hospital care, availability of resources therapeutic, increased care network to outpatients and access to psychopharmacological treatment. But there are a important increased admissions of patients with mental disorders related to substance use. The Psychiatric hospitalisation is important to psychiatric care network and there are changes the profile of diagnoses that need to be evaluated in the planning of public services mental health.

SP3-91 ASSOCIATED FACTORS WITH CHANGES IN SOCIAL SUPPORT NETWORK FOR THE OLDER ADULTS IN 6 YEARS

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Introduction Ageing process brings people living with the physical and functional limitations and multiple chronic diseases, added to significant emotional aspects that increase order's demand of their social network.

Objective Analyze changes during the period of 6 years (2000–2006) in the social support network of older adults of Sao Paulo-Brazil.

Methods Data comes from a longitudinal survey—SABE (Health, Well-being and Ageing), which began in 2000 with a multistage clustered sample of 2143 people aged ≥60 years-old in Sao Paulo-Brazil. In the second wave 1115 elderly were re-interviewed. Associated factors were analysed in multinomial logistic regression.

Results Older adults refer more instrumental support at home and among their children. The support from outside the home of other relatives and friends showed present but fluctuates over time of the study. Physical and functional conditions, self-reported health were

indicators of maintaining the exchange of support with all network over time but the worsening in these conditions was accompanied by more support available for elderly.

Conclusions The informal social support network is required only for instrumental support needs that are not served by the formal support network. The emotional aspects influencing independence and autonomy when they are not adequately considered.

SP3-92 INFLUENZA LIKE ILLNESS MONITORING BY TELEPHONE SURVEY IN BRAZIL, VIGITEL, 2010

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Introduction In Brazil, after influenza pandemic in 2009, influenza surveillance system was restricted to cases who sought healthcare assistance within severity signs and symptoms.

Objective To estimate the prevalence of influenza like illness (ILI) cases, ILI cases who sought healthcare assistance, with pandemic influenza H1N1 2009 (pH1N1) medical suspicion and oseltamivir prescription among the pH1N1 suspected cases by telephone survey.

Method In 2010, an influenza module of four questions was firstly included in the Telephone-based System for the Surveillance of Risk and Protective Factors for Chronic Diseases (Vigitel). In this study, data from January to November 2010 were analysed. The proportion of cases stratified by sociodemographic characteristics and Brazilian geographic region was weighted with data from the National Survey with Household Sampling, 2008.

Result The prevalence of ILI cases was 31.2% (95% CI 30.2% to 32.1%) in the period studied and it was higher among women, young adults (18–29 years of age) and individuals with higher education level. Northern Brazil presented the highest prevalence (36.8% of ILI cases; 95% CI 35.3 to 38.3%) of ILI cases. Need for healthcare assistance was reported by 26.8% (95% CI 25.1 to 28.5%) of ILI cases. Among ILI cases 2.5% (95% CI 1.8 to 3.4%) reported pandemic influenza H1N1 2009 (pH1N1) suspicion. Oseltamivir prescription was reported by 4.9% (95% CI 1.1 to 8.7%) pH1N1 suspected cases.

Conclusion The results of Vigitel supported the influenza surveillance in Brazil as it provided timeliness and useful information, which was not collected by the traditional surveillance system, based on sentinel units and severe acute respiratory infection notification.

SP3-93 EFFECT OF THE DAY OF THE WEEK ON DIETARY CONSUMPTION ASSESSED BY FOOD FREQUENCY QUESTIONNAIRE

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Introduction The effect of the day of the week on nutrient intake on the overall consumption, collected by short reports, was notorious. However, it is still unknown for macronutrient intake collected by the food frequency questionnaire (FFQ).

Objective To evaluate the effect of data collect during the beginning and end of the week on macronutrient intake in data from FFQ applied in adolescents from southern Brazil.

Methods A cross-sectional study investigated a population-based sample of 136 adolescents, aged 11–19 years. Dietary data were obtained by FFQ. Macronutrients intake was aggregated into