

Results In 2008, 273 people (91.2% male and 8.8% female) died from drowning. Mean age of death 25.3 (SD=11.7) years. Overall, 175 people were visitors and 98 residents. The death rate from drowning was 3.3 per 100 000 population. Most cases (93.4%) occurred at sea and in the month of August (33%). The overall number of life years lost was 7211 (4579 for visitors and 2632 for residents). The number of life years lost rate was 89 per 100 000 in residents. Most DALYs were in the age group 10–19 years.

Conclusion These data argue for improvement and expansion of protected beaches and increased surveillance with the creation of legislation to prohibit swimming in unprotected sea.

P1-69 IMPACT OF WEALTH STATUS ON HEALTH OUTCOMES IN PAKISTAN

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Objective To assess the independent impact of wealth status (as determined by a validated index) on health outcomes in Pakistan.

Methods Secondary data analysis of the Pakistan Demographic Health Survey (PDHS) database 2006–2007 was performed. The Maternal database consisted of 10 023 women aged 15–49 years, births database 39 049 children, while children's database consisted of 9177 children. Multivariate logistic regression analysis was performed using STATA V 9.0 and SPSS 10.0.

Findings The adjusted OR and 95% CI for having delivery attended by a skilled healthcare provider with reference to the poorest quintile were poorer 1.44 (1.19 to 1.75), middle 1.86 (1.52 to 2.28), richer 3.02 (2.43 to 3.76) and richest 5.40 (4.16 to 7.01), $p<0.0001$. The adjusted OR and 95% CI of mortality among children under 5 years age in Pakistan with reference to the poorest quintile were poorer 0.89 (0.81 to 0.97), middle 0.72 (0.65 to 0.81), richer 0.69 (0.62 to 0.78) and richest 0.65 (0.55 to 0.76), $p<0.0001$. Other indicators of child health; Neonatal mortality, Infant mortality, Vaccination status and reproductive health indicator such as emergency obstetric care availability were statistically significantly associated with wealth index quintiles, adjusting for confounding factors.

Conclusion These representative data from Pakistan quantify the burden of morbidity and mortality associated with unjust distribution of wealth in the country. There are wide disparities in access to health in different socioeconomic groups as evidenced by this study. Social protection for health is needed so that those in the informal sector are not excluded from accessing healthcare. In addition scale-up of poverty reduction strategies and promotion of inter-sectoral action is needed.

P1-70 PREVALENCE OF DEPENDENCY IN OLDER PEOPLE IN CHILE. FREQUENCY AND SOCIAL DIFFERENTIALS

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Introduction The process of population ageing in developing countries has important economic and social consequences. Dependency in the elderly constitutes a main concern for them considering the associated need of care, institutionalisation and health costs.

Aim To assess the prevalence of dependency in older people in Chile.

Methods Cross-sectional study in a national representative sample of 4546 people 60 y and older (61.5% women) living in the community in Chile. After dementia screening, home interviews including socio-demographic variables, history of chronic diseases and disability/functional limitations were done. Dementia was assessed with a previously validated test (MMSE plus PFAQ). Dependency was defined as being bed-belted or having dementia or need of assistance to perform 1 ADL or unable to perform 1 IADL or need of assistance to perform 2 IADL.

Results The prevalence of dependency was 24.1% (95% CI 21.7 to 26.7), increasing with age, 25.3% in women and 22% in men, $p<0.13$) and higher in people living in rural areas (33.5% 95% CI 34.8 to 32.1) than in urban areas (22.7% 95% CI 17.7 to 25.6) $p<0.001$. Beneficiaries of the public Health System had twice dependency rate than beneficiaries of private health insurance (24.1% 95% CI 21.5 to 26.9 vs 11.6% 95% CI 5.7 to 22.4, $p<0.01$). Age adjusted dependency was associated with <8 years of schooling (OR 2.28; 95% CI 1.59 to 3.27) and living in rural areas (OR 1.59; 95% CI 1.23 to 2.1), but not with gender.

Conclusion Important social differentials were observed. The prevalence of Dependency was higher in people living in rural areas, in the less educated and in the poor.

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P1-71 INCIDENCE AND DETERMINANTS OF DISABILITY IN INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) IN ELDERLY

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Introduction Knowing the incidence of disability in IADL in elderly is very important for planning health services.

Objective To analyse the incidence rate and determinants of disability in IADL in elderly people.

Methods Data comes from two rounds of a longitudinal survey - SABE study, which began in 2000 with a multistage clustered sampling which included 2143 people aged ≥ 60 years old living in Sao Paulo/Brazil. In 2000, 1034 elders without disabilities in IADL were selected. In 2006, the same activities were reanalysed and the incidence rate of disability was calculated based in a sample of 801 elderly. Logistic regression used IADL status in 2006 and in baseline: age, living condition, ability to write and read, marital status, smoking, medication, body mass index, physical activity, MMSE, depression, perception of vision and hearing, handgrip, self-report of hypertension, diabetes, heart and lung disease, osteoarthritis, cancer, stroke, joint pain, falls, hip fracture or wrist and number of comorbidities. Inferences were weighted to account for sample design.

Results The incidence of disability for women was 44.7/1000 person-years (95% CI 36.7 to 54.8) and for men was 25.2/1000 person-years (95% CI 18.5 to 35.0). Among men there was an independent relationship between incidence of disability and inability to write and read and poor perception of hearing adjusted for age. Among women, this relationship occurred with inability to write and read, poor perception of hearing, age and overweight or obesity adjusted by hypertension.

Conclusions Incidence rate of disability in IADL was greater in women. The determinants in both genders are similar, except age and overweight or obesity, important factors for women.