changed as recruits became better nourished and healthier. Modern technology has updated the methodology for data collection, although not necessarily beneficially.

Conclusion Although the military population, its health problems and the methods of data collection have changed over time, the fundamental principle of basing military health protection on sound epidemiology remains constant. The lessons of the past provide evidence on which future planning can be based.

P1-90 SOCIAL INEQUALITIES IN HEALTH AMONG ELDERLY IN A BRAZILIAN SOUTHEASTERN CITY

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Introduction Social inequalities in health is an important problem in Brazil challenging the public Health System. This is also an issue that affects the elderly population.

Objective The aim of this study was to assess the magnitude of social inequalities in health status, health behaviour and use of health services in elderly.

Methods A population-based cross-sectional study was carried out in 2008 e 2009 involving 1518 elderly residents of Campinas, SP, Brazil (ISACAMP 2008/2009). Social inequalities were assessed by educational level. Prevalence and adjusted prevalence ratios were estimated applying Poisson multiple regression, using svy commands of Stata11.

Results Significant social differences were found between the educational strata. Elderly individuals with a higher degree of schooling consume more alcoholic beverages (RP=1.94), are less sedentary (RP=0.72), have healthier dietary (1.64) and a lower prevalence of hypertension (RP=0.80), diabetes (RP=0.71), dizziness (RP=0.67), headaches (RP=0.52), back pain (RP=0.77), visual impairment (RP=0.57) and denture use (RP=0.68). But, there were no differences in the use of health services in the previous 2 weeks, in hospitalisation or in surgeries in the previous year and in medicine intake in the previous 3 days. Among elderly with hypertension or diabetes, there were also no differences in the regular use of health services and medication.

Conclusion The results showed strong social inequality in this elderly population with significant differences in several health indicators, along with equity in the access of some health service components, suggesting positive effects of the Brazilian Public Health System on promoting health equity.

P1-91 PREVALENCE AND TEMPORAL TRENDS IN THE PREVALENCE OF SMALL INTESTINAL ATRESIA IN EUROPE: A MULTILEVEL ANALYSIS

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Introduction Small intestinal atresia (SIA) is a congenital anomaly characterised by the abnormal closure, discontinuity or narrowing of the duodenum, jejunum or ileum. This study used multilevel regression to examine the total prevalence and temporal trends in the prevalence of SIA in Europe.

Methods Cases of SIA delivered during 1990–2006 and notified to 21 European congenital anomaly registers formed this population-based case series. Total prevalence and changes in prevalence over time were modelled using multilevel Poisson regression. Heterogeneity between registers was evaluated from the intercept's random component. Inter-regional differences in trends were examined by including random slopes.

Results 1154 SIA cases were reported among 5 383 099 registered births. Of 1092 singleton cases, 222 (20.3%) were associated with chromosomal and 227 (20.8%) with structural anomalies. The prevalence per 10 000 births for singleton cases of normal karyotype was 1.6 (95% CI 1.5 to 1.7) for SIA, 0.9 (95% CI 0.8 to 1.0) for duodenal atresia and 0.8 (95% CI 0.7 to 0.8) for JIA. There was no significant trend in SIA, duodenal atresia or JIA prevalence over time (RR=1.0, 95% credible interval (CrI): 1.0 to 1.0, for each) but SIA and duodenal atresia prevalence varied significantly between participating registers (p=0.03 and p=0.04, respectively). There was no increased risk of SIA in mothers aged <20 years compared to mothers aged 20 to 29 (RR=1.3, 95% CrI: 1.0 to 1.8; p=0.08).

Conclusion This study found no evidence of a temporal trend in the prevalence of SIA, duodenal atresia or JIA although SIA and duodenal atresia rates varied between geographic areas.

P1-92 AN EPIDEMIOLOGICAL STUDY OF TUBERCULOSIS PATIENTS WITH RISK PATTERN OF HIV/AIDS AMONG UNDERPRIVILEGED POPULATION IN NORTH INDIA

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Introduction Tuberculosis is a major cause of morbidity and mortality in developing countries. National AIDS Control Organization, India has reported TB as the commonest opportunistic infection (62.3%) among HIV infected persons.

Methodology The study was conducted among 155 patients of tuberculosis at three Microcopy centres attending urban and rural health centres with the objectives of studying epidemiological profile of patients and to assess HIV-AIDS pattern and high risk behaviour. Information on pres-designed format related to socio-demographic clinical profile, categorisation, treatment and awareness about HIV-AIDS, mode of transmission and behaviour was gathered in 2009.

Results Maximum number of patients were in the age group of 21–30 yrs (23.22%). 41.93% being illiterate. 42.58% were having a monthly family income of under Rs. 3000/- (US$ 67). 47.74% had migrated from another poor state, 70.32% married. 11.72% TB patients were staying with under-six children. Fever (79.35%) and cough (72.25%) were presenting symptoms at starting the treatment. 54.19% belonged to category I of DOTS. Only half (54.19%) were aware of HIV-AIDS—77.35% in rural and 42.15% in urban areas. History of multiple partners could be elicited from two cases in urban settings History of blood transfusion was given by 7 (4.51%), 18 (11.61%) of TB were tested for HIV. 77.35% from rural and 23.52% from urban areas (total 21.93%) desired to know their HIV status.

Conclusion Maximum numbers of TB cases were in young age-group, males, low socio-economic status particularly in urban slums with poor awareness level about HIV/AIDS. Coordinated efforts for implementation of the two programs for such population groups are required in controlling these diseases.

P1-93 TRENDS IN THE BURDEN OF CARDIOVASCULAR DISEASES IN THE UK, 1961 TO 2011

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Introduction Mortality from cardiovascular disease (CVD) has dramatically reduced over the past 50 years in the UK. While this trend should be celebrated, it is important to consider mortality alongside trends in morbidity to gain a full understanding of how healthcare resources and prevention schemes should be directed.