under investigation. Of these, six were male and white. The median age was 68 years old, ranging from 40 to 77. Four had complete higher education, four high school and two elementary education. Ten died. None of the suspected cases underwent iatrogenic exposure and had no family history of disease. All had cerebellar ataxia, 80% had progressive dementia and extra-pyramidal signs and 60% had psychiatric disorders, pyramidal signs, myoclonus and sleep disturbances. Of the specific tests performed five had typical result by electroencephalogram; six with typical diffusion by MRI/CT, five presented Protein 143-3-5; none of them presented mutation of prion; four patients had spongiform encephalopathy brain by biopsy; four positive by immunohistochemistry for FRPNFp. Only three patients underwent necropsy had histological positive result.

Conclusion Since this is a new and yet unknown disease in our country, needs to improve the clinical diagnosis as a way to better understand the natural history of it and thereby promote effective measure control.

P1-131 THE IMPACT OF ATTRITION ON THE REPRESENTATIVENESS OF COHORT STUDIES OF OLDER PEOPLE

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Introduction There are well-established risk factors, such as lower education, for attrition of study participants. Consequently, the representativeness of the cohort in a longitudinal study may deteriorate over time. Death is a common form of attrition in cohort studies of older people. The aim of this paper is to examine the effects of death and other forms of attrition on risk factor prevalence in the study cohort and the target population over time.

Methods Differential associations between a risk factor and death and non-death attrition are considered under various hypothetical conditions and data from the Australian Longitudinal Study on Women’s Health (ALSWH) and the Australian Censuses and National Health Surveys are used to illustrate the evolution of bias over 12 years.

Results Between 1996 and 2008, 28.4% of ALSWH participants born in 1921–1926 died, 16.5% withdrew and 10.4% were lost to follow-up. Hypothetical scenarios illustrate how death and other attrition can affect changes in bias over time. For this cohort there were differential associations with various risk factors, for example, being born in a non-English speaking country was associated with non-death attrition but not death whereas being overweight was associated with death but not other forms of attrition.

Conclusions Deaths occur in both the target population and study cohort, while other forms of attrition occur only in the study cohort. Therefore non-death attrition may cause greater bias than death in longitudinal studies. However although more than a quarter of the oldest participants in the ALSWH died, differences from the national population changed only slightly.