Background/Aims Subjects with Mild Cognitive Impairment (MCI) constitute a risk population of developing dementia and thus a population of clinical interest. This study reviews recent work on the incidence of MCI in the elderly.

Methods Incidence papers were identified by a systematic literature search. Studies on incidence of MCI were considered if they identified 'cognitively mild impaired' subjects by application of the MCI criteria, used the 'person-years-at-risk' method, and were based on population-based or community-based samples.

Results Nine studies were identified. Incidence of Amnestic MCI subtypes ranged between 9.9 and 40.6 per 1000 person-years, and incidence of Non-amnestic MCI subtypes was found to be 25 and 36.5 per 1000 person-years. Regarding any MCI, incidence rates of 51 and 76.8 per 1000 person-years have been found. A higher risk of incident MCI mainly was found for higher age, lower education and hypertension.

Discussion Incidence rates of MCI varied widely, and possible risk factors for incident MCI were analysed only to a limited extent. Findings call for an agreement concerning the criteria used for MCI and the operationalisation of these criteria.

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REFERENCE

P1-227 FACTORS ASSOCIATED WITH RENAL TRANSPLANTATION AND MORTALITY IN PATIENTS WITH TERMINAL CHRONIC RENAL DISEASE IN BRAZIL, 2000–2003

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Background Inequalities have been reported in access to kidney transplantation in relation to demographic, socioeconomic, clinical and geographical. Patients waiting for kidney transplant face a number of competitive outcomes.

Objective To investigate factors associated with access to kidney transplantation, considering the type of donor and death as competitive events.

Design and Source of Data observational, prospective non-concurrent, from the National Data Base on renal replacement therapies in Brazil. Relationship was conducted from deterministic-probabilistic System Authorisation Procedures of High Complexity/Cost, Hospital Information System and Information System on Mortality.

Participants 17 084 adult patients starting renal replacement therapy in Brazil from 01/01/2000 to 31/01/2000.

Variables Impact of individual variables (age, gender, region of residence, primary renal disease, hospitalisations) in the context of the dialysis unit (level of complexity, legal, HD machines and location) and the city (geographical region, location and Human Development Index-HDI) in likelihood of transplantation and death.

Results Younger patients without diabetes, no history of hospitalisation, in dialysis treatment unit located in the state capital, living in the countryside, in cities with high HDI were more likely to transplant. Sex and level of complexity has only been associated with a living donor transplant. The results indicate differences in access to kidney transplantation, however, regarding gender, age 45 years and diabetes were lower inequality cadaver donor for transplantation. Older patients with diabetes, with hospitalisation, being treated in dialysis units are less complex, located in state capitals and municipalities with low HDI had a higher risk of death.