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 56.5 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
CONCLUSION These findings suggest that an early screening for lost of bone mass should be done, allowing the beginning of adequate therapy, in order to assure life quality to middle aged and older women.

P1-229 DIET QUALITY OF MALE ADULT PARTICIPANTS HIM STUDY-BRAZIL (NATURAL HISTORY OF HPV INFECTION IN MEN): MULTICENTRIC STUDY

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INTRODUCTION The study “Natural History of HPV Infection in Men” (HIM study) is an international multicenter prospective cohort study that seeks to determine the incidence, persistence and remission of human papillomavirus (HPV) infection in men.

OBJECTIVE To assess the dietary quality on participants in HIM-Brazil.

METHODS Dietary intake of 70 participants were measured by two 24 h dietary recalls. The Brazilian Healthy Eating Index Revised (BHEI-R), developed according to current nutritional recommendations was used.

METHODS The BHEI-R comprises a 12-components system of nine food groups based on Brazilian Dietary Guidelines (2006), which daily portions are expressed on energy density. Intakes at the level of the standard or more were assigned the maximum number of points: 5 to Total Grains; Whole Grains; Dark-Green and Orange Vegetables and Beans; Total Vegetables; Total Fruit and Whole Fruit); 10 to Dairy Products; Meat and Beans; Oils; Saturated Fat; and Sodium and 20 for SoFAAS (total calories from solid fat, alcohol and added sugar).

RESULTS The mean B-HEIR score was 59.7±10.3. For Total Grains 4.7±0.8, Whole Grains 0.9±1.8, Dark-Green and Orange Vegetables and Beans 4.2±1.7, Total Vegetables 4.6±1.2, Total Fruit 3.1±2.0 and Whole Fruit 2.9±2.3, Dairy Products 4.7±3.1, Meat and Beans 9.0±2.0, Oils 8.7±3.2, Saturated Fat 4.7±3.6, Sodium 2.1±1.9 and SoFAAS 10.2±5.4.

CONCLUSION It was observed a low BHEI-R score, reflecting the low consumption of whole grains, vegetables and fruits. Dietary modifications are necessary to achieve better quality on food intake, potentially beneficial to prevent immunodeficiency and susceptibility to infections.

P1-230 VALIDITY OF SELF-REPORTED HYPERTENSION AMONG BRAZILIAN ADULTS

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INTRODUCTION Hypertension, a chronic disease with high prevalence and trend of increase in Brazil, has important influence on morbidity and mortality. Self-report are widely used to assess hypertension in surveys, due to low cost. However, there are few validation studies of the self-reported hypertension data.

OBJECTIVE To investigate the validity of self-reported hypertension among adults.

METHODS Data from a population-based survey and a complementary study carried out between 2008 and 2010, in 186 Brazilian adults (20 y or over), residents in São Paulo. Sensitivity, specificity as well as predictive values positive (PVP) and negative (PVN) of self-reported hypertension were calculated in relation to hypertension, according to the criteria of the Seventh Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (means diastolic blood pressure ≥90 mm Hg and/or systolic blood pressure ≥140 mm Hg and/or present use of anti-hypertensive drugs).

RESULTS The validity of self-reported hypertension was relatively high in adults: sensitivity 87%, specificity 75%, PVP 70% and PVN 89%.

CONCLUSION Self-reported hypertension may be used in calculating the prevalence of this chronic disease for monitoring of hypertension trends, in the absence of measured blood pressure, among this population.

P1-231 FOOD INSECURITY IS ASSOCIATED WITH OVERWEIGHT IN PARIS METROPOLITAN AREA. AN ANALYSIS OF THE SIRS COHORT IN 2010

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BACKGROUND The relationship of food insecurity with overweight and obesity is still discussed in the literature. This work aimed to explore if this apparently paradoxical association was observed in Paris metropolitan area.

METHODS We used data from the “Health, Inequality and Social Breakout” (SIRS) cohort, a longitudinal health and socio-epidemiological population based and representative survey of the general population of the Paris metropolitan area. This cross sectional analysis was based on the 2010 data. Participants’ BMI was estimated using self-reported height and weight and computed in a dichotomous variable (BMI ≥25 vs BMI <25). Food insecurity was estimated using the US HFSS and computed in a dichotomous variable: food secure vs food insecure (moderate/severe). Logistic regression models were estimated for men and women separately.

RESULTS Overweight (BMI ≥25) prevalence was 39.8%. In men, nationality was significantly associated with being overweight: a European citizen has a higher risk of being overweight than a French one: (OR=2.59; p=0.002). In women, socio-professional group was a significant determinant of overweight, with a higher risk for workers’ (OR=5.37 p<0.001, ref= Executives). After adjusting for age, nationality and socioprofessional group, food insecurity was associated with overweight in women (OR=2.24, 95% CI [1.52 to 3.31]) but this association was not significant for men (OR=1.54, 95% CI [0.83 to 2.86]).

CONCLUSION Food insecurity seems to be a stronger determinant of overweight among women. It remains important to explore and understand the pathway through which this situation is associated with overweight, particularly in terms of nutritional problems and food assistance programs.