

P1-248 **ULTRA-PROCESSED FOOD CONTRIBUTES WITH HIGH PROPORTIONS OF THE CALORIC INTAKE: RESULTS FROM A POPULATION BASED SURVEY IN SÃO PAULO, BRAZIL**

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Introduction Ultra-processed foods (UPF), a new classification proposed recently, comprise those foods prepared by the food, drink and associated industries, like soft drinks, snacks, etc, that intentionally are added salt, fat, sugar, preservatives and flavours and colours. They are usually energy-dense, and contain considerable quantities of added sugar, sodium, saturated or trans fats and little dietary fibre. Some of them are already associated with the increasing of the risk of obesity.

Objective To estimate the ultra-processed foods consumption among Brazilian individuals.

Methods A population-based survey that participated 273 adolescents, 436 adults and 385 elderly from São Paulo, Brazil, held in 2008. Dietary intake was collected by the one 24 h recall. It was calculated the caloric share of this group in relation to total energy intake. Further, it was verified the foods with the greatest caloric share. The analyses were stratified by age group, sex, income and educational level.

Results The mean caloric share from UPF were 58% (SD 21%), 49% (SD 24%), and 42% (22%) for adolescents, adults and elderly, respectively ($p < 0.001$). The highest educational level was associated with higher caloric share from UPF for all age group and sexes. There were no differences among quartiles of income. The overall UPF with the greatest caloric share were bread (22%), sandwiches and pizza (13%), soft drink (7%), biscuits (5%), and sausage (4.5%).

Conclusion The UPF consumption represents a large percentage of total caloric intakes, mainly in adolescents.

P1-249 **ADOPTION OF HOME SMOKING BANS AFTER THE IMPLEMENTATION OF NATIONAL SMOKE-FREE LEGISLATION. FINDINGS FROM THE INTERNATIONAL TOBACCO CONTROL (ITC) EUROPE SURVEYS**

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Objective To examine changes in prevalence and predictors of home smoking bans (HSB) among smokers in four European countries after the implementation of national smoke-free legislation.

Methods Two waves (pre- and post-legislation) of the International Tobacco Control (ITC) Europe Surveys, prospective panel studies conducted in Ireland, France, Germany and the Netherlands. Of 6396 smokers interviewed before implementation of a national smoke-free policy, 4632 (72.5%) could be followed-up after the implementation and were included in the analyses. Multiple logistic regression models were computed in order to identify factors associated with the presence or adoption of HSB among smokers.

Results Most smokers had at least partial smoking restrictions in their home, but the proportions varied significantly between countries. After implementation of national smoke-free legislation, the share of smokers with a total HSB increased significantly in all four countries. Multiple logistic regressions indicated that having a young child in the household and supporting smoking bans in bars were important predictors of banning smoking completely at home. Prospective predictors of imposing a HSB between survey waves were planning to quit smoking, supporting a full bar smoking ban, and the birth of a child.

Conclusions The findings support that smoke-free legislation does not lead to more smoking in smokers' homes, which is further evidence against the claim of a displacement of smoking into the private home following the implementation of public smoking bans. On the contrary, the findings suggest that smoke-free legislation might even stimulate smokers to establish total smoking bans in their homes.

P1-250 **PUFA: AN INNOVATIVE INDEX TO MEASURE THE CONSEQUENCES OF UNTREATED DENTAL DECAY**

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Introduction Untreated dental caries is a global public health problem. Only limited data are available on the clinical consequences of untreated dental caries because there is no measure to quantify the prevalence and severity of oral conditions resulting from untreated dental caries. The new PUFA index records the presence of severely decayed teeth with visible pulpal involvement (P/p), ulceration caused by dislocated tooth fragments (U/u), fistula (F/f) and abscess (A/a); capital letters are for permanent and lower-case letters are for deciduous teeth. The PUFA/pufa score is calculated cumulatively representing the number of teeth that meet the PUFA/pufa diagnostic criteria.

Methods Three examiners were trained in PUFA use to assess reproducibility. Fifty 6-yr-old children and forty-nine 12-yr-old children were examined for PUFA/pufa and reproducibility assessed by κ calculation. Subsequent validation of the index in the 2006 Philippine National Oral Health Survey included 2030 6-yr-old and 2022 12-yr-old children using standard oral examination conditions (WHO Basic Methods 4th Edition).

Results Inter-examiner reproducibility prior to the survey had a κ value of 0.85. During the survey, intra-examiner reproducibility varied between κ values of 0.80–0.97 in both age groups. The index was easy to use under field survey conditions. The prevalence of PUFA/pufa > 0 was 85%/56% (6-/12-yr-olds). The mean PUFA/pufa score was 3.5/1.2 and 40%/41% of decayed teeth had progressed to odontogenic infections (6-/12-yr-olds).

Conclusion The PUFA index complements classical caries indices with important information for epidemiologists and healthcare planners.

P1-251 **IRANIAN HEALTH PERCEPTION STUDY: A NATIONWIDE SURVEY**

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Introduction People's health perception could be important factor in understanding how they think and how they behave. This study thought to assess health perceptions among Iranians in order to contribute to health policy in Iran.

Methods This was a nationwide cross sectional study. A random sample of individuals aged between 18 and 65 were entered into study. A designed questionnaire containing items on demographic and health-related behaviours (smoking, physical activity, nutrition), chronic diseases, importance of health, self-reported psychosocial and overall health status, and health