Posters

P1-274 PREVALENCE AND PREDISPOSING FACTORS FOR MALOCCLUSION AMONG BRAZILIAN PRESCHOOL CHILDREN

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Introduction The aim of this study was to assess the prevalence of malocclusion in primary teeth and its predisposing factors.

Methods A randomised representative cross-sectional study was carried out in Belo Horizonte, Brazil, with 1069 preschool children between 60 and 71 months of age. A questionnaire addressing individual and behaviour characteristics of children was self-completed by parents. The oral examination was performed by a single dentist calibrated (κ=0.82) for the diagnosis of the following types of malocclusions: posterior crossbite, overjet (>2 mm), anterior crossbite, anterior open bite and deep overbite. The chi-square and Fisher’s exact tests were used, with the level of significance set at 5%. The study was approved by the Ethics Committee of the Federal University of Minas Gerais.

Results The overall prevalence of malocclusion was 46.2%. The specific prevalence of each malocclusion type was 13.1% for posterior crossbite, 10.5% for overjet, 6.7% for anterior crossbite, 7.9% for anterior open bite and 19.7% for deep overbite. No statistically significant associations were found between malocclusion and breast feeding, bottle feeding, pacifier sucking, finger sucking or nail biting (p>0.05). No statistically significant associations were found between malocclusion and parents’ report of the occurrence of stuffy nose, open mouth, nose operation, throat operation or sinusitis (p>0.05).

Conclusion The prevalence of malocclusion was high, but the predisposing factors investigated were not associated to the presence of malocclusion.

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P1-275 HEARING HEALTH IN ELDERLY: A POPULATION-BASED STUDY IN SAO PAULO CITY, BRAZIL

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Introduction Hearing loss in older people is one of the most prevalent chronic conditions. In 2004, was implemented in Brazil the Hearing Health Attention National Policies. This policy contains programs for prevention, diagnostic and rehabilitation, including donations of hearing aids and providing education about hearing health.

Methods Data are from the Survey of Health of Sao Paulo (ISA-Capital, 2008), a population-based cross-sectional study (n=5271). This study utilised the same methodology the previous surveys conducted at 2001 and 2005. We analysed the subgroup of elderly (60 years and above—n=924). We used the χ² test of association and analysis of Poisson regression (significance level: 0.05).

Results The prevalence of self-reported hearing loss in elderly in this study was 12.4%. This prevalence was higher in men than women (RR: 1.5; p<0.01) and in higher ages (more 80 years) than in 60–69 years (RR: 2.2; p=0.00). 24.4% of them did not know the cause of hearing loss and 42% related that old age is cause of this deficit. 38.8% of interviewed said that they do not need medical assistance or treatment rehabilitation.

Conclusion The unknown of the elderly about the causes of hearing loss and the need to assistance suggests that the government’s policies needs to evaluate and improve the process of assisting in these people with hearing impairment, assuring its effectiveness. Since ageing is getting wide, developing countries like Brazil, need to meet new demand from this segment of the population.
Abstract P1-277 Table 1  Respiratory diagnoses and prescriptions

<table>
<thead>
<tr>
<th>Drug misusers</th>
<th>Controls</th>
<th>Crude OR (95% CI)</th>
<th>Adjusted OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>1590 (17.1%)</td>
<td>1009 (10.9%)*</td>
<td>1.695 (1.557 to 1.845)†</td>
</tr>
<tr>
<td>COPD (chronic obstructive pulmonary disease)</td>
<td>219 (2.4%)</td>
<td>74 (0.8%)*</td>
<td>3.007 (2.307 to 3.920)†</td>
</tr>
<tr>
<td>SABA (short acting beta agonist) prescribed$</td>
<td>1520 (16.4%)</td>
<td>736 (7.9%)*</td>
<td>2.274 (2.071 to 2.496)†</td>
</tr>
<tr>
<td>LABA (long acting beta agonist) prescribed$</td>
<td>92 (1%)</td>
<td>39 (0.4%)*</td>
<td>2.373 (1.630 to 3.454)†</td>
</tr>
<tr>
<td>ICS (inhaled corticosteroid) prescribed$</td>
<td>987 (10.6%)</td>
<td>702 (7.6%)*</td>
<td>1.454 (1.314 to 1.609)†</td>
</tr>
</tbody>
</table>

* p < 0.0001, † p < 0.001 binary logistic regression.

Conclusion These data suggest drug misusers have a significantly higher prevalence of respiratory diseases and are prescribed significantly more respiratory medications than matched controls. This exploratory study has set the scene for future work to explore possible reasons for this association.

P1-278 ASSOCIATIONS BETWEEN SOCIOECONOMIC POSITION AND ASTHMA- FINDINGS FROM A HISTORICAL COHORT

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Introduction The association between asthma and socioeconomic position (SEP) is not well understood. This study aims to assess the variation in asthma across SEP in a historical cohort before the rise in asthma prevalence.

Methods Students participating in a health survey at Glasgow University from 1948 to 1968 (11,274 men; 5502 women) completed a medical history of bronchitis, asthma, hay fever, eczema/urticaria, and reported early life SEP. A subsample responded to a postal follow-up in adulthood (4101 men; 1411 women) including respiratory diseases and early life and adult SEP.

Results Among men, lower early life SEP was associated with higher risk of non-atopic asthma (asthma without eczema/urticaria or hay fever) (trend aOR = 1.25 95% CI 1.05 to 1.48). Lower early life SEP was associated with a lower risk of hay fever (trend aOR = 0.76 95% CI 0.62 to 0.85) and atopic asthma (asthma with eczema/urticaria or hay fever) (trend aOR = 0.63 95% CI 0.50 to 0.75). No associations were seen for women. Men with early life SEP, adult household crowding, adult occupation, income and car ownership were not associated with any of the asthma outcomes in adulthood. Household amenities (<3) in early life was associated with higher risk of adult onset asthma for men (OR = 1.48 95% CI 1.07 to 2.05).

Conclusion Lower SEP in early life was associated with a higher risk of non-atopic asthma but a lower risk of hay fever and atopic asthma among men in a cohort that preceded the 1960s rise in asthma prevalence in the UK. Adult onset asthma was associated with early life household amenities but not adult SEP.

P1-279 TREND ANALYSIS OF HIV/TUBERCULOSIS CO-INFECTION IN SÃO PAULO STATE (SPS), BRAZIL, FROM 1998 TO 2009

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Introduction We estimate the percentage of cancer in the UK in 2010 resulting from exposure to 14 major lifestyle, dietary, and environmental risk factors.

Methods RR’s and prevalence of exposure to tobacco, alcohol, four dietary components (fruit and veg, meat, fibre, salt), overweight, physical exercise, occupation, infections, radiation, hormone use, and reproductive factors were used to estimate the number of cancers occurring in 2010 attributable to sub-optimal exposure levels in the past.

Results The 14 exposures were responsible for 42% of cancer in the UK in 2010 (males 44%, females 40%). Tobacco smoking is the most important, responsible for about 60,000 new cancers (18.5% of all cancers) in men, 7.1% in women. In men, alcohol (5.1%) and tobacco (44%) were the most important risk factors. In women, alcohol (5.1%) and tobacco (40%) were the most important risk factors.

Conclusions Such estimates provide a quantitative appraisal of the impact of different exposures. They are not synonymous with the fraction of cancers that might reasonably be prevented by their modification. This requires scenario modelling, with assumptions on a realistically achievable population distribution of risk factors, and the timescale of change. Thus, although 50% of colorectal cancer can be attributed to lifestyle (diet, alcohol, inactivity and overweight), only about half of this number is preventable in a reasonable (~20 year) timescale.

P1-279 TRENDS IN THE FRACTION OF CANCER ATTRIBUTABLE TO LIFESTYLE AND ENVIRONMENTAL FACTORS IN THE UK IN 2010

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Introduction The fraction of cancer attributable to lifestyle and environmental factors in the UK in 2010 was calculated using the Cancer in the UK (CanInUK) model. The model uses population data to estimate cancer risk attributable to modifiable factors using a multi-factorial approach. The model was updated to take into account changes in the population and changes in the fraction of cancer attributable to each factor.

Methods The fraction of cancer attributable to each factor was calculated using the CanInUK model. The model was updated to take into account changes in the population and changes in the fraction of cancer attributable to each factor. The model was validated using data from the UK General Practice Research Database (GPRD) and the UK National Cancer Registration and Analysis Service (NCRAS).

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