

**P1-296 CASE-FINDING AND TREATMENT OF TB PATIENTS IN MEDICAL COLLEGES IN PONDICHERRY, S. INDIA: PATIENT AND HEALTH SYSTEM DELAYS UNDER THE REVISED NATIONAL TB CONTROL PROGRAMME (RNTCP)**

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**Introduction** Early diagnosis of TB and prompt initiation of treatment is essential for an effective tuberculosis control programme. Delay in the diagnosis may worsen the disease, increase the risk of death and enhance tuberculosis transmission in the community.

**Objectives**

1. To study the factors associated with case finding and treatment of TB patients under RNTCP in Medical colleges of Puducherry.
2. To study the referral and feedback mechanism under RNTCP in and around Puducherry.

**Material & Methods** From the 875 TB patients diagnosed at four Medical colleges during 2009, we selected 324 patients by systematic random sampling and could contact 216. They were personally interviewed by trained field health workers, using a semi-structured questionnaire.

**Results** The study group had 147 (68%) males and 69 (32%) females. 140 (64.5%) were receiving Cat I, 45 (20.5%) Cat II, 30 (13.5%) Cat III and 1 (0.5%) Cat IV treatment. The mean and median patient delay was 59.2 (SE 5.7) and 36.5 days, diagnosis delay was 37.2 (SE 4.9) and 12 days, treatment delay was 24.2 (range 7–90) and 18 days, health system delay was 44.1 (range 7–90) and 31 days and the total delay was 84.2 (range 17–140) and 74 days. Longer delays were not associated with knowledge about availability of DMC's but were associated with accessibility of diagnostic/treatment facilities. Impact on Policy: Regular sensitisation is required for medical personal in private health sectors where large number of patients seek treatment and RNTCP in Puducherry requires strengthening to reduce patient and health system delays.

**P1-297 MATERNAL CHARACTERISTICS IN RELATION TO LOW BIRTH WEIGHT INFANTS IN A JAPANESE COHORT STUDY**

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**Introduction** A low birth weight (LBW) is an important indicator of infant morbidity and mortality. There is also growing evidence that the adverse consequences of LBW may continue throughout a subject's life. The aim of this study was to determine the association of maternal factors during pre-pregnancy and pregnancy with LBW in a Japanese population.

**Methods** A prospective cohort study carried out in Tokyo by the National Center for Child Health and Development of Japan was performed between 1 October 2003 and 31 December 2005. A total of 1338 pregnant women with singleton pregnancies were recruited at  $\leq 16$  weeks gestation and followed-up until partus. Logistic regression models were used to assess the risk factors for LBW.

**Results** A maternal age of 30–34 years (OR=2.83, 95% CI 1.17 to 6.88), an increase in maternal height in cm (OR=0.94, 95% CI 0.89 to 0.99), pre-pregnancy body mass index  $< 18.5 \text{ kg/m}^2$  (OR=2.53,

95% CI 1.47 to 4.34), gestational weight gain during pregnancy  $< 7 \text{ kg}$  (OR=2.27, 95% CI 1.18 to 4.36), passive exposure to smoking at work early in pregnancy (OR=2.48, 95% CI 1.16 to 5.28), an increase in annual household income (p for trend=0.01), a history of oral ferrotherapy to treat anaemia (OR=0.31, 95% CI 0.14 to 0.71) and gestational age  $\geq 37$  weeks (OR=0.01, 95% CI 0.01 to 0.02) were significantly associated with LBW.

**Conclusions** Our findings suggest that higher maternal socio-economic status, passive exposure to smoking early in pregnancy, pre-pregnancy thinness and insufficient weight gain during pregnancy are important predisposing factors for LBW, and a history of oral ferrotherapy to treat anaemia seems to decrease the risk of LBW.

**P1-298 TRENDS IN AVOIDABLE MORTALITY IN SCOTLAND**

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**Introduction** Avoidable early deaths can be classified as preventable (due to behaviour) or amenable to treatment (Page, Tobias and Glover, 2007). Recent work from England to Wales (Wheller *et al* 2007) has shown that there have been differing trends for over the period 1993 to 2005 by types of avoidable death. For both men and women there was no trend for unavoidable death rates. Amenable death rates decreased more steeply for men than for women. Preventable causes of death had a downward trend for men, but had no change with time for women.

**Methods** We use data from the Scottish Longitudinal Study (SLS) (see <http://www.lscs.ac.uk/sls/>) to examine equivalent trends for Scotland and to relate them to socioeconomic factors. We used a sample of almost 250 000 SLS members who were aged 0 to 74 from the 1991 Census linked to early deaths to 2008.

**Results** Overall, 9% of men and 6% of women have died before the age of 75. The proportion of early deaths classed as amenable to medical treatment were 43% (men) and 44% (women), which compares with 36% and 39% for England and Wales. The proportion of early deaths classed as preventable 35% (men) and 30% (women) was more similar to England and Wales (35% and 28%). We will present trends in standardised death rates by these causes and relate them to sex and to socioeconomic status at the time of the 1991 Census.

**Conclusion** Scotland seems to lag behind England and Wales in reducing mortality due to amenable causes.

**P1-299 METHOD PELC: METHOD OF PLANNING EPIDEMIOLOGIC TO LINES OF CARE**

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**Introduction** Actions are linked in lines of care to organise the route of the healthcare consumer. To test and determine the best course of care and to ensure its quality, the Method PELC—Method of Planning Epidemiologic to Lines of Care has been created.

**Method PELC** The Method PELC has eight elements: “Team of referees”, “Standard treatment”, “Management experimentation”, “PELC scores”, “Case-tracer-standard”, “Comparison groups”, “Aftercare system” and “Self-referred health”. The Method PELC forms a “Team of referees” that defines the “Standard treatment (ST)” of the line and its PELC-ST score; compares each line of care (LC) against the “Standard treatment” and the result is represented in the PELC-LC score; installs a retrospective study (case-control or historical cohort) or a prospective study (quasi-experimental or cohort); creates basis for comparison between the Case Group-LC

## Corrections

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Purty AJ, Singh Z, Kisku KH, *et al.* P1-296 Case-finding and treatment of TB patients in medical colleges in pondicherry, S. India: patient and health system delays under the revised national TB control programme (RNTCP). *J Epidemiol Community Health* 2011;65:A149. The seventh author's name was published incorrectly as A Senthilvel. The correct name should be V Senthilvel.



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