

P1-473 **ASSESSING THE PSYCHOSOCIAL IMPACT OF DENTAL OUTCOMES ON CHILDREN AND PARENTAL QUALITY OF LIFE**

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¹A M Cascaes, *²K G Peres, ²M A Peres, ¹F Demarco, ¹I Santos, ¹A Matijasevich, ¹A J D Barros. ¹Federal University of Pelotas, Pelotas, Rio Grande do Sul, Brazil; ²Federal University of Santa Catarina, Florianópolis, Santa Catarina, Brazil

Introduction Dental diseases and disorders can negatively impact on the quality of life of preschool children and their families. Socio-economic and demographic characteristics may confound those effects, but this issue has been scarcely studied in this age group.

Objective To evaluate the effects of untreated dental caries, dental pain and malocclusions on the oral health-related quality of life (OHRQoL) of 5-years-old children and their families, adjusting for mothers' schooling, household income, sex and children skin colour.

Methods A subsample of 1129 children from the 2004 Pelotas, Brazil, Birth Cohort study, was investigated in 2009. Children were dentally examined and their mothers were interviewed at home. The outcome, OHRQoL, was assessed by the Brazilian version of Early Childhood Oral Health Impact Scale (ECOHS) using child and parental subscales and total scores as discrete variables. Multivariable Poisson regression models were performed to estimate the association between the outcome and the co-variables.

Results The multivariable adjusted model showed that dental pain had a great impact on child (IRR 4.50 95% CI 3.58 to 5.65) and parental (IRR 3.05 95% CI 2.25 to 4.13) quality of life. The severity of high levels of untreated dental caries had also a negative impact on children (IRR 2.01 95% CI 1.56 to 2.59) and their family (IRR 3.75 95% CI 2.58 to 5.45) quality of life. Malocclusions had impact only on the total score (IRR 1.32 95% CI 1.09 to 1.60) and the family subscale (IRR 1.40 95% CI 1.08 to 1.81).

Conclusions Dental problems were associated with lower scores of OHRQoL of children and their families regardless potential confounders.

P1-474 **TOOTH LOSS IN BRAZILIAN MIDDLE-AGED ADULTS: THE INFLUENCE OF INDIVIDUAL AND CONTEXTUAL FEATURES**

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¹R Moreira, *²L Barrozo, ²J Pereira. ¹Oswaldo Cruz Foundation, Ministry of Health, Recife, Pernambuco, Brazil; ²Universidade de São Paulo, São Paulo, Brazil

Introduction The demographic and epidemiological transitions are causing changes in the health profile worldwide. Among the various areas of healthcare, oral health is in a precarious situation. The objective was to examine the link between tooth loss and multilevel factors in a national sample of middle-aged adults in Brazil.

Methods Analyses were based on the 2003 cross-sectional national epidemiological survey of the oral health of the Brazilian population, which covered 13 431 individuals (age 35–44 years). Multistage cluster sampling was used. The dependent variable was tooth loss and the independent variables were classified according to the individual or contextual level. A multilevel negative binomial regression model was adopted.

Results The average tooth loss was 14 teeth. Half of the individuals had lost 12 teeth. The contextual variables showed independent effects on tooth loss. It was found that having 9 years or more of schooling was associated with protection against tooth loss (means ratio range 0.68–0.76). Not having visited the dentist and not having visited in the last 3 years accounted for increases of 33.5% and 21.3%, respectively, in the risk of tooth loss. The increase in tooth extraction ratio showed a strong contextual effect on increased risk, besides changing the effect of protective variables.

Conclusion Tooth loss in middle-aged adults has important associations with social determinants of health. This study points to the importance of the social context as the main cause of oral health injuries suffered by most middle-aged Brazilian adults.

P1-475 **PSYCHO-SOCIAL FACTORS AND LEGAL STATUS OF MTP SERVICES: A BASIC HINDRANCE FOR ACCEPTANCE OF SERVICES IN RURAL AREA OF CENTRAL INDIA**

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A Mudey, *M Khapre, V Wagh, R Goyal. Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha, Maharashtra, India

Introduction Approximately 46 million abortions were performed worldwide in 1995. Of these, about 26 million were legal and 20 million illegal. There is a great paucity on status of knowledge of community regarding MTP and mainly from rural area. So the present study was carried out in rural area to highlight some reasons for under-utilisation of MTP service.

Methods Study was carried in a PHC, attached to tertiary care rural teaching hospital consisting of ten villages with total population of 14 722. Sample size calculated on basis of findings in pilot study. After systematic random sampling of household, 1271 women gave consent, 113 who undergone safe abortion was identified and both the groups were compared for social, psychological, economic, cognitive and affective factors related to abortion.

Result Young age, marital status, literacy, parity >2, higher social class were significantly associated with abortion service seekers. Significant difference was found in awareness and attitude towards abortion in above two groups. 85% women felt abortion should be accepted socially. 8.8% abortees had made the self decision, 40.7% and 43% got the social and economic support respectively. Pre-counselling done in 37%, while service was not affordable for 35%.

Conclusion Unawareness about the MTP services and its legal status is basic hindrance for acceptance of service along with illiteracy, low socio-economic status, fear of disapproval, lack of privacy and complication related anxiety attached to it. Abortion services are not accessible, affordable to many, and insensitive to women's psychological need.

P1-476 **AN ASSESSMENT OF THE CONCENTRATION-RELATED PROGNOSTIC VALUE OF CARDIAC TROPONIN I IN 1285 PATIENTS FOLLOWING ACUTE CORONARY SYNDROME**

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^{1,2}C P Gale, ¹E Metcalfe, ^{1,3}A D Simms, ¹R West, ³C Morrell, ¹T Munyombwe, *¹W Harrison, ⁴P D Batin, ³A S Hall, ¹J H Barth. ¹Centre for Epidemiology and Biostatistics, University of Leeds, Leeds, UK; ²Department of Cardiology, York Teaching Hospital NHS Foundation Trust, York, UK; ³Yorkshire Heart Centre, Leeds Teaching Hospitals NHS Trust, Leeds, UK; ⁴Department of Cardiology, Mid-Yorkshire Hospitals NHS Trust, Wakefield, UK; ⁵Department of Biochemistry, Leeds Teaching Hospitals NHS Trust, Leeds, UK

Introduction The British Cardiac Society, in 2004, redefined myocardial infarction by troponin concentration: cTnI $\leq 0.06 \mu\text{g/l}$ (unstable angina), cTnI $>0.06 \mu\text{g/l}$ to $<0.5 \mu\text{g/l}$ (myocardial necrosis), and cTnI $\geq 0.5 \mu\text{g/l}$ (myocardial infarction). We investigated the effects of this classification on all cause mortality.

Methods Survival analysis of 1285 patients from the EMMACE-2 registry.

Results 528 deaths (6.6 year all cause mortality =41.1%). Survival was greatest in the cTnI $\leq 0.06 \mu\text{g/l}$ subgroup at 30 days ($p=0.005$), 6 months ($p=0.015$), 1 year ($p=0.002$) and at 6.6 years ($p=0.045$). After adjustment there was no statistically significant difference in

survival between $cTnI > 0.06$ and $< 0.5 \mu\text{g/l}$ and $cTnI \geq 0.5 \mu\text{g/l}$ subgroups. Increased mortality (HR, 95% CI) was associated with ages 70 to 80 years (2.58, 1.17 to 3.91) and > 80 years (3.30, 3.50 to 5.06), peripheral vascular disease (1.50, 1.16 to 1.94), heart failure (1.36, 1.05 to 1.83), diabetes (1.68, 1.36 to 2.07), severe LV dysfunction (1.50, 1.00 to 2.21) and creatinine per $10 \mu\text{mol/l}$ (1.65, 1.02 to 1.08), whereas ages 50 to 60 years (0.55, 0.32 to 0.96), β blockers (0.53, 0.44 to 0.64), aspirin (0.80, 0.65 to 0.99), ACE inhibitors (0.67, 0.56 to 0.80), statins (0.73, 0.59 to 0.90) and revascularisation (0.33, 0.12 to 0.92) lowered the risk of death.

Conclusion Quantitative evaluation of $cTnI$ concentration in ACS patients with a $cTnI > 0.06 \mu\text{g/l}$ is associated with no added prognostic information. However, the dichotomisation of patients by $cTnI$ status ("positive" and "negative") continues to facilitate ACS risk stratification.

P1-477 RELATIONSHIP BETWEEN PREGNANCY OR CHILDBIRTH SATISFACTION AND WILLINGNESS FOR SUBSEQUENT PREGNANCY IN JAPAN

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¹A Nagai, ¹T Tanaka, ²K Matsuura, ³Y Yamazaki, ⁴T Ojima, ⁵K Tamakoshi, ⁶M Arakida, ⁷K Ichikawa. ¹University of Yamanashi, Chuo, Yamanashi, Japan; ²Fukuoka Prefectural University, Tagawa, Fukuoka, Japan; ³Aichi children's Health and Medical center, Obu, Aichi, Japan; ⁴Hamamatsu University School of Medicine, Hamamatsu, Sizuoka, Japan; ⁵Nagoya University, Nagoya, Aichi, Japan; ⁶International University of Health and Welfare, Odawara, Kanagawa, Japan; ⁷Japanese Midwives' Association, Taito-ku, Tokyo, Japan

Introduction In Japan, a survey of children and their parents was conducted to assess national campaign "Sukoyaka Family 21" in 2009. Our aim was to clarify the relationship between pregnancy or childbirth satisfaction and willingness for subsequent pregnancy.

Methods Children aged 3–4 months, 18 months, or 3 years who underwent medical check-up in 138 cities and their mothers were surveyed. Data from 5500 children aged 3–4 months and their mothers was analysed; this data included responses regarding willingness for subsequent pregnancy and pregnancy or childbirth satisfaction. Factor analysis was performed to verify existing categories of 15 items associated with pregnancy or childbirth satisfaction. Multivariate logistic regression analyses were performed to determine factors associated with the willingness for subsequent pregnancy, stratified by mothers' age and parity.

Results Factor analysis indicated that 4 factors influence pregnancy or childbirth satisfaction: medical care, family support, birthing facility, and support in the workplace and society. Multivariate logistic regression analyses in mothers having one child revealed that those aged 25–29 years and satisfied with the birthing facility [OR: 2.26, 95% CI: 1.06 to 4.85] and those aged 30–34 [OR: 2.21, 95% CI 1.12 to 4.35] or > 35 years [OR: 2.94, 95% CI 1.15 to 7.51] and satisfied with family support were significantly more willing for subsequent pregnancy. Among mothers having > 2 children, no significant association was found.

Conclusion Factors that influence willingness for subsequent pregnancy vary with mother's age. Therefore, age should be considered when planning services and support for parturient women.

P1-478 PRE-HOSPITAL DELAY AND PREDICTORS OF MORTALITY IN PATIENTS PRESENTING TO EMERGENCY DEPARTMENT WITH STROKE: A DEVELOPING NATION SCENARIO

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V Nagaraja, * G Bhat, M A Khan. MMC & RI, Karnataka, India

Background Stroke is one of the leading causes of death and disability in developed nations.

Materials and Methods A prospective study was conducted to assess the factors influencing this delay in admission of acute stroke cases, in-hospital mortality was calculated and factors associated with mortality were looked for. Survival was calculated using Kaplan-Meier curve and Cox-proportional hazards model was constructed to identify independent predictors of inpatient mortality.

Results Of 134 subjects studied, 73.4% were male with mean (SD) age of 53.8(18.0) years. Median delay in reaching hospital was 9 h and only 18 (13.4%) reached hospital within 3 h and 31(20.3%) reached within 6 h. Distances from hospital, referral, belief in myths and alternate medicine and low threat perception of symptoms of stroke were independent factors associated with delay in arrival. Living in city, day time onset, urgency shown by attendant, availability of transport and presence of family history were associated with early arrival. ICF rate has no relation with age ($p=0.516$), sex ($p=0.460$), number of episodes (0.795), underlying hypertension ($p=0.905$). Odds of diabetics dying were 12 times higher than non-diabetics. Inpatient mortality was also significantly higher in smokers compared with non-smokers ($p=0.004$), in patients with right-sided compared with left-sided hemiplegic ($p=0.029$) and who couldn't afford computed tomography (CT) scan ($p=0.007$).

Conclusion Majority of patients did not reach hospital early enough to receive thrombolytics and had high in-hospital mortality. Diabetes and smoking were independent predictors of in-hospital mortality.

P1-479 IODINE DEFICIENCY IN CHILDREN: A COMPARATIVE STUDY IN THE TWO DISTRICTS OF SOUTH-INTERIOR KARNATAKA

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V Nagaraja, * M A Khan, G Bhat. MMC & RI, Mysore, Karnataka, India

Introduction and Objective Iodine is an essential micronutrient. A daily consumption of 100–150 μg of Iodine is recommended for normal human growth and development. Iodine Deficiency Disorders (IDD) can be easily prevented. Simplest, most effective and most inexpensive preventive method is consumption of iodated salt. In this study, we estimated the prevalence of IDD among children in the rural areas of Mysore and Coorg districts, and the results were compared.

Materials and Methods A cross sectional study in the age group of 6–12 years using PPS systematic sampling method. The total sample size being 10 082 out of which 5337 is from Mysore and the rest from Coorg district. Clinical examination of the thyroid was done and urine samples were collected for Iodine estimation. Data were analysed using SAS software.

Results and Conclusion Prevalence of Goitre was more in females compared to males with a ratio of 2:1 in Mysore districts and 4:1 in Coorg district. It was observed that IDD is Endemic in both districts and the presence of goitre is directly proportional to the age of children. The significant difference in the level of Goitre in children across districts and within districts is being studied.

P1-480 VALIDATION OF A FOOD FREQUENCY QUESTIONNAIRE TO ASSESS DIET IN CHILDREN AGED 4–5 YEARS

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^{1,2}J Vioque, ^{1,2}E M Navarrete-Muñoz, * ^{1,2}D Gimenez, ^{2,3}M Rebagliato, ^{2,3}F Ballester, ^{2,3}C Iñiguez, ⁴F Granada, ^{1,2}M G de la Hera, ^{1,2}M Pastor-Valero. ¹Miguel Hernández University, Elche-Alicante, Spain; ²CIBER Epidemiología y Salud Pública (CIBERESP), Madrid, Spain; ³Centro Superior de Investigación en Salud Pública, Valencia, Spain; ⁴Hospital Universitario Puerta de Hierro, Madrid, Spain

Introduction We need valid food frequency questionnaires (FFQ) to assess diet in preschool children using parental report.