

P1-538 LIFE-COURSE DETERMINANTS OF DISSATISFACTION WITH THE DENTAL APPEARANCE AT AGE 24

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Introduction Dental appearance comprises an important aspect of oral health. However, no study has investigated the dynamics of dissatisfaction with dental appearance and other aspects of oral health using a birth cohort study.

Objectives This study estimated the prevalence of dissatisfaction with the dental appearance among 24-yr-old Brazilian adults and the association with potential life course risk factors. A cross-sectional study nested in a birth cohort study was carried out in Pelotas, Brazil. A representative sample (n=720) of all 5914 births occurring in Pelotas in 1982 was prospectively investigated and the outcome was assessed in 2006. Exploratory variables were collected at birth, at 15 and 24 yr of age and included demographic/socio-economic, oral health, appearance satisfaction and use of dental services. Dissatisfaction with dental appearance at aged 24 yr was the outcome. Unadjusted and adjusted multivariable Poisson regression was performed followed a theoretical model.

Results The prevalence of the outcome was 43.5% (39.8;47.2). In the final model, low socio-economic status through the life-course [RR 1.21 (95% CI 1.00 to 1.57)], malocclusion at aged 15 yr [RR 1.34 (1.13 to 1.59)], dental pain at aged 24 yr [RR 1.29 (1.08 to 1.55)], adolescent's dissatisfaction with appearance [RR 1.20 (1.01 to 1.43)], and untreated dental caries at aged 24 (highest tertile) [RR 1.82 (1.46 to 2.27)] were associated with dental appearance dissatisfaction.

Conclusion Our findings showed that the individuals with dissatisfaction with their physical appearance at age 15 were more likely to rate their oral health as worse than their counterparts. Participants with downwardly income trajectory had the worst dissatisfaction with the dental appearance.

P1-539 ALCOHOL USE AMONG ADOLESCENTS IN GUADALAJARA, MEXICO: PATTERNS AND ASSOCIATED FACTORS

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Introduction This study describes the characteristics of alcohol consumption among adolescents in Guadalajara, Mexico and identifies factors associated with alcohol use.

Methods A multistage random sample, representative of the student population at the secondary level in public schools in Guadalajara, Mexico, during 2009–2010 was designed. It included seven high schools and 716 students, aged between 11 and 16. Multivariate analysis was conducted using a logistic regression model, to identify the association between socioeconomic factors and alcohol intake.

Results 61% of students reported having ever consumed alcohol, and almost a third had their first alcohol consumption before age 11. A quarter of those who currently use alcohol consume four drinks or more. 5% of students admit to having come to school on occasion under the influence of alcohol. Factors such as being beaten by parents or older siblings or to be a woman are significantly associated to alcohol consumption.

Conclusions The main factors associated with alcohol consumption among students are gender and family dynamics. Being a woman increases 40% probability of consuming alcoholic beverages but being a victim of domestic violence increased by more than 50% probability to consume alcohol. Although the social imaginary are

believed to friends who lead the teenagers to drink alcohol, the results show that it is in the family environment where the initial phase of experimentation is developed.

P1-540 WITHDRAWN**P1-541 REPORTING OF ELIGIBILITY CRITERIA OF RANDOMISED TRIALS: EMPIRICAL STUDY COMPARING TRIAL PROTOCOLS TO SUBSEQUENT ARTICLES**

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Introduction Accurate and complete reporting of information about trial participants is important to apply results in clinical practice. We studied whether and how eligibility criteria (EC) of participants of randomised trials pre-specified in study protocols are reported in subsequent articles.

Methods By electronic literature searches and survey of applicants, we identified 78 full publications corresponding to 52 trial protocols submitted in 2000 to the ethics committee of the University of Freiburg/Germany. From both sources we extracted information on EC, whether they were matching, missing, modified or added in the publications.

Results We found differences between protocols and publications for all 52 trials. Information on EC was missing in publications corresponding to 52 trials (100%; 95% CI 93 to 100), modified for 44 trials (85%; 95% CI 72 to 93) or newly added for 21 trials (41%; 95% CI 27 to 55). The mean number of EC per trial was 25 (range 7–43); the mean proportion of matching EC per trial was 50% (range 13–93; 95% CI 44 to 55). Of 1248 EC pre-specified in protocols, 606 (49%) were matching, 479 (38%) missing, and 163 (13%) modified in subsequent publications. Fifty-one EC were added to publications. Most of the missing EC (96%) and about half of the modified EC (54%) suggested broader study populations, most added EC (86%) narrower study populations.

Conclusion Published trial reports generally do not reflect the definitions of study populations pre-specified in the protocol. This hampers a proper assessment of the applicability of trial results.

P1-542 FEASIBILITY, ACCEPTABILITY AND UTILITY OF AN E-CARDIOVASCULAR RISK PLATFORM AMONG PHYSICIANS AND PATIENTS IN THE PRIMARY CARE SETTING

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Introduction Cardiovascular disease (CVD) is the leading cause of death in developed countries. Individually-tailored CVD risk reduction (CVDRR) decision support tools delivered through hand-held devices (e-platform on mobile phone) may improve provider planning for and patient involvement with CVDRR strategies. We conducted a pilot study to assess provider and patient attitudes towards, as well as the feasibility, utility, and acceptability of e-platform technologies via a mobile phone for CVDRR in primary care.

Methods 20 patients, aged 45–79 years, using a JAVA enabled and internet accessible handset were recruited from two private and one

public outpatient clinics. The patient's cardiovascular risk profile and cardiovascular risk score (calculated using Framingham Cardiac Risk Score algorithm) and risk reduction advice were uploaded to the patient's handset. Providers and patients completed pre (baseline) and post (3-month) intervention questionnaires and participated in post-intervention focus groups. Descriptive-analytical statistical methods were used. Grounded theory guided the qualitative data analysis.

Results Pre-intervention patients were less likely to understand doctors hand writing (mean score (M)=3.58, SD=1.07); uncertain about heredity and stress as CVD risk factors (M=3.05, SD=1.58 and M=2.32, SD=1.20, respectively); and held a positive view e-platforms for personal decision support (average score for all items >4.5). However patients were worried about their cardiovascular health status (M=3.58, SD=1.35). Patients have reported sharing their personal health information with their healthcare provider.

Conclusions This pilot study has provided preliminary evidence of the feasibility, acceptability, and utility of an e-platform in primary interventions for CVD.

P1-543 USE OF RESEARCH QUESTIONNAIRES IN THE NHS BOWEL CANCER SCREENING PROGRAMME IN ENGLAND

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Background The NHS Bowel Cancer Screening Programme uses biennial guaiac faecal occult blood testing (FOBT) to screen men and women initially aged 60–69 for colorectal cancer. The programme provides a valuable opportunity for screening-related epidemiological studies.

Aim Assess the impact of a research questionnaire on uptake of FOBT screening.

Study 1 10 940 participants (5470 in each arm) invited for screening by the Midlands & North West Bowel Cancer Screening Hub were randomised to receive or not receive a study questionnaire pack (questionnaire, patient information sheet, consent forms and reply-paid envelope) with their screening test kit. Screening uptake was ascertained from screening programme records and a χ^2 test used to assess any association between receiving a questionnaire and screening uptake. Screening uptake was significantly lower in those sent a questionnaire than those who were not (50.8% vs 55.2%, $p<0.001$).

Study 2 36 225 participants were batch-randomised to receive or not receive a questionnaire pack 2–3 days after their FOBT screening kit mailing by the Midlands & North West Screening Hub (6168 receiving and 13 158 not receiving questionnaires) or Southern Screening Hub (5801 receiving and 11 098 not receiving questionnaires). Screening uptake did not differ between those receiving or not receiving questionnaire packs [Midlands & North West: 56.7% vs 56.6% ($p=0.9$); Southern: 53.4% vs 53.4% ($p=1$)].

Conclusion Including research questionnaires within FOBT mailings resulted in a significant screening uptake reduction. However, sending the same questionnaires 2–3 days after FOBT kits did not. These findings may have implications for future research within the screening programme.

P1-544 VIABILITY OF A SINGLE EMOTIONAL HEALTH QUESTION COMPARED TO THREE SELF-REPORT MEASURES OF MENTAL HEALTH

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Introduction Instruments designed to assess various aspects of mental health are commonly administered to women during pregnancy and the early postpartum period. The sensitivity, specificity and positive and negative predictive values of these instruments vary across study methodologies. The primary objective was to test the hypothesis that a single self-report emotional health question is effective in identifying women at risk of developing depression, anxiety or stress. The secondary objective was to describe how mental health instruments categorise women who report their emotional health as positive or negative.

Methods Questionnaires were administered to participants in a community cohort study (N=1550) at three time points: prior to 24 weeks gestation, between 32 and 36 weeks gestation, and 4 months postpartum. At each time point women completed the Edinburgh Postnatal Depression Scale, Spielberger State Anxiety Scale and Perceived Stress Scale and rated their emotional health as either "Excellent," "Very good," "Good," "Fair," or "Poor." Responses to this question were compared to the results from each of the mental health instruments.

Results The single emotional health question is significantly correlated to the results of each of the longer instruments ($p<0.001$). The positive predictive value of the single question in comparison to the instrument conclusion is approximately 81% during pregnancy and 71% postpartum. The negative predictive value of the single question is approximately 86% during pregnancy and 91% postpartum.

Conclusion A single self-report emotional health question may be a valid method of screening women during pregnancy and early postpartum for depression, anxiety and stress.

P1-545 BIRTH SIZE DIFFERENCES BETWEEN WHITE AND PAKISTANI ORIGIN INFANTS BY GENERATION: RESULTS FROM THE BORN IN BRADFORD COHORT STUDY

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Background Previous studies have shown markedly lower birthweight among infants of South Asian origin compared to those of White European origin. Whether such differences mask greater (central) adiposity in South Asian infants and whether they persist across generations in contemporary UK populations is unclear.

Objective To describe differences in term birth size between Pakistani origin and White British origin infants and investigate whether the magnitude of any differences changes depending on whether the parents and grandparents of Pakistani infants are born in the UK or South Asia.

Design Birth cohort study (Born in Bradford (BiB)).

Setting Bradford, UK.

Participants 1838 White British and 2222 Pakistani mothers and their babies who were born between 2007 and 2009.

Main outcome measures Birthweight; head, arm and abdominal circumference; subscapular and triceps skinfolds.

Results Pakistani infants were lighter (mean difference 280.5 g; 95% CI –318.4 to –242.5) than White British infants and were smaller in all other measurements following adjustment for socioeconomic position and smoking. Differences were least for subscapular skinfold thickness (mean z-score difference –0.20; 95% CI –0.29 to –0.11) and greatest for abdominal circumference (mean z-score difference –0.56; 95% CI –0.64 to –0.47). The magnitudes of differences from White British infants did not differ substantively by generation.