

quintiles and for transformed z-scores (mean of 0 and SD of 1). Cox proportional hazards regression models were applied, stratified by cohort and corrected for measurement error.

**Results** In total 1312 primary brain tumours were diagnosed during follow-up, predominantly high-grade glioma (n=436) and meningioma (n=348). For meningioma, the HR was increased for systolic blood pressure (HR=1.27 per unit SD, 95% CI 1.03 to 1.57), for diastolic blood pressure (HR=1.29, 95% CI 1.04 to 1.58), and for the combined metabolic syndrome score (HR=1.31, 95% CI 1.11 to 1.54). For high-grade glioma the risk was increased for diastolic blood pressure (HR=1.23, 95% CI 1.01 to 1.50) and triglycerides (HR=1.35, 95% CI 1.05 to 1.72). For both meningioma and high-grade glioma, the risk was more than doubled in the fifth quintiles of diastolic blood pressure compared to the first quintile. For systolic blood pressure the meningioma risk was even larger.

**Conclusion** Increased blood pressure was related to risk of brain tumour, particularly of meningiomas.

### P2-70 PREVALENCE AND ASSOCIATED RISK FACTORS OF PERSISTENT ALBUMINURIA AMONG HYPERTENSIVE URBAN POPULATION OF KARACHI PAKISTAN

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**Background** Kidney failure is a worldwide public health problem, with increasing incidence and prevalence, high costs and poor outcome. Detection and treatment of chronic kidney disease, prior to kidney failure, is therefore of paramount importance. Albuminuria is one of the earlier markers of kidney damage and screening for albuminuria is recommended in high risk patients.

**Objective** To determine the prevalence and associated risk factors of persistent albuminuria, defined as urine albumin concentration of 20 mg/l and urine sex-specific albumin-to-creatinine ratio of 20 and 30 mg/g for males and females respectively persisting for more than 3 months in hypertensive population.

**Methods** 72% of 1340 newly diagnosed hypertensive subjects from ongoing community based cohort study who had been screened once for the presence of albuminuria (n=240), were retested for the presence of persistent albuminuria in this study. Albumin concentration (mg/l) and albumin-to-creatinine ratio (mg/gm) were determined in a spot morning urine sample by Nephelometry.

**Results** Prevalence of persistent abnormal albuminuria 9.3% [7.8%–10.8%]. Mean age 52 ( $\pm$ 11.4) years and 58% were males. Factors independently associated were male gender (OR 2.0 (1.24–2.97)), young age with positive family history of KD disease (OR 15.51 (7.35–32.97)). Off the measurable variables high cholesterol levels ( $p$ <0.001), and progressively higher levels of systolic BP ( $p$ <0.001) were associated risk factors.

**Conclusion** Hypertensive kidney damage is already present in a significant number among newly diagnosed hypertensive population suggesting late detection of high blood pressure. Public awareness through education is necessary in developing countries to detect hypertension before target organ damage has occurred.

### P2-71 SOCIOECONOMIC INEQUALITIES IN OVERWEIGHT AMONG ADULTS IN TURKEY: A REGIONAL EVALUATION

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**Introduction** Patterns of socioeconomic inequalities in obesity and overweight have not been documented for Turkey. This study aimed

to describe educational and wealth-related inequalities for overweight in Turkey, taking a regional perspective.

**Methods** Data from the World Health Survey 2002 for Turkey was used. Among the respondents 20 years and older, 3790 women and 4057 men had data on self-reported height and weight. Respondents were classified according to education years and a wealth score derived from the availability of household assets. Logistic regression analysis was applied to assess the relationship between overweight and socioeconomic factors. Analyses were stratified by sex and region (West, Mediterranean, Middle, Black Sea, East).

**Results** Age-adjusted overweight prevalence is 48.4% for women and 46.1% for men. For men, education was not systematically related to overweight while overweight was significantly increased among the highest wealth groups. For women, the prevalence of overweight was highest for low-educated and middle-wealth groups. The size of the inequalities in overweight showed only small regional variations. In the East, however, overweight prevalence was more related to higher socioeconomic position than in the other regions.

**Conclusion** Socioeconomic inequalities for overweight in Turkey are at a similar level as in most European countries, and especially comparable to southern Europe. The smaller inequalities in the East correspond to the low level of socioeconomic development at this part of the country.

### P2-72 IMPACT OF THE INTRODUCTION OF SELECTIVE COX-2 INHIBITORS ON HOSPITALISATION FOR GASTRIC BLEEDING IN AUSTRALIA

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**Background** Selective COX-2 inhibitors (coxibs) have been shown to be advantageous for gastrointestinal safety in several large studies but whether this translates into fewer events at the population level is unclear.

**Aim** To examine the relationship between prescriptions for non-selective NSAIDs, selective COX-2 inhibitors (coxibs), H2-receptor antagonists (H2RA) and protein pump inhibitors (PPI), and hospital separations for upper gastro-intestinal haemorrhage (UGH) in Australia, over the period 1998–2002.

**Methods** Interrupted time series study. Monthly hospital separations for UGH for Australia for the period July 1998 to June 2002 were obtained from the Australian Institute for Health and Welfare. Data on prescriptions for coxibs and non-selective NSAIDs, PPIs and H2RAs were obtained from commercial sources for Australia for the same period. Rates of UGH per 1000 prescriptions for all NSAIDs were modelled by Poisson regression. The period before the introduction of coxibs (1998–1999) was compared with the period after their introduction (2001–2002).

**Results** Rates for UGH per 1000 prescriptions for all NSAIDs significantly declined between the two periods. Adjusting for prescriptions for PPIs and H2RAs improved the fit of the model and after adjustment, the reduction in UGH separation rates per 1000 prescriptions for all NSAIDs was estimated to be 9.5% (95% CI 9.1% to 10.9%).

In this presentation, we will also provide extended results covering the period January 1997 to October 2010, and also including sales of anti-ulcerants and other non-steroidal anti-rheumatics in the model.