January 1990 to 30 June 2006, based on linked records of the use of mental health services, hospital admissions, Medicare claims for GP and specialist services, electoral roll registration and deaths. Adjusted rate ratios (ARRs) for the number of visits to GPs by MHCs relative to non-MHCs, and for different categories of mental disorders.

**Results** Relative to non-MHCs, the ARR of visits to GPs by MHCs was 1.622 (95% CI 1.613 to 1.631) overall, and was elevated in each separate category of mental illness. ARRs were highest for alcohol/ drug disorders, schizophrenia and affective psychoses (2.404, 1.834 and 1.798, respectively). The results were not changed by location (metropolitan, rural or remote addresses). However, the 4% of MHCs with no fixed address had a very low ARR of visits to GPs (0.058; 95% CI 0.057 to 0.060).

**Conclusion** MHCs visit GPs substantially more often than non-MHCs, with the exception of those with no fixed address who seldom see a GP at all.

**P2-170** DIRECT ESTIMATION OF TOBACCO-ATTRIBUTABLE CANCER MORTALITY IN POLAND

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**Introduction** The aim of the present study was to estimate the number of cancer deaths, and their proportion over total deaths in that age ranges, attributable to tobacco in Poland.

**Methods** The calculation of tobacco-attributable mortality was based on the combination of RRAs and prevalence of exposure. The selection of tobacco-related diseases and causes of death relied on recent comprehensive reviews by the International Agency for Research on Cancer [IARC, 2004] and the U.S. Government [USDHHS, 2004]. The set of RRAs was derived from the Cancer Prevention Study II (CPS-II). Data on smoking prevalence come from national survey studies. Data on cancer mortality separately for 11 cancer sites related to tobacco were obtained from National Cancer Registry. To introduce into the model the latency effect demonstrated for most chronic health effects of tobacco, period of 20 years latency between exposure and death was implemented.

**Results** In 2005 in Poland there were 24 222 cancer deaths among men (197.3/100 000) and 5177 among women (35.8/100 000) attributed to tobacco smoking. Among eleven cancer sites attributed to tobacco, the biggest killer was lung cancer with 15 478 deaths among men (197.3/100 000) and 5177 among women (35.8/100 000) attributable to active tobacco smoking. Among eleven cancer sites attributed to tobacco, the biggest killer was lung cancer with 15 478 deaths among men (197.3/100 000) and 5177 among women (35.8/100 000) attributable to active tobacco smoking.

**Conclusion** The results show that the prevalence of pain in the elderly is high. Pain seems to be an important contributor to disability among older people. Pain in older people is an increasingly important health issue worldwide, and one that requires urgent worldwide attention from the public health and clinical perspectives.

**P2-171** PAIN AMONG OLDER PEOPLE AND ITS IMPACT ON DISABILITY: A 10/66 CROSS-SECTIONAL POPULATION-BASED SURVEYS IN LATIN AMERICA, INDIA AND CHINA

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**Introduction** Pain is an important indicator of health mainly among older adults. The aim of the present study is to describe the prevalence of pain and to examine the relationship between pain and disability in elderly.

**Methods** One-phase cross-sectional surveys of all residents aged 65 years and over (n=15 177) living in eight low- and middle-income countries. Pain was measured using three questions, about frequency, severity and extent of limitation associated with pain in the previous 4 weeks. Disability was assessed using the 12 item WHODAS 2.0. We calculated the crude and standardised prevalence of pain and used Poisson regression prevalence ratios, to estimate the association between pain and severe disability, and to generate population attributable prevalence fractions (PAF).

**Results** The overall prevalence of pain—defined as any type of pain in the last 4 weeks - ranged between 15.1% (China) and 46.0% (Peru) in urban sites and between 33.5% (Peru) and 58.8% (India) in rural sites. Pain was associated with severe disability, prevalence ratio pooled estimate was 1.49 (95% CI 1.21 to 1.78), adjusted for depression, number of impairments and chronic disease diagnoses. The adjusted PAF showed that 39.2% of severe disability could be explained by pain.

**Conclusion** The results show that the prevalence of pain in the elderly is high. Pain seems to be an important contributor to disability among older people. Pain in older people is an increasingly important health issue worldwide, and one that requires urgent worldwide attention from the public health and clinical perspectives.

**P2-172** ADVERSE HEALTH EVENTS DURING OCCUPATIONAL EXPOSURE TO PESTICIDES, IN CORDOBA, ARGENTINA. AN ESTIMATION OF ITS IMPACT ON AGRICULTURAL APPLICATORS HEALTH

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The use of pesticides undeniably comes with some risks. It is understood that people who work with pesticides typically have much higher exposure than general public. The present work evaluated the prevalence of adverse events occurring during occupational exposure as an estimation of health impact. Also associations with several demographic characteristics, lifetime exposure years, working practices and protection level, considering a personal protection equipment (PPE) index, were investigated. Our results shown that the study population is relatively young (34.9±11.04 years); 71% have up to 10 years of exposure and 80% are under 45 years of age, being 11.8% illiterate or with incomplete primary school. PPE is not adequate used in around 70% of the workers. Agrochemical prescription, indicated by an agricultural engineer, is only used by 38% of workers and the percentage of use of modern technologies (such as crop sprayers equipped with cabs and activated charcoal filter) is low. Forty four percent answered to have irritative symptoms (skin, eyes, nausea and vomiting) frequently, 35% requiring medical consultation and 5.4% hospitalisation. Other symptoms such as headache, tiredness, nervousness or depression were also reported. The lifetime exposure is associated with irritative signs,