

P2-187 MENTAL HEALTH AND SMOKING AMONG ADOLESCENTS FROM A COHORT IN SOUTHERN BRAZIL

doi:10.1136/jech.2011.142976j.22

A M Menezes,* S Dumith, J Martinez, A E Silva, A Cascaes, F Ferreira, G Dominguez, G França, J Damé, K Ngale, L Anselmi. *Federal University of Pelotas, Pelotas, Rio Grande do Sul, Brazil*

Background Smoking is one of the major risk factors for various diseases. There is some evidence that smoking is associated with mental health problems.

Objective To evaluate the association among mental health problems and smoking in teenagers at 15 years old in a population-based birth cohort.

Methods 4325 adolescents from the 1993 birth cohort, from the city of Pelotas, southern Brazil, were examined. Smoking was defined as to have smoked one or more cigarettes in the previous 30 days. Mental health was assessed according to the total score of the questionnaire Strengths and Difficulties Questionnaire being considered as positive when the score was ≥ 20 points. Data were analysed using Poisson regression with adjustment for robust variance.

Results Smoking prevalence was 6.0% and about 30% of the adolescents presented any problem related to mental health. In the crude analysis, the prevalence ratio to present mental health problem was 3.3 (95% CI 2.5 to 4.2) and after the adjusted analysis (for sex, age, skin colour, family income, maternal education, smoking among friends, employment in the last year, school failure, physical activity at leisure and experimental use of alcohol) it decreased to 1.9 (95% CI 1.2 to 2.3) among smokers compared to non-smokers.

Conclusion We concluded that mental health problems in adolescence may be related to tobacco consumption.

P2-188 PROSPECTIVE STUDY OF ALBUMINURIA ON CARDIOVASCULAR DISEASE MORTALITY AND MORBIDITY IN THE GENERAL POPULATION

doi:10.1136/jech.2011.142976j.23

P Metcalf,* R Scragg. *University of Auckland, Auckland, New Zealand*

Introduction Albuminuria predicts cardiovascular disease (CVD) in people with diabetes mellitus. However, few studies have been carried out in the general population.

Methods A total of 5260 participants aged ≥ 40 years from worksites in New Zealand were interviewed between 1988 and 1990. Participants were followed for up to 19 years. First CVD events were defined using ICD-9 and ICD-10 coding. Early morning urinary albumin levels of 30–300 mg/l were classified as microalbuminuric (n=249) and those above 300 mg/l as proteinuric (n=23). HRs were calculated after adjusting for age, gender and ethnicity in the total population and after excluding participants with new or previously diagnosed diabetes (n=5010).

Results Microalbuminuria was associated with increased hazards rates for all CVD events, all-cause mortality, CVD morbidity and mortality in the total population and after excluding participants with diabetes (Abstract P2-188 table 1). Similarly, proteinuria was only associated with increased HRs for all CVD events and mortality (Abstract P2-188 table 1). HRs remained significant after further adjusting for body mass index, lipids and hypertension.

Abstract P2-188 Table 1 HRs (95% CI)

	Microalbuminuria Total population	Proteinuria	Microalbuminuria Non-diabetic population	Proteinuria
All CVD events	1.73 (1.38 to 2.18)***	2.30 (1.19 to 4.43)*	1.64 (1.25 to 2.14) ***	3.08 (1.5 to 6.2)**
All deaths	1.96 (1.50 to 2.54)***	1.23 (0.40 to 3.83)	1.67 (1.21 to 2.31)**	2.03 (0.63 to 6.31)
CVD morbidity	1.66 (1.29 to 2.14)***	2.57 (1.33 to 2.14)**	1.52 (1.13 to 2.05)**	3.40 (1.7 to 6.84)***
CVD mortality	2.86 (1.70 to 4.81)***		2.66 (1.44 to 4.93)**	

*0.01 < p < 0.05; **0.001 < p < 0.01; ***p < 0.001.

Conclusion Microalbuminuria was associated with all-cause mortality and CVD morbidity and mortality in both the general population and in non-diabetic participants and may represent generalised vascular damage.

P2-189 PREVALENCE AND PATTERNS OF ALCOHOL CONSUMPTION IN CHINESE MEN AND WOMEN: THE KADOORIE BIOBANK STUDY OF 0.5 MILLION PEOPLE IN CHINA

doi:10.1136/jech.2011.142976j.24

¹ Millwood,* ² L Lee, ¹ L Yang, ² G Yu, ¹ R Collins, ¹ S Lewington, ³ J Chen, ¹ R Peto, ¹ Z Chen. ¹University of Oxford, Oxford, UK; ²Chinese Academy of Medical Sciences, Beijing, China; ³China Centre for Disease Control and Prevention, Beijing, China

Introduction Diet, lifestyle and disease patterns vary greatly from one part of China to another. Data on the prevalence and patterns of alcohol consumption in different parts of China are limited.

Methods Self-reported questionnaire data from the Kadoorie Biobank Study were used to describe the prevalence and patterns of alcohol consumption in 510 000 men and women aged 30–79 years, recruited during 2004–2008 from 10 geographically diverse urban and rural areas of China.

Results 76% of men and 35% of women were current alcohol drinkers, with 33% of men and 2% of women drinking at least weekly. In men, the prevalence of weekly drinking varied by sevenfold between areas (from 7% to 51%, age-adjusted), and was highest at age 40–49 years, among those with no formal education, and among regular smokers and tea-drinkers. Among weekly drinkers, the estimated median consumption was 244 g/week in men and 68 g/week in women. Most alcohol consumption involved strong spirits, although this varied somewhat by area and there was a trend towards increased beer consumption among younger people. In male drinkers, 37% (12% of all men) reported regular binge drinking (ie, >60 g alcohol in one session), and the prevalence was highest in younger men. Most drinkers (86%) usually drank with meals, and a fifth reported flushing/dizziness after drinking.

Conclusion The prevalence and pattern of drinking in China show strong regional and socio-demographic variation. The health-related effects of alcohol consumption among study participants are now being monitored.

P2-190 WITHDRAWN

P2-191 URBAN MIGRATION MODULATES THE EFFECT OF BODY MASS INDEX ON BLOOD PRESSURE

doi:10.1136/jech.2011.142976j.25

^{1,2} J Miranda,* ^{1,3} A Bernabe-Ortiz, ^{1,4} R Gilman, ^{5,6} L Smeeth. ¹CRONICAS, Center of Excellence in Chronic Diseases, Universidad Peruana Cayetano Heredia, Lima, Peru; ²Department of Medicine, School of Medicine, Universidad Peruana Cayetano Heredia, Lima, Peru; ³Public Health and Administration School, Universidad Peruana Cayetano