OVERWEIGHT ASSOCIATED WITH NON-ATOPIC WHEEZE IN RURAL TROPICS

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1,2A L Moncayo, 1M Vaca, 1S Erazo, 1G Quevedo, 1L Quinzie, 1M E Chico, 2T A E Platts-Mills, 2P Alvim, 4L C Rodrigues, 4M L Barreto, 1J P J Cooper, 1Universidad San Francisco de Quito, Colegio de Ciencias de la Salud, Quito, Ecuador; 2Universidade Federal da Bahia, Instituto de Saúde Coletiva, Salvador, Bahia, Brazil; 3School of Tropical Medicine, Liverpool, UK; 4Hygiene and Tropical Medicine, Department of Epidemiology, London, UK

Introduction The parallel rise in prevalence of asthma and overweight/obesity in some Latin American countries has led to suggestions of a link between the two epidemics. The aim of this study was to explore the effects of being overweight on wheeze, exercise-induced bronchospasm and atopy.

Methods A case-control study was conducted among 809 Afro-Ecuadorian children aged 7–19 yrs living in rural communities in tropical Ecuador. Asthma cases were selected based on the presence of recent wheeze and controls as a random sample of those without symptoms by questionnaire. Atopy was measured either by the presence of allergen specific IgE (asIgE) in serum or by allergen skin test reactivity (SPT). Overweight children were those with a Body Mass Index (BMI) ≥ +1.0 z-score based on WHO growth curves (2007).

Results Comparing atopic vs non-atopic children, the prevalence of SPT (adj. OR 2.12, 95% CI 1.22 to 3.68) and the presence of asIgE (adj. OR 2.30, 95% CI 1.10 to 4.83) was greater in overweight children compared to those with normal weight/underweight. Comparing non-atopic wheezers with non-atopic non-wheezers, being overweight was significantly associated with non-atopic wheeze (adj. OR 2.22, 95% CI 1.07 to 4.65) when atopy was defined as asIgE but not SPT. Being overweight was not significantly associated with atopic wheeze (comparing atopic wheezers with atopic non-wheezers) and with severe wheeze or exercise-induced bronchospasm irrespective of atopic status.

Conclusion Although being overweight was associated with atopy, it was also associated with wheeze, and somewhat surprisingly this latter effect was not observed among atopic children.

ASSOCIATION BETWEEN ADHERENCE TO THE MEDITERRANEAN DIET AND BONE QUALITY IN A SAMPLE OF PORTUGUESE ADOLESCENTS

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1,2A L Monjardino,* 1,2R Lucas, 1,2E Ramos, 1,2H Barros. 1Institute of Public Health of the University of Porto, Porto, Portugal; 2University of Porto Medical School, Porto, Portugal

Introduction Dietary patterns provide insights into how diet, rather than specific nutrients, affects bone health. We aimed to evaluate whether Mediterranean diet associates with bone mineral density at 15 years-old.

Methods We used data from 1232 adolescents (44.7% males) born in 1990 and assessed at 13 years-old (EFTteen cohort). Adolescents were evaluated through physical examination, including height, weight and forearm bone mineral density (BMD) using dual-energy x-ray absorptiometry. Dietary intake was assessed using a food frequency questionnaire and adherence to the Mediterranean diet was evaluated through an adapted score (KIDMED index). The final score, the sum of all items, was classified into three adherence levels: −2 to 3, 4 to 6 and ≥7. The association between KIDMED index and BMD was quantified using linear regression. Coefficients were adjusted for body mass index, physical activity, smoking status and parental formal education.

Results Low KIDMED index was found in 23.9% of the girls and in 22.5% of the boys and 47.3% of girls and 46.1% of boys had intermediate index results. Mean (SD) BMD was 0.361 (0.058) g/cm² in girls and 0.344 (0.051) g/cm² in boys. Adherence to the Mediterranean diet showed no relation with BMD in girls. Significantly higher average BMD was found among boys with intermediate (0.013, 95% CI: 0.005 to 0.023) and high KIDMED index (0.017, 95% CI 0.006 to 0.028) when compared to those with low index.

Conclusion A Mediterranean dietary pattern can be associated to better bone health since early in life.

CHANGES IN AMINOTRANSFERASES INDICATE CHANGES IN HEPATOSTEATOSIS IN PEOPLE WITH TYPE 2 DIABETES: THE EDINBURGH TYPE 2 DIABETES STUDY

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1J Morling,* 2R Williamson, 3M Strachan, 1J Price, 5S Glancy, 2L Nee. 1University of Edinburgh, Edinburgh, UK; 2Western General Hospital, Edinburgh, UK

Background Recent data have suggested that plasma aminotransferases may be of limited use in the diagnosis of non-alcoholic