

the lower the prevalence of malocclusions. The concomitant presence of PB for at least six months and the non-regular use of pacifier until two years of age show a protective effect for crossbite following adjustment for confounders. The longer the duration of EB the lower the prevalence of moderate or severe WHO malocclusion. A dose-response relationship between duration of EB or PB and the prevalence of malocclusion was observed. This was reduced or eliminated if pacifier use is introduced early in the child's life.

**Conclusions** Given that breastfeeding is a protective factor for several childhood diseases, our findings indicate that the common risks approach is the most appropriate way for the prevention of malocclusions.

## P2-244 APOLIPOPROTEIN E GENOTYPE, LIPOPROTEINS AND ISCHAEMIC HEART DISEASE IN LITHUANIAN POPULATION

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**Introduction** The aim of the study was to assess the frequency of APOE genotypes and their relationship with serum lipoproteins and prevalence of ischaemic heart disease (IHD) in Lithuanian population.

**Methods** Cross-sectional health survey was carried out in representative random samples of Lithuanian urban and rural population (936 men and 1115 women) aged 25–70. Serum low-density lipoprotein cholesterol (LDL-C) was determined by enzymatic methods. Three APOE genotypes were identified by polymerase chain reaction: APOE2 for those subjects carrying  $\epsilon 2/2$  or  $\epsilon 2/3$  genotypes, APOE3 - for  $\epsilon 3/3$  genotype, and APOE4 for  $\epsilon 3/4$  or  $\epsilon 4/4$  genotypes. IHD was diagnosed according to the data of medical history and medical records, Rose questionnaire and by the Minnesota codes of electrocardiogram. Multiple logistic regression analysis was used to explore the impact of APOE genotype on risk of IHD.

**Results** The frequencies of APOE genotypes did not differ between men and women. The observed frequency of APOE3 genotype was the highest (63%). APOE2 genotype and APOE4 genotype were found in 17% and 17.2% of population respectively. In both genders individuals with APOE2 genotype had the lowest level of LDL-C. After adjustment for age and other conventional IHD risk factors, the OR for myocardial infarction for APOE2 men vs APOE3 men was 0.12 (95% CI 0.02 to 0.84). No relationship was found between APOE genotypes and IHD in women.

**Conclusion** This study suggests that APOE genotype influences the level of plasma lipoproteins in both gender and risk of IHD in men.

## P2-245 PREVALENCE OF HYPERTENSION IN BRAZIL OVER THE PAST 3 DECADES: A SYSTEMATIC REVIEW AND META-ANALYSIS

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**Introduction** Hypertension has become a major public health concern in developing countries. We conducted a systematic review with meta-analysis of population-based studies in order to estimate the prevalence of hypertension among the Brazilian adult population.

**Methods** Published cross-sectional and cohort studies conducted from 1980 to 2010 were independently identified by two reviewers, without language restriction, in the PubMed, Embase, LILACS, and SciELO electronic databases. Unpublished studies were explored in

the CAPES electronic thesis database. Hypertension was defined by JNC criteria of 140/90 mm Hg blood pressure measurement or use of blood pressure lowering medication, and additionally self-reported hypertension.

**Results** The search retrieved 598 original studies, 23 thesis, and six references from manual search. Based in title and abstract, 450 articles were excluded and 60 in full-text screening, leaving 47 eligible studies. Further five results were excluded, based on sampling and biases, and 42 studies comprising 124 thousand individuals were included. In the 1980's (n=5), pooled JNC prevalence of hypertension was 35.9% (95% CI 28.4% to 44.2%), 45.1% (40.0% to 50.4%) among men, and 34.6% (23.7% to 47.5%) among women. In the 1990's (n=15), the prevalence rates were, respectively, 28.5% (21.4% to 36.9%), 24.6% (15.5% to 36.6%), and 23.0% (14.5% to 34.3%). In the 2000's (n=22), the prevalence rates were 29.6% (26.3% to 32.9%); 29.4% (24.1% to 35.3%), and 25.8% (20.5% to 31.9%). Pooled prevalence from self-reported hypertension on telephone enquires, the overall was 20.6% (19.0% to 22.4%), 18.6% (17.4% to 19.9%) in men and 23.2% (21.1% to 25.4%) in women.

**Conclusions** This meta-analysis was first to summarise prevalence rates for Brazil. Steady estimates were detected over 3 decades, although lower rates for self-reported hypertension.

## P2-246 THE NIGHTINGALE STUDY: A PROSPECTIVE COHORT STUDY ON SHIFT WORK AND BREAST CANCER AMONG NURSES IN THE NETHERLANDS

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A new prospective cohort study (the Nightingale Study) among nurses in the Netherlands was initiated in collaboration with the Institute for Risk Assessment Sciences (IRAS, Utrecht University) and the nationwide register of healthcare professionals (BIG-register of the Ministry of Health, Welfare and Sport, The Hague). Exposure to light-at-night has been suggested as a contributing cause of breast cancer (IARC classification "probable human carcinogen, 2A"). Since shift- and night-time work is prevalent and increasing in modern societies, this exposure may contribute to the continuing elevation in breast cancer risk and may be of public health concern. This study will provide insight into, among others, the potential association between occupational exposures (eg, shift work, electromagnetic fields) and the risk of cancer and other diseases, and on potential biological mechanisms. The total projected study population is 50 000 women. Through the BIG-register, women with a nurse diploma and who are younger than 60 years, will be asked to complete a (web-based or paper) questionnaire, sign an informed consent, and donate toenails for DNA analyses (eg, clock genes). In the spring of 2011, a pilot study (N=800) will be conducted of which the results will be presented. Specific attention will be directed to potential shift-work related selection.

## P2-247 IMPACT OF RISK FACTORS FOR NON-FATAL ACUTE MYOCARDIAL INFARCTIONS AMONG SRI LANKANS

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**Introduction** The impact of risk factors for acute myocardial infarctions (AMI) differs across populations. The aim of this study was to determine the impact of established risk factors for the occurrence of