non-fatal AMI within a population based case control study of urban Sri Lankans.

**Methods** Cases were patients consecutively admitted to the cardiology and general medical wards of the National Hospital of Sri Lanka with a confirmed diagnosis of AMI and discharged alive. Age and sex matched community controls were recruited within 20–30 km distance from National Hospital of Sri Lanka using the electoral lists. Basic demographic information, smoking habits, physical activity and dietary patterns, anthropometric indices, fasting glucose and serum lipid measurements were done on all participants.

**Results** During the study period, 262 cases and 246 controls were recruited. Of the non-fatal acute myocardial infarct patients, 18% were female. Compared to males, females with non-fatal events were signiﬁcantly older (58 years, SD 6.6). Mean age among cases and controls were similar (~54 years). Cases were signiﬁcantly more likely to have diabetes mellitus, a family history of AMI, abnormalities in lipid proﬁle and report poor vegetable and fruit consumption (consumption was deﬁned as “poor” if the individual did not usually consume some fruit/vegetable at least once on a given day). Physical activity patterns, education level and smoking habits were similar between cases and controls.

**Conclusion** Results indicate a high prevalence of modiﬁable risk factors among AMI patients. It is vital that the health system identify these patients early and provide them with optimal treatment.

**TRENDS IN PROSTATE CANCER MORTALITY RATES IN THAILAND, 1998–2006**

**Methods** Mortality data during 1998–2006 were analysed based on ICD-10 for prostate cancer from Bureau of Health Policy and Planning, Ministry of Public Health. Both 5-year age-speciﬁc and age-standardised mortality rates per 100,000 were calculated and descriptively analysed for trends.

**Results** The results have shown that during 1998–2006, age-standardised mortality rates for prostate cancer increased from 0.38 to 1.56 for males. For each year, prostate cancer mortality rates increased at least fourfold in 8 years for both sexes. The increase in mortality might be explained by the increased in risk factors including increase in ageing of the population, eating habit characterised by high fat, obesity, and hormonal factors. Health policymakers should increase its effort in controlling and reducing the risk factors by promoting healthy behaviours such as healthy diet. It is also important to make an effort to inform the profile of prostate-specific antigen testing for screening prostate cancer.

**OMEGA 3 POLYUNSATURATED FATTY ACIDS (PUFAS) AND RISK OF EARLY ONSET PROSTATE CANCER**

**Methods** Data were analysed on 805 cases and 1283 controls of age 40–75 years. Cases were signiﬁcantly older (58 years, SD 6.6). Mean age among cases and controls were similar (~54 years). Cases were signiﬁcantly more likely to have diabetes mellitus, a family history of AMI, abnormalities in lipid proﬁle and report poor vegetable and fruit consumption (consumption was deﬁned as “poor” if the individual did not usually consume some fruit/vegetable at least once on a given day). Physical activity patterns, education level and smoking habits were similar between cases and controls.

**Conclusion** Results indicate a high prevalence of modiﬁable risk factors among AMI patients. It is vital that the health system identify these patients early and provide them with optimal treatment.

**SMOKELESS TOBACCO AND CORONARY HEART DISEASE IN BANGLADESH: IS THERE ANY ASSOCIATION?**

**Methods** Data were analysed on 805 cases and 1283 controls of age <60 years. A food frequency questionnaire assessing typical diet 5 years previous to either diagnosis in the cases or returning questionnaire in controls was used to assess dietary PUFAs. Nutrient intake of specific PUFAs was calculated using a nutritional database. Unconditional logistic regression was used to calculate ORs and 95% CIs for the effect of omega 3 polyunsaturated fatty acids (PUFAs) may be important.

**Results** During the study period, 262 cases and 246 controls were recruited. Of the non-fatal acute myocardial infarct patients, 18% were female. Compared to males, females with non-fatal events were signiﬁcantly older (58 years, SD 6.6). Mean age among cases and controls were similar (~54 years). Cases were signiﬁcantly more likely to have diabetes mellitus, a family history of AMI, abnormalities in lipid proﬁle and report poor vegetable and fruit consumption (consumption was deﬁned as “poor” if the individual did not usually consume some fruit/vegetable at least once on a given day). Physical activity patterns, education level and smoking habits were similar between cases and controls.

**Conclusion** Results indicate a high prevalence of modiﬁable risk factors among AMI patients. It is vital that the health system identify these patients early and provide them with optimal treatment.