Introduction

Because studies of the association between alcohol intake and the risk of primary liver cancer use varying cut-off points to classify alcohol intake, it is difficult to precisely quantify this association by meta-analysis of published data. Furthermore, there are limited data for women in prospective studies of the dose-specific relation of alcohol intake and the risk of primary liver cancer.

Methods

We analysed original data from four population-based prospective cohort studies encompassing 174,719 participants (89,869 men and 84,850 women). After adjustment for a common set of variables, we used Cox proportional hazards regression to estimate HRs and 95% CIs of primary liver cancer incidence according to alcohol intake. We conducted a meta-analysis of the HRs derived from each study.

Results

During 1,964,136 person-years of follow-up, 804 primary liver cancer cases (605 men and 199 women) were identified. In male drinkers, the multivariate-adjusted HRs (95% CI) for alcohol intakes of 0.1–22.9, 23.0–45.9, 46.0–68.9, 69.0–91.9, and ≥92.0 g/day, as compared with occasional drinkers, were 0.88 (0.57 to 1.36), 1.06 (0.70 to 1.62), 1.07 (0.69 to 1.66), 1.76 (1.08 to 2.87), and 1.66 (0.98 to 2.82), respectively (p for trend = 0.015). In women, we observed a significantly increased risk among those who drank ≥23.0 g/day, as compared with occasional drinkers (HR: 3.60; 95% CI 1.22 to 10.66).

Conclusion

This pooled analysis of data from large prospective studies in Japan indicates that avoidance of (1) heavy alcohol drinking (≥69.0 g alcohol/day) in men and (2) moderate drinking (≥23.0 g alcohol/day) in women may reduce the risk of primary liver cancer.

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ALTRUISTIC MOTIVATION FOR PRO-SOCIAL BEHAVIOUR PREDICT DECREASED RISK OF CARDIOVASCULAR MORTALITY AMONG COMMUNITY DWELLING POPULATION IN JAPAN: JACC STUDY
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Introduction

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Objectives

This study examine the effects of sense of being relied by others reflecting altruistic motivation for pro-social behaviour on cardiovascular disease mortality among Japanese community residents.

Method

Subjects were 99,969 Japanese men and women aged 40–79 years free from cardiovascular and cancer disease at baseline 1988–1990, included in the Japan Collaborative Cohort Study. Sex-specific age and multivariable adjusted HRs were calculated according to the perceived level of being relied by others from Cox proportional hazard models to estimate the risks of cardiovascular mortality. Additionally, one-to-one nearest neighbour propensity score matching analysis were carried using a probit model.

Result

Among 41,906 men and 58,063 women followed up for 14.4 years in median, a total of 4280 (2520 men and 1960 women) cardiovascular deaths were documented. The multivariable HRs of total cardiovascular disease deaths for men with the highest sense of being relied by others to compare with those in the lowest were 0.65 (95% CI 0.52 to 0.82), p for trend p = 0.05 for stroke, and 0.75 (95% CI 0.64 to 0.88), p for trend = 0.004, for total cardiovascular deaths with dose responses. For both men and women, they were not associated with coronary heart disease deaths. The HRs and the 95% CIs calculated in the matching technique were not grossly different.

Conclusion

A lower level of sense of being relied by others was found to be associated with higher risk of cardiovascular disease mortality among middle-aged men, suggesting a protective role of altruistic psychological conditions on cardiovascular disease.

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10-YEAR MORTALITY FOLLOW-UP OF MATERNAL AND PATERNAL GRANDPARENTS SHOWS DIFFERENT PATTERNS OF ASSOCIATION WITH THEIR GRANDCHILDREN’S BIRTH Weights: THE LIFEWAYS CROSS GENERATION COHORT STUDY
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Introduction

Association between individual birth measures and chronic disease morbidity or mortality in their adult relatives contributes to evidence of developmental origins of disease.