HELIOUS: THE DESIGN OF A LARGE MULTI-ETHNIC POPULATION-BASED COHORT STUDY

Methods HELIOUS includes ethnic Dutch, and those of Surinamese (ie, South Asian and Afro Caribbean), Turkish, Moroccan, and Ghanaian origin. We strive for 10 000 participants per ethnic group (60 000 in total). A random sample aged >18 years has been drawn from the municipality register. Family members are also invited to participate. In baseline, participants are invited for a physical examination. Information on socio-economic position, migration history, lifestyle etc is collected by structured questionnaires. Additional data about health (care) will be collected by linking to registries.

Results Baseline data collection started in December 2010. Initial results will be presented at the conference.

Conclusion HELIOUS will increase the etiological knowledge of cardiovascular disease, depression, and infectious diseases in a multi-ethnic population. It will provide knowledge on preventable determinants of these diseases, which will give clues for public health action and targeted healthcare.

WEIGHT CHANGE HAS A GREATER IMPACT ON CARDIOVASCULAR RISK FACTORS IN YOUNGER THAN IN OLDER MALE WORKERS

Methods The IMS included a PA questionnaire (IMS-PAQ). We recruited 6995 participants (41% female, 37% rural) whose PA was characterised over the last month. We estimated (1) total activity (MET hr/day), (2) PA Level defined as inactive <1.4, low active 1.4–1.59, active 1.6–1.89 and very active ≥1.9, and (iii) sedentary behaviour (min/day). These were compared with socio-demographic status (age, sex, urban/rural, north/south) and socio-economic status (SES) using regression analyses, adjusting for confounders and clustering.

Results Total activity decreased with age and SES, and was lower in women, among urban participants and in the south (p<0.001). These findings held true for PA Level where the proportion classified as active or very active was lower in women (38% vs 54% men), in the highest SES group (57% vs 61% lowest SES group), in urban participants (40% vs 60% rural) and in the south (45% vs 52% north). This pattern reversed for sedentary behaviour as older participants, women, south and urban residents and higher SES groups were significantly more sedentary.

Conclusion PA patterning broadly mirrors that of CVD in India. Further studies should investigate how PA patterns may modify risk of CVD in India.