Conclusion This study indicated that Ca level in breast milk might be associated with the underweight at 6 months old in rural Bangladesh.

P2-389 USE OF HEALTHCARE IN A SOCIAL NETWORK OF MEN WHO HAVE SEX WITH MEN IN BRAZIL

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Introduction It is known that men access health services less frequently than women. According to WHO it is even less frequent among men who have sex with men (MSM) which increases the vulnerability of this group to HIV/AIDS and other STD.

Methods To describe the use of healthcare on HIV/STD among MSM, data were collected using respondent driven sampling as part of the baseline of the Brazilian behavioural and serologic surveillance survey of 3569 MSM in 10 cities in 2009. The analyses, conducted with 356 MSM from a major capital city-Salvador, Northeast Brazil, used a complex network theory, specifically two-mode networks with bipartite graph, classic statistics analysis of networks and projection.

Results Among the participants, 57% referred to have access to general health services, with 55% of them having had at least one medical appointment within the past 2 years. Over half (56%) did not know where to go for an HIV test; and 44% had an HIV test in the past year. Among those, 25% tested in a public health clinic, and 64% were given free condoms on the same facilities.

Conclusion To improve access to healthcare and to HIV testing among MSM is crucial to tackle the epidemic in Brazil, especially with the high HIV prevalence (12.6%) reported in the country among this population group.

P2-390 CARDIOVASCULAR AND DIABETES RISK IN PERSONS WITH PREDIABETES

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Aim To estimate risk factors for developing type 2 diabetes (T2D), impaired glucose tolerance (IGT), impaired fasting glucose (IFG) and combination IGT+IFG.

Materials and Methods A population-based screening for glucose metabolism impairments (GMI) among 661 adults in Moscow Country was conducted in 2009. HbA1c was determined in 39 subjects with GMI.

Results Based on OGTT and HbA1c, 6 and 11 people had T2D; 33 and 23 people had prediabetes. Mean HbA1c (SD) was 7.9 (2.8) for T2D, 6.0 (0.5) for IGT and 5.8 (0.7) for IFG and 6.5 (0.5) for IGT + IFG. The sensitivity/speciﬁcity (Sn/Sp) of HbA1c >6.5 for T2D were 66%/78%, Sn/Sp of HbA1c >5.7–6.4% for IGT were 68%/64%, for IFG were 50%/42% and for IGT+IFG were 50%/42%. Using ROC curve analysis, the single optimal HbA1c cut-point for detecting T2D was >6.0%, (Sn/Sp: 50%/100%), for IGT was <5.0% (Sn/Sp: 50%/100%) in normal weight (BMI 18–25) individuals. RR of T2D was 7 (1.18–42.9) with HbA1c values 6.0-6.4% and >6.5%, than those with <6.0 in normal weight individuals. 33.0% of undiagnosed T2D had HbA1c levels <6.5% (95% CI 0% to 71%) and 17% of people with T2D had HbA1c levels <6.0%.

Conclusion OGTT and HbA1c are both relevant diagnostic criteria for dysglycemia as they correlate with the risk for developing T2D. Choosing the HbA1c strategy rather than the OGTT strategy leads to diagnose more diabetes, although the consistency of both diagnostic criteria is low. The optimal HbA1c cut-point to detect T2D was lower than HbA1c of 6.5% in normal weight individuals.