Poster session 2

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Introduction This study aims to test the casual model of gender, family atmosphere, financial status, resilience, and risk-taking behaviour of Thai adolescents. The study also examines the direct and indirect effects among variables.

Methods The sample for this study consisted of 2715 adolescents studying at secondary schools in four regions (the central, southern, North, and Northeast) of Thailand during January to March, 2009. The model was tested using the LISREL program.

Results Data analysis shows that the proposed model was fit with the empirical data well ($Q^2$ (7) = 12.158, $p$ = 0.095; GFI = 0.998; AGFI = 0.996; RMSEA = 0.017). When considering the influence of the study variables, the results demonstrated as follows: (1) Male reported being resilient less than females and engaging in risk-taking behaviour more than females (p < 0.01); (2) The financial status had the positively direct effect on resilience and the negatively direct effect on risk-taking behaviour. The financial status also had the indirect effects on risk-taking behaviours through resilience (p < 0.01); (3) The family atmosphere had the positively direct effect on resilience but had the indirect effects on the risk-taking behaviour through resilience (p < 0.01); and (4) The resilience had the negatively direct effect on the risk-taking behaviour (p < 0.01).

Conclusion The information from this study could be applied to develop the programs to promote resilience for adolescents to prevent risk-taking behaviour.

PROPOSED METHOD FOR EVALUATION OF FRAILTY

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Introduction The evaluation of frailty requires some measurable components. In our environment, it is known that the use of these measures on a large scale will not easily operationalise. Given this, we study the possibility of identifying the syndrome of frailty through subjective questions.

Objective To validate the subjective components for evaluation of frailty.

Method This study is part of the SABE Study - Health, Well-being and Ageing, held in São Paulo, Brazil. This analysis used 433 elderly (age ≥75 years) in 2009. We adopted the phenotype of frailty proposed by Fried et al, as a gold standard (objective evaluation of unintentional weight loss, fatigue reported, reduced grip strength, reduced walking speed and low physical activity). In this model, elderly with three or more components are considered frail; those with one or two are pre-frail. Subjective evaluation was performed using dichotomous questions for each component. We calculated the reliability, sensitivity, specificity and positive and negative predictive values.

Results The subjective evaluation of an instrument is valid and reliable. The sensitivity was 89.7% among pre-frail and 65.2% among the frail. By analysing frailty process (pre-frail+frail) the sensitivity was 90%, positive predictive value was 85.2% and negative predictive value was 52.7%.

Conclusion The subjective evaluation of frailty is a good tool to identify frailty process in elderly.

THE INFLUENCE OF DISTRESS ON DISABILITY, PHYSICAL ACTIVITY AND PAIN INTENSITY AFTER 7 DAYS OF ACUTE SEVERE LOW BACK PAIN

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Introduction Distress is a common adverse experience following surgery. The objective of this study was to evaluate the influence of distress on disability, physical activity and pain intensity in subjects with severe acute LBP.

Methods A Randomised Control Trial (RCT) was conducted, 99 employed subjects (mean age 45 years, 20–65), 61% white- and 39% blue-collar workers with acute LBP were examined within 48 h after the onset of pain. All patients were initially assessed using the Depression Anxiety and Positive Outlook Scale (DAPOS) and the Tampa Scale of Kinesiophobia (TSK) questionnaires. Thereafter, the patients documented the following in a diary over a 7-day period: pain intensity, disability rating index (DRI) and step count (pedometer). Linear Mixed Models (LMM) for repeated measures were employed for the statistical analyses. All results were adjusted for age, gender, treatment, number of days and for the interaction term (treatment × DAPOS-D).

Results Prospectively, DRI and pain intensity responses were differentially mediated by the treatment, in interaction with the
scores of DAPOS (p < 0.05). Patients with high scores on DAPOS exhibited higher risk for worse pain-disability after follow-up. Additionally, patients with higher baseline scores on TSK (>38) had a lower step count over time (p < 0.05).

Conclusion Depressed mood and fear of movement affect the outcomes of disability, the level of physical activity and the pain intensity in patients with acute LBP.

The Fisher, χ², Student t, and Mann–Whitney tests were used for a statistical analysis, with significance levels of <0.05.

Results 127 cases of severe maternal morbidity among 8495 deliveries were identified, leading to an incidence of 15.0/1000 deliveries. 122 women were interviewed, five cases were lost (3.9%). 121 cases fell under Waterstone’s criteria and 29 under Mantel’s criteria, corresponding to incidences of 14.1/1000 and 3.4/1000 deliveries, respectively. These rates are lower than those described in the literature, possibly due to case loss. The main causes of morbidity were hypertension during pregnancy, more frequent in less severe cases (p < 0.001) and obstetrical haemorrhage, more common among extreme severe cases (p = 0.01).

Conclusion The obstetrical disorders are the main causes of severe maternal morbidity in Sào Luís/Maranhão. The investigation and monitoring of severe morbidity can contribute to improve the obstetrical assistance in the city.

Re-enforcement make them to quit from using any substances. To prevent this population, regular awareness campaigns among young males and they are spending substantial amount on those substances. The Fisher, χ², Student t, and Mann–Whitney tests were used for a statistical analysis, with significance levels of <0.05.

Results 127 cases of severe maternal morbidity among 8495 deliveries were identified, leading to an incidence of 15.0/1000 deliveries. 122 women were interviewed, five cases were lost (3.9%). 121 cases fell under Waterstone’s criteria and 29 under Mantel’s criteria, corresponding to incidences of 14.1/1000 and 3.4/1000 deliveries, respectively. These rates are lower than those described in the literature, possibly due to case loss. The main causes of morbidity were hypertension during pregnancy, more frequent in less severe cases (p < 0.001) and obstetrical haemorrhage, more common among extreme severe cases (p = 0.01).

Conclusion The obstetrical disorders are the main causes of severe maternal morbidity in Sào Luís/Maranhão. The investigation and monitoring of severe morbidity can contribute to improve the obstetrical assistance in the city.