

P2-524 FOOD INSECURITY IN THE PARIS METROPOLITAN AREA. AN ANALYSIS OF THE SIRS COHORT IN 2010

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Background Food insecurity exists whenever the availability of nutritionally adequate and safe foods or the ability to acquire acceptable foods in socially acceptable ways is limited or uncertain. It is a multidimensional, dynamic phenomenon that exists even in industrialised countries. The aim of this work was to estimate its prevalence and some of its social determinants in the Paris metropolitan area (PMA).

Methods We used data from the SIRS cohort, a longitudinal health and socio epidemiological, population based, and representative survey of the general population of the PMA. This cross sectional analysis was based on the 2010 data. Food insecurity was estimated using the US-HFSS and computed in a three categories variable: food secure, low food secure and very low food secure and in a dichotomous variable for logistic regressions (food insecurity: yes/no).

Results In 2010 about 94% of the households living in Paris metropolitan area were food secure. The remaining households—6.3%, 95% CI=[3.9 to 2.7], that is, approximately 500 000 individuals - had experienced food insecurity during the past year. Almost 2.5% of the household living in Paris metropolitan area were in very low food security. If income was a major determinant of food insecurity (FI), some household's characteristics were associated with FI: single parent's families (OR=2.79, p<0.001) and one person households (OR=3.95, p<0.001). Households headed by employee had also more risks to be FI (OR=2.0, p<0.025, ref=executives).

Conclusion Household food insecurity is not rare in the PMA which needs further researches and a specific attention of social and welfare policies.

P2-525 TREND OF THE SCHISTOSOMIASIS MANSONI IN MARANHÃO STATE: 1997 TO 2003

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Introduction Schistosomiasis is still a major public health problem in Brazil, where it is assumed that there 2 500 000 to 8 000 000 cases of the disease, despite the development of control activities. The North-eastern region, where is situated the state of Maranhão, is the most affected area. This study analyses trends of the percentage of positive cases of Schistosomiasis in Maranhão, between 1997 and 2003.

Methods We analysed a time series of percentages of positive cases, grouped according to 15 Regional Health Authorities in the state, available in the information system of the Schistosomiasis Control Program (SISPCE). Trend analysis was performed through polynomial regression models. Statistical significance, coefficients of determination (R^2) and residuals were used to define the best model.

Results The percentage of positive cases of schistosomiasis amounted to 7.42% in the study period. Two Regional Health Authorities showed constant downward trends with an average annual percentage of positive cases of 1.72 and 0.66, respectively. Meanwhile, the others showed upward trends.

Conclusions The declining trends suggest the possibility of under-reporting. It is believed that data registration in the Regional Health

Authorities has been affected by changes in the activities of the SISPCE, due to decentralisation of the Program to municipalities. In some cases, best living conditions could have contributed to the observed declines. However, deficit of environmental sanitation and poverty are significant in the majority of the state and certainly are related to the increments observed in the other regionals.

P2-526 SOCIAL DETERMINANTS OF DEPRESSIVE SYMPTOMS AMONG OLDER ADULTS IN LOW- AND MIDDLE-INCOME COUNTRIES

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Background Consistent evidence has linked depression to social factors among older people in rich countries; however, little is known for low- or middle-income countries (LMIC) and virtually no research exists that is comparable across LMIC. Understanding the relationship between key socioeconomic factors and depressive symptoms among older people in resource-poor contexts is essential for developing mental health policies.

Methods To investigate social determinants of depressive symptoms among older adults in LMIC, we conducted a cross-sectional analysis of adults age 50+ from 51 countries that participated in the World Health Survey in 2002–2003. Using multivariable ordinal logistic regression models, we examined the association between socioeconomic predictors and the severity of depressive symptoms.

Results Similar to patterns from rich countries, more severe depressive symptoms were reported among older, female, less-educated, poorer, and urban-dwelling individuals. Living arrangement also emerged as an important predictor that exhibited substantial heterogeneity across countries. In Southeast Asian countries, the odds of reporting more severe depressive symptoms was 2.6 (95% CI 1.5 to 4.7) times higher for individuals living alone compared to in inter-generational households. In African countries, individuals living in skipped-generation households (only older people and dependent children) reported significantly worse symptoms. Further analyses will incorporate country-level predictors (eg, availability of pensions, HIV/AIDS mortality) to explain some between-country variation.

Conclusions In addition to established socioeconomic determinants, living alone or in skipped generation households is associated with an increased risk of depressive symptoms among older people.

P2-527 PREVALENCE OF DEPRESSION IN THE BRAZILIAN FAMILY HEALTHCARE STRATEGY: A CROSS-SECTIONAL STUDY IN SÃO PAULO AND MANAUS

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Introduction The Family Healthcare Strategy (FHCS), the new model of Primary Care adopted by the Brazilian Ministry of Health, with its territoriality and regular visits by community health workers, provides an excellent network for treating depressed elderly. We aimed to estimate the prevalence of depression among older adults registered with FHCS teams in two large Brazilian cities, one in the Southeast and the other in the Amazon.

Method Survey with adults aged 60 and over registered in FHCS teams' lists in São Paulo and Manaus. Participants were randomly drawn from lists of clients of 23 teams in São Paulo and 29 in Manaus, and were interviewed at home. Depression was assessed