The sero incidence was high (55%) even when the group immunity had already been partially established (42%) and the Ae. aegypti infestation rates were relatively low (<3%). Contrary to the ecological analysis, at the individual level, substantial heterogeneity in dengue exposure was observed.

Conclusion The observation that the dengue virus in our environment does not respect social spaces strengthens the principle that vector control measures must always be universally applied in each territory. On the other hand, the identification of specific risk factors in the domestic domain may indicate a need for other evidence-based interventions which can help to eliminate the disease from cities such as Salvador.

P2-546 AGE AT DIAGNOSIS AFFECTS ADHERENCE TO NATIONAL BREAST CANCER GUIDELINES REGARDING LOCAL THERAPY
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Introduction In the Netherlands, breast cancer patients are treated according to national guidelines. Despite comprising a large proportion, elderly breast cancer patients are underrepresented in clinical trials. Therefore it is questionable whether guideline recommendations can be extrapolated from a young to a heterogeneous elderly population. Aim of this study was to assess age specific guideline adherence.

Methods Data were extracted from the Dutch Cancer Registration. Overall, 83,982 patients without distant metastases, diagnosed between 2002 and 2008 were included. Adherence was assessed for breast surgery (BS), type of surgery (TS), axillary surgery (AS) and radiotherapy (RT). Analyses were stratified by age (<65, 65–74 and ≥75 years).

Results Adherence decreased with increasing age (BS <65, 99%; 65–74, 98%; ≥75, 75%; p<0.001. TS 69%; 66%; 42% respectively, p<0.001. AS 96%; 94%; 68% respectively, p<0.001. RT 91%; 93%; 83% respectively, p<0.001). BS and AS non adherence were explained by under treatment. For TS and RT, young patients were non adherent because of over- and under-treatment. In the elderly, under treatment was the main reason for non adherence (under treatment TS 94%, 91%; 97% respectively, p<0.001. RT 94%, 90%; 80% respectively, p<0.001). Over time adherence to breast surgery declined for elderly patients (p<0.001). For other local therapies, the gap between young and elderly patients remained similar.

Conclusion These results emphasise the different approach and treatment of elderly breast cancer patients. Further age specific studies in breast cancer patients are necessary to investigate whether adherence to current guidelines results in optimal outcomes for elderly patients.

P2-547 TILES: MUSCULOSKELETAL DISORDERS AND ASSOCIATED FACTORS AMONG NURSES IN SRI LANKA
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Introduction Work related musculoskeletal disorders (WMSDs) have significant impacts in labour intensive occupational groups. Lifting, moving, transferring and repositioning of patients and long hours spent standing during work makes nurses vulnerable to WMSDs.

Objective To determine the prevalence and risk factors associated with WMSDs among nurses.

Methods We randomly selected 237 nurses attached to National hospital of Sri Lanka and Colombo South Teaching hospitals, and interviewed them using a pre-tested questionnaire ascertaining WMSDs in the past year. Descriptive, χ² tests and multivariate logistic regression analyses were performed.

Results Results indicated that 21% of nurses had at least one WMSD. Back pain was the most common WMSD occurring in 44% of nurses. The prevalence of other WMSDs included pain in the knee (50%), neck (19%), shoulder (16%) wrist and arm (13%) and elbow (4%). Lower back pain was significantly associated with time pressure (OR=2.14, 95% CL 1.17 to 3.88), job dissatisfaction (OR=6.84, 95% CL 1.46 to 31.94), lifting more than 25 kg during a normal duty shift (OR=2.16, CI 1.26 to 3.7), and unhappiness during the past month (OR=2.74, 95% CI 1.06 to 7.08). Shoulder pain was significantly associated with job dissatisfaction (OR=4.15, 95% CI 1.24 to 13.87) and unhappiness (OR=2.98, 95% CI 1.11 to 7.98).

Conclusion The present study shows that nurses have a high prevalence of WMSDs. The predominant ergonomic problem is lower back pain, followed by pain in the knee, neck and shoulder areas. Interv entional studies are needed to address WMSDs among nurses, particularly for lower back pain.