Introduction

It is believed that the falls are one of the great problems of the geriatrics. They present serious consequences in the elderly’s bio-psico-social ambit, being mortality cause in that age group.

Methods

The present work has as objective to trace the elderly epidemic profile assisted in the national health clinic of geriatrics of the Hospital Universitário Professor Alberto Antunes—HUPAA/UFAL, correlating with the frequency of falls. A cataloguing of the data contained in the record of per-existent evaluation, tends as variables: sex, age group, independence for activities of the daily life, occurrence of falls and the place, amount of medication that it uses and instruction level.

Results and Conclusion

Before the analysed variables it can be observed that most of the elderly was independent and they had tendency to falls, most of them happened in the elderly own Lar and that great part made use of at least four medications.

Objectives

To identify the prevalence of CHD and correlates in a Brazilian population living in Ribeirão Preto, São Paulo, Brazil.

Methods

Cross-sectional population-based epidemiological study using three-stage cluster sampling. The variability introduced in the third sampling fraction was corrected by attributing equal weights to the number of eligible units in each domicile, resulting in a weighted sample of 2197 participants aged 50 years and older, living in the urban area of Ribeirão Preto, São Paulo, Brazil, in 2006.

Multilevel linear regression model was fitted to estimate βs (individual level to the intra-regions variance (ecological level) considering 81 census tracts nested in four neighbourhoods (central-south, west, east, and north), and the concity index as the outcome.

Results

The crude CI means were higher in male (1.25) than in female (1.18). In final model, age (b=0.003), family history of stroke (b=0.008), BMI (b=0.005), number of medicines taken (b=0.004), years of smoking (b=0.001), alcohol dependence (b=0.011), and diet for weight loss (b=0.015) were positively associated with CI. Gender (b=0.07), healthcare (b=0.011), and consumption of MUFAs (b=0.001) were inversely associated. The fraction of variance due to regions (p) was 14.1%. In both gender, CI adjusted means were high for nutritional status, smoking, alcohol dependence, and consumption of MUFAs, mainly in north and east regions.

Conclusion

The results depicted the contribution of the ecological level to the concity index, pointing out the role of correlates liable to intervention, which should be taken into account in planning prevention strategies, even considering that Ribeirão Preto city has been classified in the upper levels of Human Development Index.

Objectives

To estimate concity index (CI) means and correlates.

Methods

Cross-sectional population-based epidemiological study using three-stage cluster sampling. The variability introduced in the third sampling fraction was corrected by attributing equal weights to the number of eligible units in each domicile, resulting in a weighted sample of 2197 participants aged 50 years and older, living in the urban area of Ribeirão Preto, São Paulo, Brazil, in 2006.

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Conclusion

The results depicted the contribution of the ecological level to the concity index, pointing out the role of correlates liable to intervention, which should be taken into account in planning prevention strategies, even considering that Ribeirão Preto city has been classified in the upper levels of Human Development Index.

Objectives

To identify the prevalence of CHD and correlates in adults from Ribeirão Preto, São Paulo, Brazil.

Methods

Cross-sectional population-based epidemiological study using three-stage cluster sampling. The variability introduced in the third sampling fraction was corrected by attributing equal weights to the number of eligible units in each domicile, resulting in a weighted sample of 1532 participants aged 50 years or older. The design effect was 1.33. Rose Questionnaire and ECG tracings classed by Novacode criteria (Q waves and ST-T abnormalities) were estimated by points and 95% CIs, using Poisson regression.

Results

The age-adjusted prevalence was 12.52% (10.11% to 15.39%) or 26.32% (22.87% to 30.10%) using Rose Questionnaire or ECG tracings classed by Novacode criteria (Q waves and ST-T abnormalities) were estimated by points and 95% CIs, using Poisson regression.