The present work has as objective to trace the elderly bio-psico-social ambit, being mortality cause in that age group.

**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 the Brazilian population.

**Background**

The demographic-epidemiological transition and the increasing of cardiovascular risk factors warrant epidemiological studies to identify coronary heart disease (CHD) prevalence and correlates in the Brazilian population.

**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 β (individual level) and 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 (β=0.003), family history of stroke (β=0.008), BMI (β=0.005), number of medicines taken (β=0.004), years of smoking (β=0.001), alcohol dependence (β=0.011), and diet for weight loss (β=0.015) were positively associated with CI. Gender (β=−0.07), healthcare (β=−0.011), and consumption of MUFAs (β=−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 dependance, 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.
Results According to the International Diabetes Federation definition, MS prevalence was 29.7% in SAIs without CAD. 26% had HDL inflammatory index ≥1 suggesting Dys-HDL. Six novel APOA-1 gene polymorphisms were discovered and on logistic regression, three single nucleotide peptides-SNPs (G2, G3, and G5) were found to be significantly associated with MS (p = 0.397, p = 0.586, p = 0.054). On multi-variate analysis, MS was significantly associated with BMI >25 (p = 0.005), Apo-A-I levels (p = 0.01), and Lp[a] (p < 0.0001).

Conclusion SAIs are known to be at a disproportionately high risk for CAD that may be attributed to a high burden for MS. There is need to explore and understand non-traditional risk factors with special focus to Dys-HDL, knowing that SAIs have low HDL levels. Large prospective studies are needed to further strengthen current study results.

Conclusion Fatigue levels were increased during radiotherapy, without significant difference between patients with and without chemotherapy. Among patients who received both therapies, 61.4% reported higher, 30% same, 8.6% lower fatigue levels during chemotherapy compared to radiotherapy. Inter-individual variations in courses of fatigue was high. Survivors with persisting long-term fatigue had significantly and markedly worse scores for all EORTC QoL functions and symptoms several years after end of adjuvant treatment than other survivors and compared to the general population.

Conclusion Chemotherapy appears to have a stronger negative impact on fatigue than radiotherapy. Breast cancer survivors may have long-term QoL comparable to the general population, even when they had substantial fatigue during treatment. However, prolonged or persistent fatigue can lead to extensive continuing loss in QoL with respect to physical, social, cognitive, and financial aspects.