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-psycho-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/UFLA. 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 30 years or older. The design effect was 1.33. Rose Questionnaire and ECG tracings classified 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 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.

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.

Conclusion The results show high CHD prevalence in the study population as well as identified correlates liable to public intervention policies.

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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 = 0.597, p = 0.586, p = 0.054). On multi-variate analysis, MS was significantly associated with BMI >23 (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.

SP1-29  
FATIGUE AND QUALITY OF LIFE IN BREAST CANCER SURVIVORS: TEMPORAL COURSES AND LONG-TERM PATTERN

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Introduction Fatigue is a major severe complaint in the growing population of breast cancer survivors. Therefore, we investigated the different courses of fatigue from pre-diagnosis to long-term follow-up, and their associations with long-term quality of life (QoL) in disease-free breast cancer survivors, including comparisons with the general population.

Methods Incident breast cancer patients diagnosed 2001–2005 were recruited in a case-control study conducted in Germany (MARIE). At follow-up in 2009 (median 5.8 years), patients who were still alive self-reported current fatigue and QoL status using validated questionnaires (FAQ, EORTC-QLQ-C30). In addition, survivors retrospectively rated fatigue levels pre-diagnosis, during different treatment phases, and 1 year post-surgery. Our analyses included 1928 disease-free breast cancer survivors without elevated pre-diagnosis fatigue levels.

Results 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 variation 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.