**SP1-67** CAN WE LIVE LONGER BY ELIMINATING DISEASES OF CIRCULATORY SYSTEM: AN ANALYSIS OF MCCD DATA IN SELECTED STATES OF INDIA

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Introduction Life expectancy is used as a development indicator for measuring development of any country. Developed countries of the world have achieved considerable increase in life expectancy due to advancement in medical science. However, developing countries are still struggling hard to achieve the same level. The cause-specific death rates can demonstrate most prevalent diseases in the country. An age and cause specific death rate would give a more refined result of the same.

Methods Life table technique helps in examining the effect of elimination of a specific cause of death in life expectancy. One gets an idea about gain in life expectancy if one is able to control a specific disease. Diseases of circulatory system have become a major cause of death in developing countries including India. Therefore, present paper aims to construct such a life table using Medical Certification of Cause of Death data of Sample Registration System (SRS) in four selected states of India namely, Bihar, Rajasthan, Maharashtra and Tamil Nadu to find out potential gain in average years of life due to prevention of mortality related circulatory system diseases.

Results The net gain in life expectancy at birth is found to be higher among females than males in all the states. Life tables are adjusted for the impact of differential risks of dying from other causes.

Conclusion This technique is useful in finding out potential benefits of cause elimination in health services and is essential for health policymakers and planners to set-up priorities in intervention programmes.

**SP1-68** EVALUATING COMMUNITY BURDEN OF DEPRESSION AND SUICIDAL TENDENCIES USING THE HOSPITAL DEPRESSION AND ANXIETY SCALE

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Introduction Depression is a common mental health problem affecting human communities. A variety of screening tools have proved useful and this study explored the use of the Hospital Anxiety and Depression Scale among rural south western Nigerians.

Methods Interviewer administered, community based survey of Anxiety and Depression Scale among rural south western Nigerians. A total of 313 consenting community members were adults. Interviews were used to define overweight and obesity according to the 2000 CDC growth charts. The prevalence of “high normal” and “elevated” BP was assessed by comparing the subjects’ SBP and DBP with age-, gender-, and height-specific 90th and 95th percentile reference values from the National High Blood Pressure Education Program.

Results A high proportion of Emirati children and adolescents were obese compared to their non-local counterparts. Among study children 6% had elevated blood pressure. A high proportion (19.1%) of obese children had elevated blood pressure compared to those who were overweight (4.8%) and normal (2.1%).

Conclusion The present findings emphasise the importance of the prevention of obesity in order to prevent future cardiovascular related problem such as hypertension.

**SP1-69** BLOOD PRESSURE AND OBESITY IN EMIRATI CHILDREN AND ADOLESCENTS

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Objectives Although obesity is fast increasing, there are few data on the prevalence of high-normal or elevated blood pressure in United Arab Emirates.

Methods We conducted a school-based survey of a representative sample of youth (n=1524) aged 12 to 18 years in Al Ain, UAE. BP measurements were made with a manual sphygmomanometer by trained nurses. Additional measures included height, weight, and abdominal circumference. BMI ≥85th and ≥95th percentiles were used to define overweight and obesity according to the 2000 CDC growth charts. The prevalence of “high normal” and “elevated” BP was assessed by comparing the subjects’ SBP and DBP with age-, gender-, and height-specific 90th and 95th percentile reference values from the National High Blood Pressure Education Program.

Results A high proportion of Emirati children and adolescents (21%) were obese compared to their non-local counterparts (16%). Among study children 6% had elevated blood pressure. A high proportion (19.1%) of obese children had elevated blood pressure compared to those who were overweight (4.8%) and normal (2.1%).

Conclusion The present findings emphasise the importance of the prevention of obesity in order to prevent future cardiovascular related problem such as hypertension.

**SP1-70** INADEQUATE CONTROL OF BLOOD PRESSURE IN HYPERTENSIVE PATIENTS ASSISTED BY A FAMILY DOCTOR PROGRAM

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Introduction Hypertension is a major risk factor for cardiovascular disease. Despite the availability of various classes of anti-hypertensive medications, blood pressure (BP) control often remains poor. Lifestyle changes, if adopted, are effective at reducing BP. The aim of this study was to estimate the factors associated with inadequate BP control in hypertensive patients adherent to anti-hypertensive drug treatment assisted by a Brazilian Family Doctor Program (FDP).

Methods A cross-sectional study of men and women aged 20 years and over collected data on sociodemographic characteristics, comorbidities, lifestyle and food frequency, the latter using a questionnaire validated for the investigation of dietary habits. Blood and urine samples were obtained and anthropometric and nutritional studies performed.

Results Independent of time of treatment and systolic BP at admission to FDP, individuals with inadequate BP control had a higher body mass index (BMI) (Prevalence Ratio, PR 1.027 (95% CI 1.009 to 1.045)), consumed more meat (PR 1.091 (1.022 to 1.165)), had higher levels of serum creatinine (PR 1.894 (1.241 to 2.892)) and more often had white skin colour (PR 1.583 (1.006 to 2.477)).
Following adjustment for the sodium excretion index, an indirect measure of salt intake, there association with meat was no longer significant.

**Conclusion** Inadequate control of BP in patients who were being treated with anti-hypertensive drugs, even in a community assisted by a primary care program, was independently associated with modifiable factors including salt consumption and BMI. An association with skin colour and serum creatinine was also observed.

**SP1-71** HOW DOES THE AGE INFLUENCE ON THE RELATIONSHIP BETWEEN CENTRAL BLOOD PRESSURE AND CARDIOVASCULAR RISK FACTORS? CROSS-SECTIONAL ANALYSIS OF NAGAHAMA ZERO-JI PREVENTIVE COHORT PROJECT IN JAPAN
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**Introduction** Blood pressure is a well established cardiovascular risk factor. In addition to traditional blood pressure indexes such as SBP and DBP, estimation of central SBP (cSBP) has become available recently. The characteristics of cSBP have not been fully described. This study investigated the relationship between cSBP and known cardiovascular risk factors according to age group and comparing this with four traditional blood pressure indexes, SBP, DBP, PP and MBP.

**Methods** This study examined baseline cross-sectional data from 4575 healthy men and women aged 30–74 years old who participated in a community-based cohort study conducted from 2008 to 2009. Linear regression analyses were carried out on the five blood pressure indexes adjusting for sex, age, BMI, triglycerides, HDL-cholesterol, LDL-cholesterol, HbA1c, state of anti-hypertensive medication, smoking, alcohol intake, exercise, past history of cardiovascular diseases, ABI and cardio-ankle vascular index. We analysed the following two models: including these risk factors without sex and age (model 1); including age groups (age<50/ age≥50) (model 2). Subgroup analyses according to age group and sex were also performed.

**Results** In model 1 the R² for SBP was 0.356, and in model 2, 0.385. Incremental R² was 0.028 between the models. Subgroup analyses showed five blood pressure indexes were explained by the total variances of known cardiovascular risk factors, more so for the younger than the older age group which was more apparent for cSBP than for the other blood pressure indexes.

**Conclusion** Known cardiovascular risk factors are associated with cSBP. This association is greater in younger (age<50) than in older (age≥50) patients.

**SP1-72** FACTORS ASSOCIATED WITH DEPRESSION AMONG ELDERLY IN KARACHI PAKISTAN: A MATCHED CASE CONTROL STUDY
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**Introduction** Cognitive impairment is one of the commonest mental health problems in the elderly. The objective of this study was to estimate the prevalence of cognitive impairment in the elderly (age >60 years) population in Karachi, Pakistan and to determine the association between social support and cognitive impairment in this group.

**Methods** A population based cross sectional study of the elderly in Karachi Pakistan was carried out between November 2010 and March 2011. Participants were randomly recruited in 30 clusters from 18 towns in Karachi using a multi-stage cluster sampling technique. Face-to-Face interviews were conducted with 750 eligible participants using structured questionnaires. The prevalence of cognitive impairment was assessed through Mini Mental State Examination (MMSE). For illiterate participants cognitive impairment was defined as a score of <21; for literate <23. Data analysis is underway using SPSS 16. Logistic regression analysis will be used to determine the association between social support and cognitive impairment.

**Results** This study is currently in progress. We anticipate that prevalence of cognitive impairment will be higher and will be attributable to the social support received by the elderly.

**Conclusion** Conclusion will be based on the results of this study. However, we suggest that the younger generation should be sensitised towards their responsibilities for the elderly and the government should also formulate effective health policies for this group. Further, longitudinal studies should be planned to identify other factors that are associated with cognitive impairment in the elderly.