Results Data of 772.659 hospitalisations which happened from 1998 to 2007 were collected and 70,184 (9.1%) of them were due to malignant neoplasms; 45,167 (5.8%) were due to T2DM and 2204 (0.3%) were of patients with both, malignant disease and T2DM. The mean age was 61.3 (±13.4), 63.5 (±12.6) and 65.9 years (±11.4) respectively. 21% of admissions happened in university hospital of FMFP/USP. The PR of admissions by T2DM and neoplasms was respectively. 21% of admissions happened in university hospital of FMFP/USP.

Conclusion These findings suggest a lower chance of hospitalisation of patients with diagnosis of T2DM and associated cancer. Currently a study to clarify these findings is underway.

SP1-96 SYMPTOMS OF RESPIRATORY ALLERGY AND VEGETABLE AND FRUIT CONSUMPTION AMONG SCHOOLCHILDREN: THE PILOT STUDY IN KRAKOW, POLAND

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Introduction Increasing morbidity of respiratory allergy among children has been observed in the last decades in Poland and across developed countries. Several factors responsible for unfavourable trends were investigated and dietary factors among them. Little is known how the diagnosis of allergy may play a role in decision making regarding consumption of some foods. The aim of the current study was to investigate the frequency of allergy among schoolchildren and to explore potential relationship between respiratory allergy and consumption of vegetables and fruits.

Methods Dietary factors, the frequency of diagnosed allergy and allergy symptoms for the year prior to interview were investigated among schoolchildren in a cross-sectional study. The frequency and the portion size of 77 dietary items were evaluated. Food allergy cases were excluded.

Results Among 62 schoolchildren investigated 6.5% were diagnosed with asthma, 12.9% with eczema. More reported recurrent rush, cough without inflammation, and hay fever. Overall 50.0% of children reported allergy symptoms. The rare frequency of vegetable (<median=15.8 times/week) and fruit (<median=10.8 times/week) consumption was defined. The diagnosis of allergy showed decreased risk of having a vegetable rarely (OR 0.23, 95% CI 0.06 to 0.86), but an increase in BMI by 1 kg/m2 increased this risk (OR 0.40 (95% CI 0.28 to 0.56)) p<0.05. Subsequent case-control study has shown similar results ([OR 0.23, 95% CI 0.06 to 0.86), but an increase in BMI by 1 kg/m2 increased this risk (OR 0.40 (95% CI 0.28 to 0.56)) p<0.05.

Conclusion These findings suggest a lower chance of hospitalisation of patients with diagnosis of T2DM and associated cancer. Currently a study to clarify these findings is underway.

SP1-97 NONTUBERCULOUS MYCOBACTERIA: COMPARATIVE ANALYSIS WITH TUBERCULOSIS NOTIFICATION IN SÃO PAULO STATE (SPS)

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Introduction Occurrence of NTM infections is increasing worldwide. Symptoms and radiological signs of NTM are similar to those of pulmonary tuberculosis (TB). When the TB diagnosis is based on AFB detection only, eventual NTM diseases can erroneously be treated as TB. The aim of this study is to identify pulmonary NTM notified as TB.

Methodology A database was constructed with NTM records during the 2008–2009 period. The records were compared with TB notifications in the SPS information system during the 2006–2010 period, using ReClink III. This software implements various file processing routines, specially the association with probabilistic record linkage.

Results During the 2008–2009 period, 6754 micobacterial cultures of pulmonary origin were performed, 4895 (72.5%) of which were identified as Mycobacterium tuberculosis Complex and 1259 (18.6%) as NTM. Among NTM patients, 449 were notified as TB, with 301 (26%) being considered as matching pairs. In 2009, the treatment outcomes revealed that 38.5% obtained TB cure and 15.4% had diagnosis change. In 2008, 56.8% obtained cure and 27.1% had diagnosis change. The most frequent NTM were Mycobacterium kansasii, Mycobacterium avium and Mycobacterium fortuitum.

Conclusions The data demonstrate that many patients notified and treated as TB had really NTM disease. Evidences support the urgent need of fast diagnosis and adequate information flow for accurate treatment.

SP1-98 "A STUDY ON PREVALENCE OF CARDIOVASCULAR RISK FACTORS AMONG THE SEDENTARY WORKERS OF GOVERNMENT MEDICAL COLLEGE, JABALPUR, INDIA"

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Background and Objectives Urban Indians especially sedentary workers have a high prevalence of insulin resistance, hypertension and cardiovascular disease. We studied the prevalence of pre-hypertension and hypertension, as well their association with cardiovascular risk factors, in office staff of upper socio-economic population in Government Medical College, Jabalpur, India.

Methods A total of 100 adults (age ≥20 yr) working in administrative office of high-income group residents in the city of Jabalpur, central India, were invited to be enrolled for the study. The response rate was 100% (n=100). Socio demographic profile, Blood pressure, anthropometry, plasma glucose were measured. The variables contributing significantly to pre-hypertension and hypertension were analysed by appropriate tests of significance.

Results The prevalence of hypertension was 33%, pre-hypertension was 30% and for raised plasma glucose level was 40%. In contrast to hypertension, which was highest in the age group 60–69 yr (54%), prehypertension was highest (35%) in the group 30–39 yr. There was a high prevalence of cardiovascular risk factors in the sedentary workers [central obesity (46.7%) and smoking (30.5% of males)].

Interpretation and Conclusion A high prevalence of pre-hypertension and hypertension were noted in sedentary workers. Increasing age, body mass index, central obesity and diabetes were significantly associated with both hypertension and pre-hypertension. Pre-hypertension was associated with an increased prevalence of cardiovascular risk factors.

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1970. Mortality inequalities continue to exist between population sub-groups.

**Methods** Ecological study using data about mortality of the Improvement Program of Information on Mortality of São Paulo and population estimates by demographic census (IBGE—2000). Areas were drawn from the Social Inclusion Map for the City. The outline was based on territorial classification of the 96 administrative districts in five areas, according to the index of social areas: Areas 1 and 2 (inclusion) and 3, 4, 5 areas (exclusion). We examined cardiovascular mortality rates calculated for 3-year averages age-standardised, relative to differences and rates ratio between areas (CI of 95%).

**Results** Cardiovascular mortality declined in all areas and both male and female sexes in these periods. It was observed major decline (50%) between 1996–1998 and 2003–2005 in rich areas and it was smaller in poor areas (5%). The highest differential was among male, with rate ratio (A5/A1) that it changed from 1.02 (95% CI 0.99 to 1.05) in first period for 1.38 in the last period (95% CI 1.34 to 1.42).

In the women this ratio changed from 0.79 (95% CI 0.77 to 0.81) for 1.07 (95% CI 1.03 to 1.09).

**Conclusion** Although overall decline in cardiovascular mortality in all socioeconomic status, it was observed increasing of the inequality in reduction of this death rates, which may reflect worsening living conditions or less access to the health services and to the development diagnostic and therapeutic methods.

**SP1-102** **ORAL STATUS AND ITS ASSOCIATION WITH UNDERWEIGHT AND OVERWEIGHT/OBESITY IN BRAZILIAN INDEPENDENT-LIVING OLDER PEOPLE**

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**Introduction** Evidence suggests that tooth loss may lead to changes in food choice due to eating difficulties. The relationship between use of dental prosthesis and changes in body mass index among elderly is still unclear. This study aimed at assessing the association between oral rehabilitation, self-perceived chewing ability and nutritional status in Brazilian elderly.

**Methods** This study is part of a major project—the FIBRA study—carried out in Campinas, Brazil. The sample of this cross-sectional study was composed by 900 independent-living older people. Complete data were available for 545 persons. Dental prosthesis was used to generate body mass index (BMI) data. The data regarding dental prosthesis use and self-perceived limitation in the type or amount of food intake due to problems with prostheses or their lack generated a new variable, oral status. Participants were categorised into eutrophic, underweight or