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 districts: Areas 1 and 2 (inclusion) and 3, 4, 5 areas (exclusion). We examined cardiovascular mortality rates calculated for 3-year average ages-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.

**SP1-109** SURVIVAL ANALYSIS AND RISK FACTORS FOR VALVE SURGERY IN BRAZILIAN CHILDREN AND ADOLESCENTS WITH RHEUMATIC HEART DISEASE
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**Introduction** Rheumatic heart disease (RHD) is still prevalent in developing countries, with 332,000 annual deaths estimated worldwide. In Brazil, RHD remains a major problem, responsible for high mortality/morbidity and great social impact, with many patients requiring surgical intervention during childhood. Our aim was to investigate the time and risk factors leading to valve surgery in children and adolescents with RHD in a tertiary center in Rio de Janeiro.

**Methods** Data were reviewed on 157 patients followed-up between 1988 and 2007. RHD diagnosis was assigned with revised Jones criteria and/or Doppler-echocardiography indicating chronic mitral/aortic lesions. Kaplan–Meier method was used to determine time until surgery and Cox model to evaluate potential risk factors: age; gender; clinical status (acute; recurrence; chronic heart disease); recurrence rate; secondary prophylactic status and endocarditis.

**Results** The studied population was 52.5% female, median age 11.2 years. Median follow-up time 7.3 years. The proportions were 38.5% for non-adherence to prophylaxis, 31.4% for recurrence rate, 8.8% for endocarditis where most underwent surgery (83.3%). Surgical rate (41%) was different between male (53.8%) and female (29.2%). Survival curves showed most events on the first 2 years and none after 10 years. Cox analysis confirmed the male gender and endocarditis as significant factors.

**Conclusion** Brazilian RHD children and adolescents committed with endocarditis suffered more risk of having valve surgery. Although most patients underwent surgery in first 2 years, long-term surveillance of this population is necessary because of possible reintervention. Survival analysis for repetitive events should be applied to the evaluation of recurrent episodes and reoperation.

**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 assessed in accordance with the WHO criteria. Height and weight were 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
The social experiences of infertility in a religious and spiritual context: A socio-epidemiological perspective

**Objective**
Existing research has predominantly focused on medical, psychological, social and cultural aspects of infertility, while religious and spiritual dimensions have received little attention. This study using a socio-epidemiological perspective designed a qualitative study to explore how religion/spirituality affect social consequences of infertility.

**Method**
The design was a grounded theory study including semi-structured in-depth interviews with 30 infertile women affiliated to different denominations of Christianity (Protestantism, Catholicism, Orthodoxy) and Islam (Shiite and Sunni). Data were collected in one Iranian and two UK fertility clinics through theoretical sampling and analysed using grounded theory (Strauss & Corbin, 2008).

**Results**
Emerging categories included: perceived motherhood, relationship adjustment and social functioning. Religious participants viewed motherhood as a highly recommended religious value, something sacred, God’s gift, respectful honour and social fulfillment. They perceived infertility as God’s will, God’s test, being chosen by God and an enriching experience for spiritual growth. These kinds of beliefs helped them to perceive their marital life as something granted by God which could be accepted peacefully and its outcome would be family commitment and cohesion. Their religious views on socialisation as a religious value motivated them to search reassurance through the love and care of congregation members as well as offering support to others to gain intimacy and as a consequence being liberated from social isolation caused by infertility.

**Conclusion**
It seems that religious beliefs are influential for religious/spiritual infertile women to handle the social implications of infertility.

Cancer mortality trends in Brazilian capitals and inland counties between 1980 and 2006

**Objective**
To analyze the trends in mortality for the overall and major types of cancer, by sex, in Brazil and major regions for State Capitals and inland counties between 1980 and 2006.

**Results**
Among men ascending mortality rates were observed for lung, prostate and colorectal cancers. Declining trends were seen for stomach cancer and oesophagus cancer remains stable. Among women, mortality rates for breast, lung and colorectal cancer increased, and cervical and stomach cancer declined markedly.

Conclusion Correction of mortality rates, based on redistribution of ill-defined causes of death, increased the overall cancer mortality in Brazil by 10% in 1980 and 5% in 2006. Among inland counties, different from State Capitals, no decrease or stability in trend of mortality rates was found. Worse access to health services of diagnostic and treatment for cancer and less outreach of prevention actions among populations living away from big urban centers in Brazil, may be part of the explanation for these differences.

The application of collaborative counselling model to manage stress and coping in infertile women undergoing IVF: A randomised clinical trial

**Objective**
Infertility is an acute life crisis with psychological consequences which may last for an indeterminate length of time and one of the greatest challenges of infertile women is coping with this crisis. The present study was designed to examine the effect of collaborative counselling model on stress and coping strategies in infertile women undergoing IVF in 2010 in Iran.

**Methods**
In this clinical trial, 60 women with primary infertility were randomly selected from Montaserieh Research Centre in Mashhad and were allocated to intervention and control groups. Women in intervention group were counselled in collaborative counselling approaches in order to help infertile women’s perceived stress and increase the use of problem focused coping strategies. Methodological differences.

**Conclusion**
Conducting collaborative counselling can decrease infertile women’s perceived stress and increase the use of problem focused coping strategies. It is therefore recommended to use collaborative counselling approaches in order to help infertile women better come to terms with their stressful situation.