WHO predicts that ~2.5 billion adults will be overweight and more than 700 million will be obese by 2015. Overweight and obesity have become major public health concerns in Mexico, reaching epidemic proportions among adults, adolescents and children in recent years. According to data from the most recent National Nutrition and Health Examination Survey (NNHES, 2006), Mexican youth have experienced a 7.7% increase in the prevalence rates of overweight and obesity (overall prevalence rate of 26.3% for both, NNHES, 2006). This study examined trends in overweight and obesity prevalence based on body mass index of the nutrition freshmen attending Veracruz University from 2007 to 2009. A cross-sectional study was conducted with 271 nutrition freshmen attending classes during academic years 2007, 2008 and 2009, which represented 86% of overall sampling frame. BMI was grouped into 4 categories with the corresponding adolescent percentiles as recommended by the Centers for Disease Control and American Academy of Paediatrics and used to determine age- and sex-specific prevalence rates for overweight and obesity. Appropriate institutional ethics committee clearance and participants’ informed consent were obtained. BMI-based nutritional classification showed an overall prevalence rate of 15.86% overweight and 3% obesity among freshmen for three academic years. The higher prevalence rates were estimated in adults (≥18 years old), by telephone interviews (Vigitel) in 2009. The prevalence of main risk and protection factors were estimated in adults (≥18 years old), by telephone interviews in a probabilistic samples of population covered by landline telephones in Brazilian state capitals and federal district, stratified by sex, age and level of education. Results Data from 54,567 adults were collected. Risk factors like smoking, overweight, soft drinks and fat meat consumption and alcohol abuse were more prevalent in men, young adults and people with lower education level. Men were more active in leisure time and consume more beans than women. Poor self-rated health and self reported diagnosis of hypertension and dyslipidemia, however, were more prevalent in women. Vigitel 2009 results reinforce the trend in decrease of smoking and increase in overweight in Brazil. Conclusion Telephone surveys are useful to provide timely information with less cost, making it an important tool to assess risk and protection factors for chronic diseases and health promotion actions.

Introduction Comparatively diverse groups have been used to study the association between periodontal infection and cardiovascular disease. However there is no consensus regarding the most appropriate control group to be used for this purpose.

Objective To compare the use of hospital controls vs community controls for the association between periodontal disease (PD) and acute myocardial infarction (AMI).

Method We outlined two case-control studies with 621 subjects. In the first, the Case Group was compared with 207 individuals in the Hospital Control Group (HC), and in the second with 207 individuals in the Community Control Group (CC). The Case Group was with diagnosis of first AMI event. Controls Groups were individuals with no history of previous AMI, matched by sex and age. The HC was selected from the same hospital as the Case Group, while the CC comprised of neighbours of the Case Group. The participants underwent a complete periodontal examination, were evaluated for lipids and glucose levels, anthropometric status, and responded to an interview. The ORs obtained were adjusted for confounder variables and controlled by the co-effect modifying variables with a significance level of 5%.

Results Among patients with PD the chance for AMI was higher among those without PD, CC (OR unadjusted = 1.57 95% CI [0.98 to 2.52]) and for HC (OR unadjusted = 1.73; 95% CI [1.11 to 2.72]). After adjusting for age, sex, smoking, education level, occupation, glycaemic index and HDL cholesterol increased the chance for both groups with statistical significance: CC (OR adjusted = 1.89; 95% CI [1.11 to 3.28]) and HC (OR adjusted = 1.92; 95% CI [1.14 to 3.25]).

Conclusions The findings indicate that the PD is associated with AMI, independently of the control group.