The sample comprised 302 CHD cases and 302 controls used for study participants. Methods We studied 1655 healthy taxi drivers (1541 males and 94 females) voluntarily admitted to physical check-up in 2006. Blood samples and ultrasound-proved fatty liver sonography results were collected. Result The prevalence of NAFLD was 66.4% and revealed no statistically significant decrease with increasing age (p=0.53). Males exhibited a greater prevalence of NAFLD than did females (67.5% vs 47.9%, p<0.0001). Gender-related differences as regards associated factors were revealed. For males, hypertension, hyperuricemia, higher ALT, hypertriglyceridemia, and higher fasting plasma glucose were significantly related to NAFLD but these were not so for females. Conclusion Several gender-related differences were noted pertaining to NAFLD among taxi drivers population.

CUTTING EDGE METHODOLOGY

Rose Angina Questionnaire: Accuracy for Diagnosing Coronary Heart Disease in Bangladesh

Objective To determine accuracy of the Rose Angina Questionnaire (RAQ) for diagnosing coronary heart disease (CHD) among Bangladeshi adults, by comparing the classification based on the questionnaire with cardiologists’ diagnosis.

Methods A case-control study of non-smoking Bangladeshi adults aged 40–75 years, was conducted in 2010. Cases were incident cases of CHD who were diagnosed as having CHD by the cardiologists; RAQ categorised 34.5% of sample as not suffering from CHD, who were considered not to have CHD by the cardiologists; RAQ categorised 17.5% of sample as having CHD who were considered not to have CHD by the cardiologists; RAQ categorised 68% of sample as suffering from CHD, who were diagnosed as having CHD by the cardiologists.

Conclusion The RAQ had sensitivity of 53%, specificity of 89% and likelihood ratio positive of 4.8 in diagnosing CHD among Bangladeshi adults compared with diagnosis by cardiologists. RAQ can be used as an alternate tool for diagnosing CHD at field sites where there are limited resources.

Genocide and Health: Challenge for Public Health and Epidemiology

Background Violence is the main cause of preventable death, worldwide. Research has shown that violence may develop in consecutive stages from the first stage (loss of opportunities for the persecuted group) to the last stages (loss of existence, loss of memory) in the aftermath. Each stage of violence can be measured with indicators that is, changes in language, devaluation of others, polarisation, preparation and denial. Further known indicators are the readiness to accept violence as a means for solving conflicts, inequality in distribution of resources and opportunities, level of discrimination and change in the legal context, percentage of weapons in a country; number of riots, discriminating of others in science and within the medical profession.

Objective We intend to provide the set of indicators and to introduce epidemiological tools for describing and understanding development of violence.