**Results** During the study period 56 elderly patients were admitted to the Stroke Unit. At the time of admission 63 prescribing omissions were found in 69.8% of elderly (average 1.19 omissions per patient), of which 74.5% (n=48) were corrected at the time of discharge. Prescribing omissions were also detected in 80.9% of patients receiving five or more medications simultaneously. In 10 patients, 15 omissions found at admission were not corrected during hospitalisation, and in three patients three new omissions were detected.

**Conclusion** The prevalence of prescribing omissions of cardiovascular risk management therapy in elderly patients admitted to a Stroke Unity is high. START criteria is an evidence-based and easy-to-use tool that can assist clinicians in the optimisation of geriatric therapy, particularly in relation to cardiovascular disease prevention.

**Introduction** Control selection is a crucial step at the study designing phase. Although, the concept of the different types of matching for control selection has been discussed in the context of case-control studies, here we targeted analytical cross-sectional studies to explore the effects of each type of control selection on the amount of bias and precision of the OR.

**Methods** 41 coronary atherosclerotic patients and 92 disease-free hospital controls were recruited to assess the relationship between opium consumption (OpiumHx) and coronary atherosclerosis (Outcome). Considering the OpiumHx as the main independent factor and age as the confounder, we calculated point estimate and the CI for OR in different scenarios of matching for control selection, namely exact, stratified, frequency and propensity matching. Syntaxes were developed by STATA 10.

**Results** The crude OR was 3.4 (95% CI 1.5 to 7.9). By exact matching on age, 21 pairs remained for the analysis and the OR was equal to 3.3 (0.6 to 18.3). Stratified matching on age group kept 41 pairs and gave us the OR of 0.9 (0.5 to 1.7). Frequency matching kept 88 subjects for the analysis and led to the OR of 3.0 (1.2 to 7.4). By propensity matching, 27 pairs remained which gave the OR of 3.5 (1.1 to 14.6).

**Conclusion** Matching techniques influence effect size and precision seriously. Although the most bias reduction happened in pair matched techniques, a large reservoir of controls would be needed to prohibit immense decrease in precision. These findings should be considered at both protocol development and analysis phases of observational studies with caution.

**Introduction** The prevalence of lipodystrophy ranges from 2 to 54% and the range of findings stems from differences between the populations studied and lack of standardised diagnostic criteria. The diagnosis of lipodystrophy is based on changes in body fat distribution with or without medical confirmation, objective measures of circumferences and skin folds or quantification of adiposity by dual emission x-ray absorptiometry (DEXA) CT scan or MRI.

**Objective** Establish diagnostic criteria for lipodystrophy and evaluate the prevalence of lipodystrophy among men and women with HIV/AIDS.

**Study design** Cross-sectional survey was conducted in HIV-infected patients of both genders, aged 18 years or older who sought to confirm the diagnosis or treatment in a reference service for HIV/AIDS for the period June 2006 to December 2008.

**Results** 1240 patients with HIV infection were invited to participate. Among the signs that contributed most to the detection of lipodystrophy, include hollow cheeks, reduced fat on the face, buttocks and arms. To lipohypertrophy the biggest contributor was an increase in fat in the abdomen, abdomen bigger than usual and increased waist circumference. Men were more often lipodystrophy (p=0.049) and women lipohypertrophy (p<0.001).

**Conclusion** This study identified high rates of self-reported signs of lipodystrophy were significantly associated with that objective measures. The differences between men and women do not represent a formal test validation, but the analysis comparing objective measures confirms the importance of using specific questions about changes in the distribution of fat in their accomplishment.