SP3-16  PREVALENCE OF RISK-FACTORS OF NON-COMMUNICABLE DISEASES IN RURAL POPULATION OF INDIA

V Saxena,* S D Kandpal, D Goel, S Bansal. HIHT University, Dehradun, Uttarakhand, India

Introduction Major non-communicable diseases (NCDs) include cardiovascular diseases, cancers and type 2 diabetes mellitus. The important risk factors identified for NCDs are high blood pressure, high cholesterol, being overweight or obese, and tobacco use. Primary prevention of risk factors, along with their early identification and management can help delay the progress of NCDs. The present study was undertaken with the objective of profiling risk factors for NCDs in the rural population of Uttarakhand, India.

Methods 707 participants aged over 15 years were included. Behavioural risk factor profiles were obtained by interview, followed by anthropometric measurements and biochemical assessment of all the individuals.

Results 14.8% of the study population was found to be overweight or obese (BMI>25 kg/m²) and this was twice as common in females. Using the weight hip ratio, 44.8% population was in the moderate to high risk category (male >0.96, female >0.80). Overall, 6.7% of the population was found to be hypertensive. 3.7% of the subjects had diabetes (random blood glucose >200 mg/dl). Blood cholesterol levels were >200 mg/dl (the at risk category) in 7.4% of subjects.

Conclusions Prevalence of NCD risk factors is lower than expected in the area. However, the “at risk” population is large and requires appropriate and timely action to prevent an epidemic of NCDs.

SP3-17  COMPARISON OF TRAFFIC CRASHES INFORMATION PRESENTED BY THE I.R. OF IRAN’S SIGNIFICANT INFORMATION SOURCES WITH IN-USE MODELS OF THE USA AND DIFFERENT ASIAN COUNTRIES

H Soori,* M Movahedi, E Ainy. Safety Promotion and Injury Prevention Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran

Objective Traffic crashes information presented by the I.R. of Iran’s significant information sources was compared with in-use models of the USA and different Asian countries.

Methods Information on traffic crashes epidemiology was investigated and collected directly in the organisations by trained experts of the study using questionnaires verified in validity and reliability. Afterwards, information collecting and traffic injury surveillance systems of some countries were explored and after being compared with current information recording systems of the I.R. of Iran qualitatively, differences and probable weaknesses were clarified.

Results Traffic Police collects five major parts of the mentioned model in the 113 and 114 Com from format. Emergency Medicine Management Center is responsible for providing some parts of the injury surveillance system’s information—which are some parts of the mentioned model—in the 115 EMS mission form format. In comparison with the American traffic records model, records of the I.R. of Iran’s traffic police are similar to the model in the crash and vehicle information components completely. They are also similar in all details of the roadway and driver information components except for the traffic volume and conviction history. In comparison with some Asian countries, in the core minimum data on any case of injury class, the diagnosis of injury-related disease in not based on ICD and AIS in the I.R. of Iran.

Conclusions Traffic injury information gathering system needs utilising ICDs and AISs and—like other countries in the region—a unit format and language on traffic injuries records.